



Manual Therapy

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| LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid | State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington |
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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 technique, in order to diagnose and treat soft tissues and joint structures in the trunk, neck, and extremities. The goals of manual therapy include modulating pain; increasing range of motion (ROM); reducing or eliminating soft tissue inflammation; inducing relation; improving contractile and non-contractile tissue repair, extensibility, and/or stability; facilitating movement and improving function.

Manual Therapy Techniques (MTT) include, but are not limited to soft tissue mobilization, joint mobilization and manipulation, manual lymphatic drainage, manual traction, myofascial release, and neural gliding techniques. Different types of manual therapy have evolved encompassing a diverse set of techniques commonly performed by chiropractors, physical therapists, and other health care professionals.

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. This includes specificity of the procedure; direction and amount of force; the duration, type, and irritability of symptoms; and patient and clinician position. The different approaches can be classified by anatomical target, separated into soft tissue or joint therapy techniques.

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

- Active Release Therapy (ART)

- 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

Criteria

Commercial

PacificSource considers Manual Therapy Techniques (MTT) 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 MTT 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:
 - a. Time (CPT codes 97140 and 97124 are timed-therapy services requirement)
 - b. A maximum of **six (6)** units per date of service is allowed for CPT 97140
 1. Maximum units does not apply to ASO groups
 - c. CPT 97140 (manual therapy) cannot be billed in combination with CPT 97124 (massage therapy) for same date of service by same provider
 - d. Ineligible for modifier 51 (multiple procedures) as multiple procedures are performed at the same session and are built into the 97140 code
4. Exclusions
 - a. Cupping, Rolfing, Moxibustion, Tui na, Gua-she and Qigong Therapy
 - b. Post-acute phase of the condition(s) indicated for manual therapy
 - c. Services for preventative, maintenance, or wellness care
 - d. Vocational, stroke or long-term rehabilitation
 - e. Hypnotherapy, behavior training, sleep therapy, or biofeedback
 - f. Manual therapy Services for addiction including smoking cessation
 - g. Services related to menstrual cramps
 - h. Manual therapy services for treatment of infertility

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) Oregon Administrative Rules (OAR) 410-131-0040 to 0160 and Guideline Notes 6, 43, 56, & 92 of the OHP Prioritized List of Health Services for coverage of Manual Therapy

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity

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

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
- 97140 Manual therapy techniques (e.g., mobilization, manipulation, manual lymphatic drainage, manual traction, one or more regions, each 15 minutes
- 98940 Chiropractic manipulative treatment (CMT); spinal, one or two regions
- 98941 Chiropractic manipulative treatment (CMT); spinal, three to four regions
- 98942 Chiropractic manipulative treatment (CMT); spinal, five regions
- 98943 Chiropractic manipulative treatment (CMT); extraspinal, one or more regions (non-spine)

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

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

References

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Appendix

Policy Number:

Effective: 6/24/2021

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Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s):

Commercial Ops: 2/2024

Government Ops: 2/2024