Manual Therapy

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Manual therapy is a clinical approach utilizing skilled, specific active and/or passive hands-on techniques to diagnose and treat soft tissues and joint structures in the trunk, neck, and extremities. The goals of manual therapy include; increasing range of motion (ROM), reducing or eliminating pain or soft tissue inflammation, improving contractile and non-contractile tissue repair, facilitating movement, and improving function.

Manual Therapy Techniques include, but are not limited to soft tissue mobilization, joint mobilization and manipulation, manual lymphatic drainage, manual traction, myofascial release, and neural gliding techniques. These techniques commonly performed by chiropractors, physical therapists, or other health care professionals can be classified by area of treatment (e.g., joints and soft tissues).

While the decision on which technique to use is based on the clinician's assessment, level of expertise, and practice scope, there is a general agreement on criteria for appropriate utilization of manual therapy.

Soft-tissue manual therapy techniques include, but are not limited to the following:

- Active Release Therapy
- Augmented soft-tissue mobilization (e.g., Graston)
- Functional mobilization
- Manual trigger point therapy

- Manual lymph drainage
- Myofascial release
- Proprioceptive neuromuscular facilitation
- Scar mobilization
- Soft tissue mobilization
- Strain-counter-strain (positional release)
- Transverse frictional massage

Joint manual therapy techniques include, but are not limited to the following:

- Joint manipulation/thrust
- Joint mobilization
- Manual Traction
- Mobilizations with movement (Mulligan techniques)
- Muscle energy technique
- Post-isometric relaxation

Physical therapy time requirements

PacificSource follows the halfway rule for Physical therapy time requirements - Provider bills for 1 unit of 97140 they must meet at least 8 minutes, if billing 2 units they must meet a 23-minute rule, we allow provider to bill each based on the halfway mark of 15-minute increments.

8 =15 minutes 1 unit

23= 30 minutes 2 units

38=45 minutes 3 units. Etc.,

Criteria

Commercial

PacificSource considers Manual Therapy Techniques medically necessary when **ALL** of the following criteria is met:

1. Patient has a diagnosis/disorder for which manual therapy techniques (e.g., musculoskeletal pain or lymphatic drainage) is clinically appropriate
2. Clinical documentation requirements from provider to include **ALL** the following:
    a. Documentation to support that the therapist's skill are medically necessary to maintain, prevent, or slow further deterioration of the member's functional status, AND the services cannot be conducted for or by the member without the assistance of the therapist
    b. Documented personalized treatment plan/goals associated with Manual Therapy Techniques
    c. Location of Manual Therapy Techniques application (e.g., spinal region(s), shoulder, thigh)

d. Description of the Manual Therapy Techniques used (e.g., joint manipulation, myofascial release, mobilization)

e. Documented objective measurement including, but not limited to: Range of Motion (ROM) and strength of affected area by pre- and post-assessment

3. Billed as a stand-alone procedure: (CPT codes 97140 and 97124 are timed-therapy services)

CPT code 97140

a. A maximum of **three (3)** units per date of service is allowed for CPT 97140 (including ASO groups).

b. CPT code 97140 is ineligible for modifier 51 (multiple procedures) as multiple procedures are performed at the same session and are built into the code

CPT code 97124

a. A maximum of six (6) units per date of service is allowed for CPT 97124

b. CPT 97124 (massage therapy) cannot be billed in combination with CPT 97140 (manual therapy) for same date of service by same provider or provider group

4. Exclusions

a. Cupping, rolfing, moxibustion, tui na, gua-sha and qigong therapy

b. Post-acute phase of the condition(s) indicated for manual therapy

c. Services for preventative, maintenance, or wellness care

d. As part of vocational, stroke or long-term rehabilitation programs

e. Hypnotherapy, behavior training, sleep therapy, or biofeedback

f. Treatment of menstrual cramps, infertility, addiction disorders (including smoking cessation)

Medicaid

PacificSource Community Solutions follows the hierarchical process detailed in the "Clinical Criteria Used in UM Decisions" policy when determining coverage for manual therapy. PCS evaluates services based on the relevant coverage guidelines, limitations, and restrictions specified in the OHP Prioritized List of Health Services and its guidelines, as well as any applicable Oregon Administrative Rules (OARs) or internal administrative approval protocols.

PacificSource follows Medicare Unlikely Edits (MUEs) for coverage of Manual Therapy

PacificSource follows the “Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)” criteria for members under 21 and Young Adults with Special Health Care Needs (YSHCN).

Medicare

PacificSource Medicare follows National Coverage Determination, NCD 240.1 for chiropractic services.

PacificSource Medicare follows CMS guidelines, criteria, and Medicare Unlikely Edits (MUEs) for manual therapy. In the absence of CMS guidelines and criteria, and MUEs, PacificSource Medicare will follow commercial criteria within a specific PacificSource policy, as applicable, or external criteria for determination of coverage and medical necessity coverage.

Experimental/Investigational/Unproven

PacificSource considers Craniotherapy to include craniosacral therapy, to be experimental, investigational, or unproven for all indications.

PacificSource considers the Schroth Method experimental, investigational, or unproven for all indications.

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy's E/I/U list, to be reviewed by medical necessity review guidelines. Please see related policy, "Clinical Criteria Used in UM Decisions" to review criteria hierarchy and "Medical Necessity Reviews" for determination of coverage and medical necessity guidelines.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

97010 Application of a modality to 1 or more areas; hot or cold packs

97124 Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)

97139 Unlisted therapeutic procedure (specify)

97140 Manual therapy techniques (e.g., mobilization, manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes

97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

97799 Unlisted physical medicine/rehabilitation service or procedure

98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions

98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

98942 Chiropractic manipulative treatment (CMT); spinal, 5 regions

98943 Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

Definitions

Manual therapy – a clinical approach utilizing skilled, specific hands-on techniques, including but not limited to manipulation/mobilization, used by the clinician to diagnose and treat soft tissues and joint structures.

Massage therapy – the practice of non-invasive manual, or hands-on, movement of body tissue, including muscle, connective tissue, tendons, and ligaments.

Musculoskeletal pain - pain that is provoked or relieved by specific motions or positions.

Lymphatic drainage- Manual massage to relieve swelling from Lymphedema.

Related Policies

Alternative Care

Clinical Criteria Used in UM Decisions

Clinical Resources Used for Medical Necessity Determinations When No Other UM Clinical Criteria or Guideline Exists

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

References

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Appendix

Policy Number:

Effective: 6/24/2021 **Next review:** 7/1/2026

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): OARs 410-131-0040 to through 0160, 410-120-1200, 410-141-3820, 410-141-3825, 410-141-3830, 410-151-0000 through 410-151-0003

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