



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Blue Cross Blue Shield of Michigan Medical Policy

*These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.*

Enterprise: Blue Cross Blue Shield of Michigan  
Department: Medical Affairs  
Effective Date: 11/01/2011  
Next Review Date: 3<sup>rd</sup> Quarter 2024

**Topic: Therapeutic Massage**

**Procedure code: 97124**

### **Background:**

Massage is a process of manual manipulation and consists of hands-on techniques that include applying fixed or movable pressure, holding or causing movement of or to the body's muscular and soft tissue structure. The variety of techniques ranges from relaxation treatments to clinical and therapeutic applications.

With the increasing popularity of complementary and alternative therapies, the provision of massage therapy outside of the fields of physical medicine and rehabilitation are becoming more common.

Massage therapy as a therapeutic procedure, particularly in an acute phase of treatment, has long been recognized to be a useful part of an overall physical medicine treatment plan for the management of musculoskeletal pain. However, few clinical studies have been conducted showing the effectiveness of massage as an independent modality.

Historically, Blue Cross Blue Shield of Michigan has covered massage therapy as a physical therapy modality for a variety of diagnoses falling under the broad category of neuromusculoskeletal function loss.

### **Medical Policy Statement:**

The safety and effectiveness of manual therapeutic massage, 97124, as part of an overall physical therapy treatment plan has been established. It may be considered established and medically necessary when the following criteria are met:

- It is provided as part of a formal course of physical therapy in addition to other therapeutic interventions on the same date of service.
- Massage therapy is provided in the early, acute phase of therapy of a musculoskeletal problem and is generally limited to two weeks of treatment.
- Massage therapy alone, either as a one-time service or as a series of massages over time is not a covered benefit.
- All BCBSM requirements related to the identification and qualifications of approved providers of physical therapy, apply to the providers of massage therapy.
- BCBSM rules regarding orders and documentation of rehabilitation services apply to the provision of massage therapy.
- All BCBSM rules and requirements related to “incident to” billing for physical therapy apply.

BCBSM reimburses providers for physical therapy services "incident to" physician or non-physician practitioner services in the outpatient setting when such services are performed by the physician, nurse practitioner or a licensed physical therapist.

Physicians, nurse practitioners, independent physical therapists, OPT facilities, and outpatient hospitals can bill for the services of physical therapy assistants and athletic trainers when such services are directly supervised by a licensed physical therapist.

As of August 1, 2015, chiropractors may perform massage therapy when provided as part of a complete physical therapy plan. They are not allowed to supervise other provider types in the performance of therapeutic massage.

No provider type can supervise therapeutic massage (procedure code 97124) or delegate therapeutic massage to, any individual not eligible to perform therapeutic massage, including but not limited to; massage therapists, therapy aides, exercise physiologists, or kinesiotherapists. Medically necessary therapeutic massage may be delivered by participating providers when such massage is within their scope of practice. This rule applies to all provider types. Self-insured groups may elect a different benefit design that is not consistent with these rules.

### **Rationale:**

Massage therapy, or therapeutic massage, is a therapeutic procedure used in the field of physical medicine and rehabilitation. Few clinical trials have been undertaken to assess the effect of this modality alone in the treatment of specific medical conditions. Rehabilitation programs frequently combine massage therapy with one or more other treatment interventions. While there is scant literature regarding the efficacy of this treatment when used as the sole modality, massage therapy has

traditionally been a part of physical therapy treatment plans for the management of musculoskeletal dysfunction and pain.

While there is not overwhelming data to support the effectiveness of massage therapy for specific interventions, its use as an adjunct to other established physical therapy modalities is well-established and reasonable. Expansion of the use of therapeutic massage as an alternative or complementary therapy outside of the physical therapy or Physical Medicine and Rehabilitation context adds cost without apparent benefit.

**Scope:**

*This policy applies to all underwritten contracts; and, self-funded or ASC contracts, pending customer approval.*

**Medicare Information:**

LCD - Carrier - Wisconsin Physicians Service Ins. Co [00953] – MI (Retired as of July 16, 2012)

Outpatient Rehabilitation Therapy Services billed to Medicare Part B #PHYSMED-009 V20 (Rev. Eff. 11/01/2011)

CPT 97124 – Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) (one or more areas, each 15 minutes)

Massage may be medically necessary as adjunctive treatment to another therapeutic procedure on the same day, which is designed to reduce edema, improve joint motion, or relieve muscle spasm.

Massage chairs, aquamassage tables and roller beds are not considered massage. These services are non-covered.

Massage is not covered as an isolated treatment.

Documentation must clearly support the need for continued massage beyond 6-8 visits, including instruction, as appropriate, to the patient and caregiver for continued treatment.

This code is not covered on the same visit date as CPT code 97140 (manual therapy techniques).

Do not bill 97124 for percussion for postural drainage.

**Supportive Documentation Requirements (required at least every 10 visits) for 97124**

- Area(s) being treated
- Objective clinical findings such as measurements of range of motion, description of muscle spasms and
- effect on function

- Subjective findings including pain ratings, pain location, effect on function

**References:**

Imamura M, Furlan AD, Dryden T, et al. Evidence-informed management of chronic low back pain with massage. Spine J. Jan-Feb 2008;8(1):121-33. [Medline].

Ernst E. The safety of massage therapy. Rheumatology (Oxford). Sep 2003;42(9):1101-6. [Medline]. [Full Text].

Haraldsson BG, Gross AR, Myers CD, et al. Massage for mechanical neck disorders. Cochrane Database Syst Rev. Jul 19 2006;3:CD004871. [Medline]

Hurwitz EL, Carragee EJ, van der Velde G, et al. Treatment of neck pain: noninvasive interventions: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. Spine. Feb 15 2008;33(4 Suppl):S123-52. [Medline]

**BCBSM Policy History**

<b>Policy Effective Date</b>	<b>BCBSM Signature/Review Date</b>	<b>Comments</b>
11/01/2011	11/01/2011	Established BCBSM Only Policy
11/01/2011	02/14/2012	Routine review- no changes
11/01/2011	07/31/2015	Routine review- no changes
11/01/2011	09/21/2016	Routine review- updated LCD and chiropractor coverage
11/01/2011	9/27/2017	Routine review – Updated language listed under the Medical Policy Statement.
11/01/2011	11/20/2018	Routine review- no changes
11/01/2011	09/24/2019	Routine review- no changes
11/01/2011	11/5/2020	Routine review – no changes
11/01/2011	11/11/2021	Routine review – no changes
11/01/2011	11/10/2022	Routine review – no changes
11/01/2011	11/9/2023	Routine review – no changes

**Authorization:**



**10/19/23**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Lynne F. Carter, MD, MPH**  
**Senior Medical Director**  
**Blue Cross Blue Shield of Michigan**