

Billing for Massage - Specific CPT Codes

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Q: In a [previous column](#), you reported that code 97530 (Therapeutic Activities) and code 97112 (Neuromuscular Re-education) should not be used to describe massage. Could you please tell me what the specific descriptions of those services entail, as well as a description of what constitutes Massage 97124 and Manual Therapy 97140?

A: Thank you for your question. I have received numerous requests in this regard. The following is the descriptions of the above codes, as well as tips on documenting those services.*

Massage (CPT 97124) describes a service that is separate and distinct from those services described by chiropractic manipulative treatment and manual therapy techniques. Massage, unlike those techniques, is totally passive in nature, with no participation by the individual receiving the service. The goal of therapeutic massage is to increase circulation and promote tissue relaxation to the muscle(s). It is of particular value when used in conjunction with other therapeutic procedures on the same day, wherein the treatment plan is designed to restore muscle function, reduce edema, improve joint motion, and/or provide relief of muscle spasm. Therapeutic procedures can include superficial, effleurage, petrissage, percussion, pressure-point work (acupressure and shiatsu), trigger-point work and deep-tissue techniques. Also included in this code is the use of a Genie Rub, Thumper, G5, etc., so long as it is manually applied. Use of hand-held tools or probes would include the application of manual pressure and would likely fall under the massage description as well. Massage generally is applied to a large area, often crossing over several types of soft tissue and several regions. This code requires that the doctor/therapist be hands-on and constantly attending to the patient. Therefore, massage "beds," tables or chairs do not qualify for this code description; for those units, the unlisted modality code would be more appropriate.

Manual Therapy (CPT 97140) describes multiple manually applied services, including manual traction, myofascial release, joint mobilization, manual lymphatic drainage, and manipulation (non-chiropractic). For myofascial release work, the targeted region(s) is targeted to a specific muscle or other soft tissue. Findings generally involve an adhesion or area of fibrosis exhibited by a painful band or "knot" within the muscle and subsequent limited range of motion. This code describes manually applied techniques that increase active pain-free range of motion and increase extensibility of myofascial tissue, with the goal of restoring function of the muscle or soft tissue. A variety of active manual techniques that achieve these goals could reasonably be coded with 97140. The specific technique is generally described as active, passive or both. Active or passive indicates the method of stretching or elongation of the soft tissue. This procedure is typically considered painful and may need some analgesia pre- and post-service. When documenting the service, the interaction between the patient and therapist should be reported. The chart notes should clearly indicate what style or procedure was performed, with the appropriate reporting of the targeted soft tissue, the technique used, time spent, goals and the response to the treatment.

Therapeutic Activities (CPT 97530) documents direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance) in 15-minute increments. This code is used to report dynamic therapeutic activities, including multiple parameters, such as balance, strength and range of motion, which are designed to achieve improved functional performance. Examples include lifting stations, closed kinetic chain activity, hand assembly activity, transfers (chair to bed, lying to sitting, etc.), and throwing, catching or swinging. This procedure requires direct (one on one) patient contact by a physician or therapist and is reported per each 15-minute interval during which the therapeutic procedure is performed. Generally, it is a series of movements involving flexibility, strength and coordination specifically designed for recovery of daily functional abilities.

The specific activities need to be documented as to their type, style and duration. Dynamic activities involve forms of exercise that are progressive in nature.

Neuromuscular Re-education (CPT 97112) is intended to identify therapeutic exercise designed to retrain a body part (re-educate the muscle) to perform some task that the body part was previously able to do. This will usually be in the form of some commonly performed task for that body part. It is most common in patients following a stroke or surgery. Specific goals typically include facets to improve balance, coordination, kinesthetic sense, posture and proprioception. The basic idea is that the motor system needs to be "repatterned" for normal activities. Also included would be services to retrain poor static or dynamic sitting/standing balance and loss of gross or fine motor coordination. Neuromuscular re-education techniques are usually applied progressively by using active movements under a variety of mechanical conditions. Some examples include proprioceptive neuromuscular facilitation, Janda, Feldenkrais, Bobath, Alexander, and cross-crawl. Balance boards and similar equipment could be documented under this code as well.

*Please note the AMA, APTA and ACA were all sources of information on this topic.

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