



September 7, 2021

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1751-P, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically via www.regulations.gov

RE: CMS-1751-P; Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; Provider and Supplier Prepayment and Post-Payment Medical Review Requirements.

Dear Administrator Brooks-LaSure:

The American Massage Therapy Association (AMTA) appreciates the opportunity to submit comments on CMS-1751-P, Medicare Program: CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies (hereinafter “MPFS”).

AMTA is the oldest and largest national association representing massage therapists and the massage industry profession, representing over 95,000 members across the country. AMTA has worked for over 75 years to advance the massage therapy profession, advocating for responsible state licensure and ethical standards for the industry, clinical research on the efficacy and value of massage therapy for both acute and chronic pain, and greater public and provider awareness of the numerous benefits of massage therapy as a non-opioid alternative for pain management.

General Comments:

In general, AMTA is pleased to see a recognition in the MPFS that adequate treatment of pain is a significant public health challenge, and that CMS recognizes the need for

AMTA Board of Directors

President Steve Albertson | **President-Elect** Michaele Colizza | **Immediate Past President** Angela Barker

Directors Christine Bailor-Goodlander, Pat Collins, Cindy E. Farrar, Robert C. Jantsch, Jane Johnson, Kimberly Kane-Santos, Patricia L. Phillips, Scott Raymond, LaDonna Ward | **Executive Director** Bill Brown

an increased emphasis on more comprehensive pain management. Furthermore, as the U.S. population continues to age, our society must address the serious concerns that untreated and or inadequately treated pain conditions can translate into increased costs for the Medicare program as well as reduced quality of life for Medicare beneficiaries.

The MPFS notes the 2019 release of the HHS Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies and Recommendations (PMTF Report). AMTA submitted public comments during the task force's deliberations on its final work product, and we are very supportive of the final report issued by the task force. The PMTF report focused on the need for a multi-modal, multi-disciplinary approach to pain treatment and identified 5 broad treatment categories, including complementary and integrative health approaches that specifically addresses massage therapy among necessary treatment options.

Massage therapy is unquestionably a recognized nonpharmacological alternative to help patients manage pain. It is included in a number of existing clinical guidelines and recommendations, including those issued by the Joint Commission: “Nonpharmacologic strategies: physical modalities (for example..., **massage therapy**, and physical therapy.)” (“Recommendation 1: Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment..., **massage**, acupuncture, or spinal manipulation.”; the Federation of State Medical Boards (...treatment plan may contain information supporting the selection of therapies, both pharmacologic ...and non-pharmacologic therapies such as massage).

Support for massage therapy within states has also steadily increased in recent years, e.g., massage is included in the May 2017 Best Practices for Prescribing Opioids in West Virginia guidelines; in a Florida Department of Health consumer educational brochure on non-opioid treatments for pain; and in a CMS February 2019 informational bulletin promoting massage as a non-pharmacologic service: “Medicaid Strategies for Non-Opioid Pharmacologic and Non-Pharmacologic Chronic Pain Management.

Within the federal government, massage is an accepted pain therapy within the VA and DoD. Moreover, massage is also included as a supplemental benefit in Medicare Advantage (MA) plans as a non-opioid approach for pain management. Despite these advances, particularly the tacit acknowledgement by CMS under Medicare Part C that massage is both safe and efficacious for the Medicare

population, massage is still not a covered benefit under Medicare Part B. Lastly, the U.S. Department of Labor’s *Occupational Outlook Handbook* states, “*employment of massage therapists is projected to grow 21 percent from 2019 to 2029, much faster than the average for all occupations...Demand will likely increase as more healthcare providers understand the benefits of massage and these services become part of treatment plans.*”¹

AMTA encourages CMS to move forward to implement the PMTF Report recommendations for coverage and utilization of complementary and integrative therapies such as massage, to initiate appropriate coverage and reimbursement policies that address massage therapy for pain when provided by a state licensed massage therapist, and to address needed gaps in access to care and primary care provider awareness of the benefits of massage.

A summary of the role of massage therapy to mitigate an overreliance on opioids for pain management is attached for reference.

Specific Comments on Chronic Pain Management and CMS request for feedback:

E. Valuation of Specific Codes

4. Proposed Valuation of Specific Codes for CY 2022:

43. Comment Solicitation on Separate PFS Coding and Payment for Chronic Pain Management:

CMS seeks comments on whether to create separate coding and payment for medically necessary chronic pain management and opioid reduction services, including comments related to specialty care coordination such as complementary and integrative pain care.

AMTA is pleased to see CMS interest in ensuring effective chronic pain management. We believe the additional resource costs in furnishing massage therapy are best captured through a stand-alone code, since it is unlikely that massage therapy would be billed commensurate with an E/M visit. While some massage therapy is provided in a hospital setting, this service is primarily intended for acute pre-or post-operative pain.

¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Massage Therapists, <<https://www.bls.gov/ooh/healthcare/massage-therapists.htm>>.

Most massage therapy intended to alleviate chronic pain conditions is provided in chiropractic offices, physical therapy offices, integrated medical centers and other clinical settings. However, because massage is often not covered by insurance, consumers often will go to a spa, massage therapist office, franchise or chain to get massage to treat chronic pain issues. In addition, industry research shows 92% of Americans aged 18 and over believe massage therapy is effective in reducing pain. A number that has been relatively consistent over the past 15 years.

There is significant evidence supporting the inclusion of massage therapy for many important patient health treatments, including those for chronic pain management (such as back pain, headache, carpal tunnel syndrome, osteoarthritis, neck and shoulder pain, fibromyalgia, and hospice care), behavioral health treatment (anxiety and stress, depression, PTSD, and substance use disorder recovery), rehabilitation/physical training (athletic training/ injury treatment, ergonomics and job-related injuries, cardiac rehab, joint replacement surgery, and scar management), and acute medical conditions (cancer management, post-operative pain, lymphatic drainage, and maternity and newborn care).

We strongly encourage CMS to include appropriate verbiage indicating the provider of massage therapy as currently addressed under Medicare Part C in any coding and billing changes that are made to capture services provided as part of ‘complementary and integrative pain care.’ It would be disastrous for patient health care to include either a generic add on code for ‘care coordination with complementary and integrative pain care’ without defining the health care provider associated with the therapy, or to assume that existing Medicare Part B providers are equipped to manage complementary and integrative approaches to pain care.

Currently, 46 states and the District of Columbia regulate massage therapists through state licensure; the states require compliance with a variety of legal requirements to practice, including a minimum number of hours of initial training and continuing education. These criteria are distinct from other types of physical-medicine pain management practitioners such as physical and occupational therapists, chiropractors, and acupuncturists. For CMS and other third party payors to continue to refine the existing repository of evidence-based knowledge as to which types of integrative and complementary therapies may be most appropriate for various pain conditions, it is essential that we define and recognize both the specific therapies offered and the provider involved.

In closing, we appreciate CMS' interest in addressing chronic pain management and we look forward to working together on this issue to improve access to needed integrative therapies for pain. We urge CMS to take steps to address existing coverage gaps in Medicare Part B for massage and to recognize the role played by state licensed and regulated complementary and integrative health providers, such as massage therapists.

Sincerely,

A handwritten signature in black ink that reads "James E. Specker". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

James Specker
Senior Director, Government and Industry Relations
American Massage Therapy Association
jspecker@amtamassage.org

MASSAGE THERAPY & PAIN MANAGEMENT



“Evidence supports the inclusion of massage therapy for many important patient health treatments.”

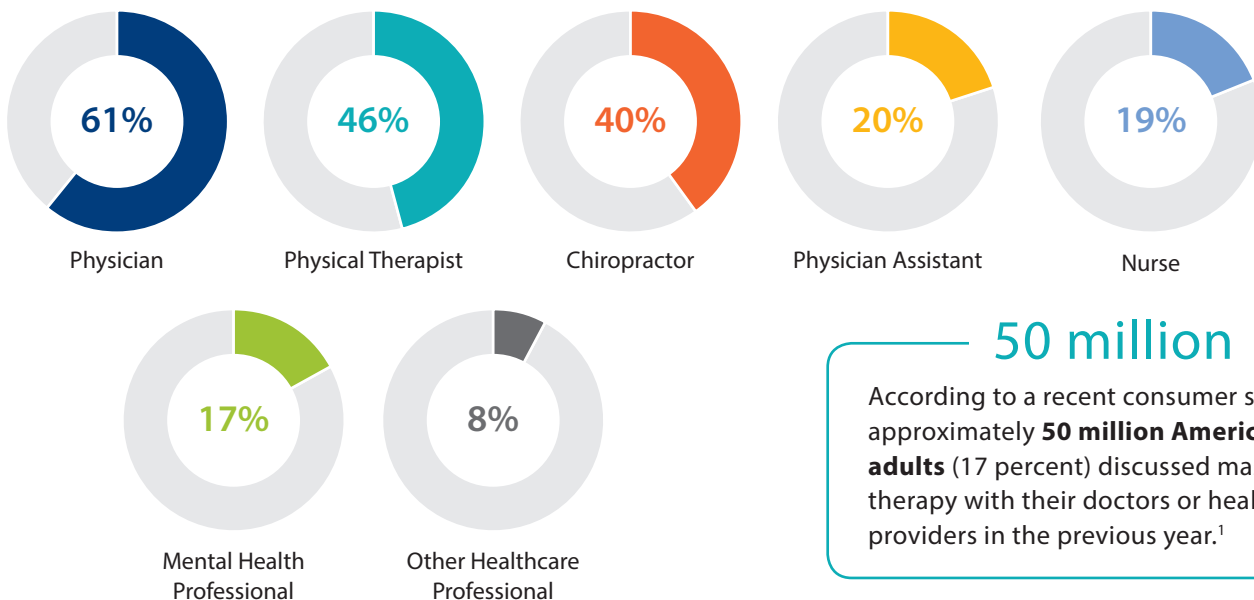
Massage therapy’s role in integrative health care has become widely accepted in major hospitals and in daily medical practice. A wealth of research has also shown the impact of massage therapy for pain management and relief. To support these conversations, **American Massage Therapy Association (AMTA)** has published an educational tool: “Massage Therapy in Integrative Care & Pain Management” which explores new research demonstrating massage therapy’s value and efficacy.

Conditions and Treatment Approaches for Massage Therapy

CHRONIC PAIN MANAGEMENT	BEHAVIORAL HEALTH TREATMENT	REHABILITATION/ PHYSICAL TRAINING	ACUTE MEDICAL TREATMENT
<ul style="list-style-type: none"> Back pain Neck and shoulder pain Headache Carpal tunnel syndrome Osteoarthritis Fibromyalgia Hospice 	<ul style="list-style-type: none"> Anxiety and stress Depression PTSD Substance use disorder recovery 	<ul style="list-style-type: none"> Performance training/injury treatment Ergonomics and job-related injuries Cardiac rehab Joint replacement surgery Scar management 	<ul style="list-style-type: none"> Cancer management Post-operative pain Lifestyle diseases Maternity and newborn care

There is significant evidence supporting the inclusion of massage therapy for many important patient health treatments, including those for chronic pain management, behavioral health treatment, rehabilitation/physical training and acute medical conditions. Incorporating massage therapy into approaches to pain management, and as an integrated complement to some pharmacological approaches, can help many suffering both chronic and acute pain.

Health Care Professionals Who Recommend Massage



50 million

According to a recent consumer survey, approximately **50 million American adults** (17 percent) discussed massage therapy with their doctors or health care providers in the previous year.¹

Massage therapy is an effective and cost-efficient pain management approach

Encouraging medical practitioners to prescribe massage therapy in cases where it would be an effective pain management tool and insurance companies to cover massage therapy can help decrease the costs of opioid addiction.

As stated in a recent letter from the National Association of Attorney's General to the America's Health Insurers Plans (AHIP), **massage therapy is not the only solution to this problem, but it is an important part of a comprehensive national approach to reducing addiction and its attendant costs.**

The onset of the opioid epidemic has not only increased the costs of treating addiction, it has also impacted the overall health of the nation.

Benefits of Substituting Massage for Opioids in the United States

Estimates based on a massage therapy cost of \$80

	Using Massage Therapy When Effective		Opioid Prescription Only	
	Patients	Medium Cost - \$80	Patients	Costs
Massage Therapy	5,015,499 ²	\$4,814,879,290	-	\$0
Opioid Medication	22,110,187	\$552,754,664	27,125,686	\$678,142,146
Opioid Addiction	462,502	\$122,684,830,584	573,639	\$152,165,416,736
Total	27,125,686	\$128,052,464,538	27,125,686	\$152,843,558,882
Savings		\$24,791,094,344		

Estimated Patients Who Can be Treated with Massage Therapy and Opioid Prescriptions

	Using Massage Therapy When Effective	Opioid Prescription Only	Difference
Massage Patients	5,015,499	-	5,015,499
Opioid Patients	22,110,187	27,125,686	-5,015,499
Addicts Within Patient Pool	462,502	573,639	-111,137
Total	27,125,686	27,125,686	

MASSAGE THERAPY IS
RECOGNIZED BY:

NATIONAL INSTITUTES OF HEALTH

THE JOINT COMMISSION

AMERICAN COLLEGE OF
PHYSICIANS (ACP)

FEDERATION OF STATE
MEDICAL BOARDS

DEPARTMENT OF DEFENSE

VETERANS HEALTH
ADMINISTRATION

111,137 people

Simply using massage therapy instead of opioid medication for client conditions where massage is proven effective can **reduce overall addiction rates in the United States by about 111,137 people**. In this sense, the benefits of massage therapy are twofold: reducing the number of people who potentially struggle with opioid addiction and **reducing the impact on the American economy by \$23 to \$25.99 billion annually**, based on the cost of massage.

\$25.99 billion

¹ American Massage Therapy Association 2017 Consumer Survey, conducted by ORC International

² Patient numbers were rounded from 5,015,499.2603