

HSM COMPLEMENTARY HEALTH SERVICES

MASSAGE

Massage is one of the oldest healing arts, with documentation dating back 3,000 years. It has been used to enhance health, general well-being, and healing since ancient times. Massage and bodywork are defined as the application of hands-on techniques to the muscular structure and soft tissues of the body. In the past several decades, massage has steadily grown in popularity in the United States. A frequently referenced study in 1998 reported that Americans make more than 113 million visits to massage providers per year (1). According to a survey commissioned by the American Massage Therapy Association (AMTA), 21% of adults received a massage within the past 12 months. The American Hospital Association (AHA) performed a survey in 2003 which revealed that 82% of hospitals that use some form of complementary health services utilize massage.

INDICATIONS AND RESEARCH

Massage may be used as a stand alone treatment or in conjunction with conventional medical treatments. Massage has many physiological effects including: 1) increasing circulation, 2) stimulation of the lymphatic system, 3) reducing muscle spasms and cramping, 4) increasing joint flexibility, 5) releasing endorphins, and 6) reducing post-surgery adhesions and edema. In the past five years there has been considerable research documenting the benefits of massage for musculoskeletal pain or injuries. A recent systematic review evaluated the complementary therapy literature for back pain since 1995 (2). They found high quality studies on massage therapy and reported that massage is effective for subacute and chronic low back pain. Another study concluded that massage was effective for persistent low back pain, apparently providing long-lasting benefits (3). A primary indication for massage therapy is to control pain. Based on the above mentioned survey by the AHA, 70% of hospitals that provide massage therapy use it for pain management and pain relief. Based on a 2003 AMTA survey, 47% of adults have received massage at some time to relieve pain. The indications for treatment by HSM network massage therapists concentrate on musculoskeletal pain and are based on clinical literature. These include: headache, back pain, osteoarthritis, tendonitis/bursitis, myofascial pain and Fibromyalgia.

BENEFIT CONSIDERATIONS

There are several reasons for an employer, payer or health plan to offer a massage therapy benefit including: 1) consumer demand, 2) ever-increasing clinical literature to corroborate the effectiveness, 3) the costs can be minimal when its utilization is limited to certain indications and diagnoses. An above mentioned study compared the use of massage to other techniques for treating low back pain and concluded that massage was a technique that may reduce the costs of care after an initial course of therapy (2).

UTILIZATION AND QUALITY MANAGEMENT

The goal for HSM is to ensure appropriate, efficient and effective health care. The parameters set for coding and billing reflect the treatment indications and the appropriate scope of practice for the massage provider. There are limited diagnostic codes and procedure codes available to these providers. All HSM providers are subject to concurrent claims review as well as utilization parameters. Providers are required to submit documentation for peer review once parameters are exceeded or billing practices are deemed inappropriate. Massage therapists are required to receive a physician prescription prior to performing massage in order to ensure medical necessity.

CREDENTIALLED PRACTITIONERS

Massage therapists credentialed through HSM must adhere to established criteria that ensure education, licensure, certification and competency. There are 33 states that presently have licensure requirements for practice. In order to ensure national standards, HSM massage providers must be certified through the National Certification Board of Therapeutic Massage and Bodywork (NCBTMB). There are approximately 90,000 certified massage therapists who practice in the United States. For more information, visit our website at www.hsminc.com or contact Jim Wieland at 952-225-5700 or jgwieland@magellanhealth.com

References:

1. Eisenberg, et al. JAMA, 1998.
2. Cherkin, et al. Annals of Internal Medicine, 2003
3. Cherkin, et al. Archives of Internal Medicine, 2001.