

Medical Policy



Massage Devices

▼ Description

Massage devices are items used to ease sore muscles.

▼ Policy

Massage devices are considered not reasonable and necessary since they are not primarily medical in nature.

▼ HCPCS Level II Codes and Description

E1399 Durable medical equipment, miscellaneous.

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law

and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

1. Centers for Medicare and Medicaid Services, National Coverage Determination Manual. 280.1 Durable Medical Equipment Reference List.
2. Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01		Annual Review / no changes	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009
03	12-02-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	11-14-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
06	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
07	11-29-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012

08	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
09	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
10	11-16-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015
11	11-16-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
12	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017
13	11-08-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018