Dynamic Chiropractic

BILLING / FEES / INSURANCE

CPT Coding for Massage

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Q: An insurance carrier has stopped paying for massage (97124); however it does pay for manual therapy (97140). Is it legal to bill for a massage under 97140, as it is a "manual" therapy?

A: If you are doing massage, any style, it should be coded as massage 97124, as that is the code that best represents the service described. The CPT coding manual mandates that a code is to be chosen based on best description and representation of the service. Therefore, never substitute a different code solely for reimbursement purpose, as this may be construed as fraud or minimal abuse. While massage requires manual application, it is not "manual therapy techniques" as described under code 97140. Manual therapy is described as mobilization/manipulation, manual lymphatic drainage, manual traction, to one or more regions. Furthermore, 97140 also can be used to code for "myofascial release."

In 1999, CPT deleted the code 97250, which was used to describe myofascial release, and noted to code for myofascial release with 97140. Myfascial release is a soft-tissue technique or techniques directed toward specific muscle(s) or soft tissue(s), typically to resolve shortened fascia, scarring and fibrosis. There are many styles of this service, but it is not massage. If you are describing massage in the treatment plan and that is what is performed, then of course, bill massage. If the treatment plan is for myofascial release and that is the service performed, then of course it should then be coded with 97140.

There have been some misguided providers who attempted to disguise massage under codes 97112 neuromuscular re-education and 97530 therapeutic activities. This practice is of course illegal and use of the codes can be somewhat of a "red flag" to insurers when there is a change from massage to these codes. If an insurer were to question your patient about the services performed and the patient says that massage was performed, and the coding is something other than massage, it will likely lead to an investigation. Albeit, a patient may not fully understand and assume a myofascial release service as a massage; your treatment plan and notes will bear out what was done. But certainly, the codes 97112 and 97530 would not be close to hands-on massage service and could be a very large problem. If performing 97112 and/or 97530 services, billing for them is not an issue, as your treatment notes would bear out the services performed.

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