



CPT Information Services

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July 14, 2005

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Dear Doctor Bonebrake:

This letter is written in response to your facsimile dated June 15, 2005, and received by CPT Information Services on July 8, 2005. I apologize for the delay in response due to our backlog of letters. For your information, your account has been debited one inquiry for this response. I will answer your questions in the order received.

From a CPT coding perspective, and in response to your question, CPT code 97140, *Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes*, is a time-based code that 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, once for each 15-minute interval.

* It is important to note that 15 minutes must be spent in performing the pre, intra, and postservice work in order to report code 97140. If less than 15 minutes is spent performing the manual therapy techniques, then Modifier 52, *Reduced Services*, should be appended to code 97140. Please note that CPT does not have guidelines specifically as to how much time less than 15 minutes would warrant the use of Modifier 52.

Although this reporting method reflects the intent of CPT, third party payers may request that you report these services differently. You may wish to contact your third party payer for specific reporting guidelines.

Under certain circumstances, it may be appropriate to additionally report a Chiropractic Manipulative Treatment (CMT) code 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. In this instance, it would be

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appropriate to report both codes 97140 and 98940, *Chiropractic manipulative treatment (CMT); spinal, one to two regions, as separate body regions are addressed*. Additionally, *Modifier 59, Distinct Procedural Service*, should be appended to indicate that a distinct procedural service was provided.

? { To further illustrate, if two different providers are performing manual therapy techniques and CMT, then it would be appropriate for each provider to report the specific code for the service they are providing. However, if the same provider performs code 97140 and a CMT service code for the same body region, then it would not be appropriate to report these services separately. If separate body regions are being addressed by different techniques by the same provider, then it is appropriate to report these services separately.

* From a CPT coding perspective, and in response to your final inquiry regarding the reporting of *Physical Medicine and Rehabilitation* codes 97001-97755, and the *Chiropractic Manipulative Treatment* codes 98940-98943 in conjunction with an E/M service code, the physical medicine and chiropractic manipulation codes do not include provision of an E/M service. Therefore, if the key components (i.e., history, examination, and medical decision-making) of a significant, separately identifiable E/M service is provided above and beyond the usual preservice and postservice work associated with the procedure, on the same date or during the same session as a physical medicine or chiropractic manipulation service, then it would be appropriate to separately report these services in addition to the E/M code appropriate for the type and level of service provided, and append the modifier 25, to the appropriate E/M service code to indicate that both a significant E/M service and a procedure were performed on a given day.

Thank you for your inquiry and I hope that this information is of assistance to you.

Sincerely,

Susan Tracy

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CPT Information Services