



Coding Policy

CPT® Position on the Proper Use of Procedure Code 97140

The CPT® position on the use of procedure code 97140 for manual therapy techniques states the following:

"Manual therapy techniques consist of, but are not limited to, connective tissue massage, joint mobilization and manipulation, manual traction, passive range of motion, soft tissue mobilization and manipulation, and therapeutic massage. As the code descriptor states, 'manual' providers use their hands to administer these techniques. Therefore, procedure code 97140 describes 'hands-on' therapy techniques.

Typically, the goals of manual therapy are to modulate pain, increase joint range of motion, and reduce or eliminate soft tissue swelling, inflammation, or restriction. These techniques also induce relaxation and improve contractile and noncontractile tissue extensibility.

Manual therapy techniques may be performed on individuals with symptoms that may include a limited range of motion, muscle spasm, pain, scar tissue or contracted tissue and/or soft tissue swelling, inflammation or restriction. CPT® code 97140 is to be reported for each 15 minutes of manual therapy techniques provided to one or more regions. For example, if 30 minutes of manual therapy techniques were provided to one or more regions, code 97140 would be reported two times, one for each 15-minute interval.

It is important to recognize that 15 minutes must be spent in performing the pre-, intra, and post-service work in order to report code 97140.

Under certain circumstances, it may be appropriate to additionally report CMT/OMT codes in addition to code 97140. For example, a patient has severe injuries from an auto accident with a neck injury that contraindicates CMT in the neck region. Therefore, the provider performs manual therapy techniques as described by code 97140 to the neck region and CMT to the lumbar region. As separate body regions are addressed, it would be appropriate in this instance to report both codes 97140 and 98940. In this example, the modifier -59 should be appended to indicate that a distinct procedural service was provided."¹

¹ CPT Assistant, Volume 9, Issue 3, March 1999

