Manual Muscle Testing Range of Motion Measurement, and Physical Performance Testing

The American Chiropractic Association fields numerous questions concerning the following CPT® codes for Manual Muscle Testing (MMT) and Range of Motion measurement (ROM):

95831 - Muscle testing, manual (separate procedure); with report; extremity (excluding hand) or trunk,

95832 - Muscle testing, manual, hand, with or without comparison with normal side,

95851 - Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine), and

95852 - Range of motion measurements, and report, hand, with or without comparison with normal side.

95831 and 95832 – Muscle Testing

The questions received by ACA often relate to when it is appropriate to bill these codes in conjunction with other CPT® codes such as Evaluation and Management (E/M) codes or Chiropractic Manipulative Treatment (CMT) codes. CPT® Assistant describes muscle testing [95831, 95832] as,

“typically performed to assess the maximum force a muscle is capable of generating against the forces of gravity or manual resistance. Muscle testing is indicated in patients with complaints of impaired muscle performance including impairments of strength, power, or endurance. When reporting MMT procedures, a grading system is used that utilizes either a numeric scale ranging from zero to five (0-5), or language equivalent to this scale such as zero, fair, good, or normal.”1 [Emphasis added]

A sample of grading nomenclature can be found at:
http://www.niehs.nih.gov/research/resources/assets/docs/muscle_grading_and_testing_procedures.pdf

95851 and 95852 – Range of Motion

CPT® Assistant explains Range of Motion (ROM) measurements [95851, 95852] as,

“testing is typically performed to assess the amount and quality of movement in multiple planes of motion including the assessment of the capsular end feel of the joint, observation of muscle substitution patterns due to weakness of specific muscles, and documentation of pain, tonus, and crepitus at specific places in the arc of motion. This type of testing is not time based and is differentiated from strength testing. With the exception of the spine, ROM testing is usually performed in a passive manner. Passive testing means the examining provider moves the specific joint through its available range in a specific plane of motion. The range of motion is calculated by measuring the distance from the starting position to the end of the movement.”[Emphasis added]
It is important to note, per CPT®, “If testing is limited by lack of patient cooperation, pain, or other precaution, true ROM testing cannot be measured.” [Emphasis added] The Centers for Disease Control and Prevention (CDC) Web site contains a table of Reference Values for Normal Joint Range of Motion which can be found here: http://www.cdc.gov/ncbddd/jointrom/

With E/M:

Muscle, range of motion, and physical performance testing are normally done as part of the physical examination and would be included in the E/M service. These services are usually not billable over and above the E/M code (CPT® codes 99201-99205 and 99211-99215). However, under certain circumstances, these tests may be reported independently. For instance, coding CPT® code 95851 or 95852 may be necessary when carrying out an impairment rating of a patient. This would require the testing of muscle strengths, ranges of motion, and/or physical performance, the recording of each individual value, the comparison of these to a standardized grading scale, and the creation of a formal, written, and signed report of the specific findings. If there is sufficient justification, and all the above conditions are met, then these codes could be billed as “separately identifiable” procedures and a 25 modifier would need to be appended to the E/M code.

With CMT:

These codes may be billed with CMT (98940-98943) when the required criteria have been met. For example, use of the Manual Muscle Testing codes requires testing of muscle strength, power, and/or endurance, the comparison of these values by the examiner to a standardized grading scale, and the creation of a formal, written, signed report of findings listing specific values for the muscles tested. Use of the Range of Motion Measurement codes requires identification of the tested anatomic areas, specific measurement values, and preparation of a formal, written, signed report of the findings. These codes, when used in conjunction with CMT, would require the 59 modifier (or one of the modifier 59 subset modifiers X (EPSU)) ii; to be appended.

With Physical Performance Testing:

Per CPT® Assistant 2008, “Codes designated as separate procedures should not be reported in addition to the code for the total procedure or service for which they are considered an integral component. In this case, because range of motion testing (95851) and manual muscle testing (95831) may be performed as part of a physical performance test or measurement (eg, musculoskeletal or functional capacity), only code 97750 should be reported.” Therefore, neither Manual Muscle Testing (95831-95834) nor Range of Motion Measurement (95851-95852) should be separately reported from Physical Performance Testing/Measurement (97750), as both services are included as part of Physical Performance Testing.
According to CPT® Assistant:

“Three time elements must be documented to correctly report code 97750: Total time spent with the patient in providing the test and measurement, including the time spent preparing the patient for the test and measurement procedure; the time spent performing the selected protocol; and the time spent with the patient in providing any post-testing instructions. Some examples of testing that are typically reported with CPT® code 97750 include: isokinetic testing for assessing the combination of strength, endurance and power while performing certain movements with the trunk or extremities, functional capacity testing, and specific test and measures related to balance such as the timed up-and-go test.”

*This clarification has been edited from its original form and is pending ACA House of Delegates approval.

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