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Coding Guidance

CPT® Position on the Proper Use of Procedure Code 97140

Introduction:

97140 is manual therapy techniques, (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes.

Definition:

Manual therapy is a constant attended timed procedure that requires direct one-on-one contact with the provider, is time-based, and may be billed in 15-minute increments. A minimum of 8 minutes contact time is required to satisfy 1 billable unit.

Typically, the goals of manual therapy are to modulate pain, increase joint range of motion, and reduce or eliminate soft tissue swelling, inflammation, or restriction to improve contractile and noncontractile tissue extensibility.

Application:

The manual therapy procedure code is considered a covered benefit if performed in a region not included in the CMT when the patient's clinical presentation and diagnosis support the necessity of the procedure and the time requirement is satisfied. As with all procedure codes, the location, duration, and therapeutic rationale should be clearly documented.

Manual therapy techniques may be performed on individuals with symptoms that may include a limited range of motion, muscle spasm, pain, scar tissue or contracted tissue and/or soft tissue swelling, inflammation or restriction. These techniques may include Instrument Assisted Soft Tissue Mobilization (IASTM) tools which use a hard edge instrument constructed of metal, plastic or ceramic materials.

Under certain circumstances, it may be appropriate to additionally report CMT code in addition to code 97140. For example, a patient has multiple injuries from an auto accident with a neck injury that contraindicates cervical CMT. Therefore, the provider performs manual therapy techniques as described by code 97140 to the neck region and CMT to the lumbar region. As separate body regions are addressed, it would be appropriate in this instance to report both codes 97140 and 98940. In this example, the modifier -59 should be appended after 97140 to indicate that a distinct procedural service was provided.

Question: *What types of manual therapy techniques would be reported with code 97140? (Medicine: Physical Medicine & Rehabilitation, 97140 (Q&A), May 2009 page 9.)*

Answer: CPT code 97140, *Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes*, is intended to report the provision of manual (soft tissue and joint) therapy techniques for treatment of symptoms and impairments that might include, but not be limited to, limited range of motion, muscle spasm, pain, tissue adherence or contracted tissue and/or soft tissue swelling, inflammation, or other cause of soft tissue/joint restriction. Manual therapy techniques include, but are not limited to, soft tissue mobilization, joint mobilization and manipulation, manual lymphatic drainage, manual traction, craniosacral therapy, myofascial release, and neural gliding techniques. As the code descriptor states, "manual" therapy requires that providers utilize their hands in order to provide these techniques.



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Question: Before code 97140 was added to report manual therapy techniques, we were able to report separately for the different types of therapy performed. Can we report code 97140 with the -59 modifier to show that different manual therapy techniques were performed (eg, joint mobilization and myofascial release)? (Physical Medicine and Rehabilitation, Medicine, 97140 (Q&A), August 2001 CPT Assist.)

AMA Comment: Since 97140, Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes, is a time based code (ie, reported for each 15 minutes of therapy) and encompasses all manual therapy techniques previously identified with individual codes, it should be reported based on the total time spent by the therapist performing manual therapy techniques. It is not necessary to report separately for each different type of manual therapy.

Question: Can my doctor report the new CPT code 97140 for manual therapy techniques, when he performs a chiropractic manipulative treatment (CMT), or has this code been developed for use by physical therapists and occupational therapists only? (Medicine Therapeutic Procedures, 97140 (Q&A), February 1999.)

AMA Comment: Code 97140 Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes, does not describe chiropractic manipulative treatment. Chiropractic manipulation (CMT) is described by codes 98940-98943. From a CPT coding perspective, in certain circumstances it may be appropriate to report CMT or osteopathic manipulative treatment (OMT) procedures and CPT code 97140. For example, if separate body regions are being addressed by different techniques, then it is appropriate to report these services separately.

For example, a patient has severe injuries (such as an auto accident) with a neck injury that contraindicates CMT in the neck region. Therefore, the provider performs manual therapy techniques (as described by CPT code 97140) to the neck region and CMT to the lumbar region. In this case, it would be appropriate to report CPT codes 97140 and 98940. In this example the -59 modifier would be used to indicate that a distinct procedural service was provided.

Clinical Vignette for 97140: One of the major changes made to the 1999 physical medicine and rehabilitation section of CPT was the deletion of several existing CPT codes and the addition of one new code. For CPT 1999, codes 97122, 97250, 97260, 97261 and 97265 were deleted and replaced with 97140, *Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes*. With the addition of new code 97140, that describes both mobilization and manipulation techniques, physical therapists, as well as other health care professionals, will now be able to more accurately describe their services, which cover a spectrum of manual (soft tissue and joint) techniques. (Physical Medicine and Rehabilitation: CPT Code 97140, March 1999 page 1 CPT Assist.)

It is important to note that the examples provided in the code descriptor for 97140 (eg, mobilization, manipulation, manual lymphatic drainage, and manual traction) are examples of procedures that may be reported with this code, and not intended to exclude other types of manual therapy techniques.

Manual Therapy Techniques

Manual therapy techniques consist of, but are not limited to, connective tissue massage, joint mobilization and manipulation, manual lymphatic drainage, manual traction, passive range of motion, soft tissue mobilization and manipulation, and therapeutic massage. As the code descriptor states, "manual," providers use their hands to administer these techniques. Therefore, code 97140 describes "hands-on" therapy techniques.



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Typically, the goals of manual therapy are to modulate pain, increase joint range of motion, and reduce or eliminate soft tissue swelling, inflammation, or restriction. These techniques also induce relaxation and improve contractile and noncontractile tissue extensibility.

Manual therapy techniques may be performed on individuals with symptoms that may include a limited range of motion, muscle spasm, pain, scar tissue or contracted tissue and/or soft tissue swelling, inflammation or restriction. CPT code 97140 is to be reported for each 15 minutes of manual therapy techniques provided to one or more regions. For example, if 30 minutes of manual therapy techniques were provided to one or more regions, code 97140 would be reported two times, once for each 15 minute interval.

It is important to recognize that 15 minutes must be spent in performing the pre-, intra, and post-service work in order to report code 97140. If less than 15 minutes is spent performing manual therapy techniques, the modifier -52 should be appended to code 97140.

Under certain circumstances, it may be appropriate to additionally report CMT/OMT codes in addition to code 97140. For example, a patient has severe injuries from an auto accident with a neck injury that contraindicates CMT in the neck region. Therefore, the provider performs manual therapy techniques as described by code 97140 to the neck region and CMT to the lumbar region. As separate body regions are addressed, it would be appropriate in this instance to report both codes 97140 and 98940. In this example, the modifier -59 should be appended to indicate that a distinct procedural service was provided. However, if OMT and the services as described by 97140 were provided to the same region, then it would not be appropriate to separately report code 97140. You may want to check with your local third-party payor as they may have specific reporting policies.

Clinical Vignette, 97140: *The following vignette represents the appropriate application provided by CPT code 97140 and represents the typical patient(s) and service/procedure(s) described.*

A 36-year-old male presents with neck, shoulder and upper back pain, and severe muscle guarding with limited neck range of motion which has developed gradually over the past 2 months, but has become more severe recently after lifting his child. Testing identified segmental hypomobilities at the facet joints of C4-5, C5-6 and C7-T1, and an anterior glenohumeral joint with hypomobility of inferior glide of the glenohumeral joint, along with myofascial trigger points palpated along the left cervical paraspinal region, upper trapezium, levator scapula and infraspinatus muscles.

The patient is placed in a supine position, followed by passive testing of soft tissue extensibility, gross and segmental range of motion, capsular restrictions, level of muscle guarding and level of pain in the lower cervical, upper thoracic and glenohumeral regions. Treatment is initiated incorporating isolated spinal and peripheral manual joint and soft tissue techniques to the cervical, scapular and shoulder areas. This includes myofascial release, muscle energy and passive stretch; manual traction, passive intervertebral mobilization/manipulation, glenohumeral inferior glide as well as capsular oscillations and stretch. The goal of this intervention is to increase active pain free lower cervical/upper thoracic range of motion, increase extensibility of the myofascial tissue of the cervical and upper quarter region and facilitate the return to functional activities.



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