Policy Statement
Magellan Healthcare does not support the use of multiple passive treatments for the care of musculoskeletal pain within the scope of network practitioners. Most passive treatments have similar physiological effects related to pain control and reduction of inflammation. The use of modalities with duplicative physiological effects is unnecessary and inappropriate. Multiple passive treatments have not been shown to improve or accelerate patient health outcomes.

Purpose
This policy will be used to provide medical necessity guidelines to support passive treatment services for musculoskeletal conditions in a clinical setting.

Scope
Participating network practitioners.

Definition

Modality:
Modality is defined as any group of agents that may include thermal, acoustic, radiant, mechanical, or electrical energy to produce physiologic changes in tissues of therapeutic purposes. Modalities affect tissue at the cellular level.

Multiple Passive Modalities:
Multiple passive modalities are defined as the use of and/or billing of two or more physical medicine modalities each visit or during the same session to the same region.

Passive Modalities:
Modality that is applied by the provider or in a clinical setting and does not involve active participation by the patient. The purpose of passive modalities use is to promote pain reduction, improve function and quickly transition the patient to self-care engagement.

Procedure:
Procedure is a service provided to increase the functional abilities in self-care, mobility, or safety.

I. The following is a list of procedures and modalities considered to be passive treatment:

A. Thermal and light therapy – Hot/cold (97010), diathermy (97024), microwave (97020) infrared (97026), ultraviolet (97028), ultrasound (97035), paraffin bath (97018) and whirlpool (97022).
B. Electrical therapy – High volt, low volt, interferential current, TENS (97014 and 97032).

C. Mechanical – mechanically assisted and often a sustained pull of the spine or limb such as traction (97012). The use of traction for low back pain, with or without sciatica, is not supported by the literature, and is therefore not considered medically necessary.

D. Therapeutic massage and manual therapy (97124 and 97140). Manual therapy includes Active Release Technique, trigger point therapy, myofascial release, mobilization/manipulation, manual lymphatic drainage, and manual traction. The National Correct Coding Initiative (NCCI) edits require that the manual therapy techniques be performed in a separate anatomic site than the chiropractic adjustments in order to be reimbursed separately.

II. Appropriate use of passive treatment:

Passive treatment modalities may be utilized in the initial acute stage of a condition for pain control, reduction of inflammation, or reduction of muscle spasm. As a condition progresses, passive care should be replaced by active treatment modalities such as therapeutic exercise. Insufficient evidence exists to support the continued use of passive treatment as a means for improved clinical outcomes.

Documentation requirements:

The treatment plan or plan of care must include the clinical rationale for each service, a description of the service, the area of the body the service will be provided, and a time component, if indicated.

Contraindications: The use of ultrasound therapy is contraindicated for pregnant patients or patients with malignancy.

III. Exclusions:

The use of chiropractic manipulation (98940-98943) is not considered a duplication of service or physiological effect when used in conjunction with passive physical medicine modalities during the acute and sub-acute pain phase.
REFERENCES


Bell J. Massage therapy helps to increase range of motion, decrease pain and assist in healing a client with low back pain and sciatica symptoms. J Bodywork & Movement Ther 2008: 12(3):281-289.


