



FACT SHEET

Coding Massage Therapy (97124) and Manual Therapy (97140)

One of the more difficult coding scenarios to navigate is to understand when the manual muscle work being delivered should be described as “Massage Therapy” and when it should be noted as “Manual Therapy”. The following information will assist you in understanding the differences between the two services.

CPT Code 97124 - Massage Therapy:

The AMA CPT (Current Procedural Terminology) 2013 edition describes 97124 as “Therapeutic Procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion). Massage therapy should be included as a part of an active treatment plan, with specific deficits and goals associated with the prescribed treatment. Some goals that may be associated with massage therapy, especially when used as a service preparatory to another treatment, can include restoring muscle function, decreasing specific stiffness, reducing documented edema, improving joint motion by degrees, or for relief of muscle spasms. The prescription of massage therapy should come with expected outcomes, and the objective measures that will be used to evaluate the effectiveness of the treatment. It would also be prudent to have specific diagnosis codes linked to the massage procedure for clarity. Doctors are cautioned against prescribing massage therapy for relaxation, stress relief and other clinically appropriate, but perhaps not medically necessary reasons when seeking reimbursement from a third party payer. Third party reimbursement of massage therapy is highly scrutinized when prescribed over long periods of time, with multiple, non-specific units of time billed per session. The following descriptors outline more detail about massage therapy.

- Massage therapy includes effleurage (circular movement), petrissage (lifting, squeezing), and/or tapotement (stroking, compression, percussion).
- The intent of the service is to increase circulation and promote tissue relaxation to the muscles, and the treatment is based on or consists of more basic massage.
- When billed on the same visit as a Chiropractic Manipulative Treatment code (98940-98943), carriers often require the dash 59 modifier appended to the 97124 code to clarify that it’s a distinct and separate procedure from the adjustment.

CPT Code 97140 - Manual Therapy Techniques:

The AMA CPT (Current Procedural Terminology) 2013 edition describes 97140 as “Manual therapy techniques (eg. mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes”. It’s also been further described to include things like manual trigger point therapy and myofascial release. Manual therapy techniques are used to treat restricted motion of soft tissues in the extremities, neck, and trunk. The following descriptors outline more detail about Manual Therapy:

- Manual therapy is used in an active and/or passive fashion to help effect changes in the soft tissues, articular structures, and neural or vascular systems.
- The intent of the service is to increase pain-free range of motion and facilitate a return to functional activities.
- An example is the facilitation of fluid exchange, restoration of movement in acutely edematous muscles, or stretching of shortened connective tissue.
- Manual therapy is used when a loss of motor ability impedes function.
- The National Correct Coding Initiative (NCCI) edits created by the Centers for Medicare and Medicaid Services



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- (CMS) require that the manual therapy techniques be performed in a separate anatomic site than the chiropractic adjustments in order to be reimbursed separately. Therefore, if you do this, append the 59 modifier to 97140 in order to indicate that it is a distinct procedure and is being performed at a different anatomic region than the chiropractic adjustment that day. Only in a very rare instance would we see someone bill a 98941 on the same visit as a 97140 to a third party payer.

Which Should I Use?

A study was performed among Licensed Massage Therapists who claimed to be performing both Manual Therapy and Massage Therapy in the same session. An observer was unable to tell the difference between the two services when the LMT changed from one to the next. This illustrates the point that the service may look very similar, but the difference is clarified in the documentation.

The treatment plan for the episode of care must reflect the recommended service, along with the projected outcomes and goals of the treatment. Based on the two definitions above, the intent of the service is clearly different between the two. Code 97124 is often prescribed for the friction based, relaxation type massage that may be less specific than 97140. With Manual Therapy, one would expect to see the services ordered to address objective loss of joint motion, strength, or mobility, and they must be part of an active treatment plan directed at a specific outcome. For example, stated goals could say, “97140 is prescribed to increase flexibility of the quadratus lumborum muscles, while activating and stretching the hamstring muscles, to help improve the patient’s capacity for walking up to a mile, and standing longer than one hour at their job as a cashier”. Daily, routine visit documentation of the two services should also include progress toward those stated goals.

Third party payers often have very specific medical review policy regarding both 97124 and 97140. When providers wish to order and deliver either service, it’s vital that they clearly understand the rules that apply to this service. For example, Federal Blue Cross/Blue Shield review policy indicates that the only time any type of muscle work (97124 or 97140) is reimbursable is when provider by the licensed DC, PT, or MD. If the work is delegated to a Licensed Massage Therapist or other unlicensed provider, it’s not payable. If you intend to bill these services to a third party payer, it is important to get clarification when calling to verify the insurance benefits for the patient. You will want to ask questions such as:

- Is either 97124 or 97140 covered when delegated to a Licensed Massage Therapist?
- Does the policy require that the doctor perform these services? 97124? 97140?
- Must I use the doctor’s NPI when billing these services? 97124? 97140?
- Is 97124 only covered when billed under the Licensed Massage Therapist’s NPI?

This coding conundrum applies to all types of providers. A major insurance carrier in Colorado has restricted all claims by massage therapists to CPT code 97124 and has set a maximum fee that it will pay. The company did this in response to the use of 95 different CPT codes by Colorado massage therapists, for which the therapists charged fees of up to \$350 per hour. Those who abused the system have been punished; however, every massage therapist who must work with that company has also been punished. Some providers abuse the medical payment system for the short-term gain by offering non-medically indicated massage and seeking third party reimbursement. In the long term, this damages all providers and does harm to the majority of providers who carefully evaluate their treatment plan and only order manual muscle therapy within these rules of CPT coding and careful, ethical judgment.