



Chiropractic Associates of Minnesota, LLC

Billing and Coding Guidelines for Billing Manual Therapy (97140) with Spinal Manipulation

Effective September 1, 2006

Reimbursement policies and billing guidelines for chiropractic services have been developed considering the latest reimbursement methodologies from multiple sources, including but not limited to the following: Current Procedural Terminology (CPT), American Medical Association; American Chiropractic Association Chiropractic Coding Solutions Manual, 11th Annual Edition 2006; Procedural/Utilization Facts, Chiropractic/Physical Therapy Treatment Standards, A Reference Guide Fifth Edition by Richard E. Olson, DC; and Guidelines for Chiropractic Quality Assurance and Practice Parameters (The Mercy Document).

The following policy statement has been developed for Blue Cross Blue Shield of Massachusetts, Chiropractic Billing and Coding Guidelines by Richard E. Olson, DC, February 7, 2006 and has been adopted by CAMN. This section of the policy is reprinted with permission of Blue Cross Blue Shield Massachusetts (BCBSMA). The complete BCBSMA Chiropractic Billing and Coding Guidelines is available through their website and fax on demand technology. Additions to the document by CAMN are noted in italicized print.

The selection of appropriate physical medicine modalities and procedures should be based on the desired physiological response in correlation to the stages of healing. In most conditions or injuries, utilization of one carefully selected modality or procedure in combination with CMT is adequate to achieve a successful clinical outcome.

All decisions made by a chiropractor regarding the use of supportive physical medicine modalities and procedures shall be predicated upon a properly documented clinical rationale, which is consistent with current educational and practice standards. The details of all modalities or procedures provided shall be recorded when performed, including time for all constant attendance modalities and therapeutic procedures.

CPT 97140, manual therapy techniques (i.e., mobilization/manipulation, manual lymphatic drainage, manual traction, *Graston Technique, Active Release Technique, Myofascial Release and Muscle Energy Techniques*), one or more regions, each 15 minutes, cannot be reported or billed if the chiropractor also reports or bills for a chiropractic manipulative treatment (CMT) on the same anatomical region¹ as the therapeutic procedure. If a chiropractor reports both a CPT 98940-series service and CPT 97140 on the same date of service, the chiropractor's medical records must document the differences between the two procedures and that each was conducted on a different anatomical site (*region*).

(It is CAMN's policy that Billing and coding for 97140 performed on a second visit on the same day is inappropriate and not allowed when CMT has been administered in the same region as 97140.)

It is not appropriate to bill CPT 97124, massage, for myofascial release. For myofascial release, CPT 97140 should be reported. When reporting or billing for CPT 97112 (neuromuscular reeducation) and CPT 97124 (massage), as well as all other physical medicine modalities and therapeutic procedures, the details of the procedure shall be recorded in the medical record, including clinical rationale, anatomical site (*region*), description of service, and time (as required by the selected CPT code).

¹ The five spinal regions are identified in CPT as cervical (includes atlanto-occipital joint), thoracic (includes costovertebral and costotransverse joints), lumbar, sacral, and pelvic (sacroiliac joint).