

## CPT Code Update

Samuel A. Collins

This article is an update on the use of CPT codes 97110-97124 when done in the same treatment session as a chiropractic manipulative therapy service (98940-98943). Due to recent updates by the American Medical Association in the March 2006 *CPT Assistant* newsletter (volume 16, issue 3) and questions arising from a recent column, I feel there is a need for clarification.

The questions arise due to some (many) insurance carriers denying Therapeutic Exercise 97110, Neuromuscular Re-Education 97112, and Massage 97124 when done on the same visit as chiropractic spinal manipulation. The insurance carrier's contention is that the aforementioned services are inherent to spinal manipulation. In other words, the carrier contends that therapeutic exercise, neuromuscular re-education or massage is part of, or inclusive to, the chiropractic adjustment. Many insurance payers have taken this position, causing doctors of chiropractic to receive blanket denials for those services when billed with chiropractic manipulation. While the use of modifier -59 (distinctively separate service) has been helpful in getting some claims paid, insurers have further interpreted that it still is not appropriate even with the modifier, because there has to be a separate body region from the chiropractic adjustment. This interpretation, to almost every chiropractor, makes no sense whatsoever, as of course, the exercise or other service would most certainly need to be in the area where the adjustment was performed, but is by no means the same service by any stretch of the imagination. Even with such simple logic, carriers would still not pay for the service.

Fortunately, clarification has come from the AMA via the *CPT Assistant*. A question was posed: "Is it appropriate to report codes 97110-97124 in addition to chiropractic manipulative treatment (CMT) codes when performed to the same anatomic site?" The answer in the newsletter stated, "The physical medicine codes 97110-97124 represent distinctly separate and unrelated procedures not considered inclusive of the CMT described by codes 98940-98943. Therefore, when clinically relevant, it would be appropriate to report codes 97110-97124 in addition to the CMT when performed to the same anatomic site (i.e., separate body regions are not required)."

This statement should essentially end the practice of denial for those codes when billed with the CMT. For now, at least, this gives me some confidence that there are individuals and policies in place at the AMA that are not biased against chiropractic. I hope this may lead to further discussion and clarification with 97140, manual therapy and its inclusion to the CMT when done in the same region. Well, at least we can hope.

If you would like a copy of a "fight back" letter to send to a carrier that denies 97110-97124 when billed with a CMT, please forward your request to [sam@hjrossnetwork.com](mailto:sam@hjrossnetwork.com).

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