Washington State Department of Labor & Industries

Payment Policies for Healthcare Services

Provided to Injured Workers and Crime Victims

Update: Massage therapy authorization and reports

Effective January 1, 2022

We've updated the Massage Therapy Payment Policy in Chapter 25. The changes are italicized below (the remainder of the payment policy is unchanged):

Payment policy: Massage therapy

Who must perform these services to qualify for payment

To qualify for payment, massage therapy services must be performed by:

- A licensed massage therapist, *or*
- Other covered provider whose scope of practice includes massage techniques.

Link: For more information, see WAC 296-23-250.

**NEW* Prior authorization requirements*

Services provided by massage therapists require prior authorization after the 6th visit.

Services that can be billed

Massage therapists must bill CPT® code **97124** for all forms of massage therapy, regardless of the technique used. The insurer won't pay massage therapists for additional codes.

Requirements for billing

Massage therapists must bill CPT® code **97124** for all forms of massage therapy, regardless of the technique used. Massage therapists must also use CPT® code **97124** for evaluations and reevaluations.

Massage therapists must bill their usual and customary fee and document the duration of the massage therapy treatment. Bill the appropriate units based on the length of time the service is rendered, per CPT® code description.

Documentation must support the units of service billed. Document the amount of time spent performing evaluations and reevaluations as well as the treatment.

**NEW* Progress reports*

Massage therapists are required to submit progress reports following every six treatment visits or after each month, whichever comes first. Progress reports must include:

- *substantiation of improvement during the most recent treatment period using:*
  - *objective measures of progress (i.e. range of motion, sitting and standing tolerance, reduction in medication), and*
  - *self-reported functional outcome measures from L&I's recommended scales (such as the patient-specific functional scale), and*
- *an outline of the proposed treatment program, and*
- *the expected restoration goals, and*
- *the expected length of treatment.*

Failure to submit progress reports within 30 days after each set of six visits or one month of treatment may result in denial of bills and/or revocation of authorization for treatment.

***Link**: See pages 16-20 in Options for Documenting Functional Improvement in Conservative Care for more examples of appropriate functional scales.*

Payment limits

Massage therapy is paid at **75%** of the maximum daily rate for PT and OT services, and

The daily maximum allowable amount is **$102.56**.

Massage therapy isn't a covered benefit for the treatment of chronic migraine or chronic tension-type headaches.

Link: The coverage decision for Chronic Migraine or Chronic Tension-type Headache is available online.

These items are bundled into the massage therapy service and aren't separately payable:

- Application of hot or cold packs,
- Anti-friction devices,
- Lubricants (for example, oils, lotions, emollients).

Link: For more information, see WAC 296-23-250.