

Massage Therapy Assessment Checklist

Description of Service

CCH offers massage therapy provided by a licensed massage therapist as an alternative pain management strategy in lieu of pharmaceutical pain management, particularly Schedule II narcotics. This service will require prior authorization from the referring provider.

Anticipated Outcomes

Improved pain management with avoidance or reduction of the use of opiate therapies.

Massage Therapist Acknowledgement	
Confirmation that I, _____, have discussed the intent of the In Lieu of Service benefit to help support the member's pain management through massage therapy and without the use of high-risk medications like opioids.	
Massage Therapist Signature	Date

Appointment Assessment	
1. Prior to the massage therapy appointment, utilizing the disability index, please create a baseline assessment of the member's need and pain level.	

<p>2. Pain scale tracked this visit, please detail.</p>	
<p>3. Following the massage therapy appointment, utilizing the disability index, please reassess the member's pain level. <i>Disability index expected to be assessed at the beginning and end of therapy or as indicate.</i></p>	

Post Therapy Assessment	YES	NO
<p>Following the massage therapy, the member feels confident that this therapy session has helped reduce or avoid the need for high-risk medications like opioids.</p>		

Post Observation	YES	NO
<p>Did we achieve the goal of providing an alternative pain management? <i>If yes to post therapy assessment, we have achieved the goal.</i></p>		

Patient Acknowledgement

Signature

Date

Please keep a copy of this assessment for your records. A specialist provider should also coordinate care with the referring provider.