Coding Therapies: Modalities and Procedures

“Therapies” is a general term that is often used to describe all physical medicine procedures including modalities, therapeutic procedure and muscle/soft tissue work. Below we will review each of the three areas of service that a provider may utilize to perform and code therapies. Coding therapies accurately is very important for developing an efficient and compliant office. “Timed Codes” is a term you will read or hear often in this lesson.

**Supervised modalities (CPT 97010-97028)** are defined as the application of a modality that does not require direct (one-on-one) patient contact by the provider. The provider can leave the room while the patient is receiving this service. Common services that we describe as supervised modalities would include electrical muscle stimulation, mechanical traction, diathermy, or hot and cold packs. The services are not timed codes and may only be billed once per encounter, regardless of the number of applications.

**Constant attendance modalities (CPT 97032-97039)** are defined as the application of a modality that requires direct (one-on-one) patient contact by the provider. The provider cannot leave the patient while they are receiving this service. These require direct (one-on-one) patient contact. Common services that we describe as constant attendance modalities are ultrasound or assisted electrical muscle stimulation. These services are timed codes.

**Therapeutic procedures (CPT 97110 – 97546)** are defined as a manner of effecting change through the application of clinical skills and/or services that attempt to improve function. These codes have the patient doing activity, rather than lying or sitting down to receive a service. Common services that we describe as therapeutic procedures are therapeutic exercises and therapeutic activities, neuromuscular reeducation and activities of daily living. The provider cannot leave the patient while they are participating in or performing the instructions given for this service. These require direct (one-on-one) patient contact. These services are timed codes (excluding 97150 for group therapy, see below).

**Group therapeutic procedures (CPT 97150)** are defined as therapeutic exercises or activities that are provided to more than one patient at the same time. Coding for this style of patient service is independently unique from one-on-one patient contact.

**Soft tissue/muscle work (CPT 97124, 97140)** is described as therapeutic procedures that work soft tissues of the body, including muscles, connective tissue, tendons, ligaments, and joints. They include services that provide joint mobilization or deep tissue work. The provider cannot leave the patient while they are receiving this service. These require direct (one-on-one) patient contact. Common services that we describe as soft tissue or muscle work are massage and manual therapy. These services are timed codes.