

Massage and manual therapy exclusion

Effective January 1, 2009, Employer Provider Network, Inc. (EPNI) will no longer reimburse providers for massage or manual therapy services. Massage or manual therapy will deny either as incidental (provider liability) or subscriber liability.

Massages that are provided as preparation for a chiropractic manipulation or other physical medicine therapies, are considered an integral part of the chiropractic manipulation or other therapy. As such, we will deny it as provider liability. If a massage is billed alone, then it will be denied as a subscriber contract exclusion.

Codes

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

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

Liability

Provider liable:

Massage and manual therapy (97124 and 97140) will be denied incidental (provider liable) to chiropractic manipulations or other physical medicine procedures billed on the same date of service. The denial will be upheld regardless of submission of the -59 modifier. Additionally, submission of the -GA modifier will not affect or change the denial. Please note that the EPNI Provider Policy and Procedure Manual, Chapter 9, Coding section, page 9-23 prohibits billing a patient where payment is denied as the result of a coding edit:

Patient Billing Impact	The patient is not responsible and must not be balance billed for any procedures for which payment has been denied or reduced by EPNI is as the result of a coding edit. Edit denials are designed to ensure appropriate coding and to assist in processing claims accurately and consistently.
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To access the manual, go to **ccstpa.com** and select “providers,” then “manual.”

Subscriber liable:

Coverage for massage and manual therapy (97124 and 97140) services provided without a chiropractic manipulation or other physical medicine therapy is subject to the members’s contract benefits. Some benefit plans may not cover this service.

Units

Unit submission should reflect the HCPCS/CPT narrative. If there is no indication that multiple units may be submitted for a particular code, such as “each” or “per”, only **one** unit may be submitted.

Please route this bulletin to other interested staff.

Page 1 of 3

Questions and answers

Q1: Which providers will be impacted by this change?

A: Chiropractic manipulation codes (98940-98943) apply only to the chiropractic specialty and the osteopathic manipulation codes (98925-98929) apply only to physicians. However, the policy for codes 97124 and 97140 apply to all eligible practitioners.

Q2: How was this determination made to no longer cover 97124?

A: First, most member contracts were updated for 2009 to exclude therapeutic massage. Second, therapeutic massage is often provided as preparation for a manipulation or other physical medicine therapy. EPNI instituted the policy to consider massage therapy an integral part of the manipulation or other therapy.

Q3: How was this determination made to no longer cover 97140?

A: EPNI has coding edits in place to ensure appropriate coding and consistent claims processing. After careful consideration, EPNI instituted the policy to consider manual therapy an integral part of the manipulation or other therapy.

Q4: Why will 97124 deny as provider liable if the service is a member contract exclusion?

A: EPNI has coding edits in place to ensure appropriate coding and consistent claims processing. Because massage and manual therapy are integral components of certain therapies or manipulations, these services should not be separately reported on the claim. As such, if 97124 or 97140 is billed in addition to a manipulation or therapy, on the same date of service, we will deny 97124 or 97140 as provider liability, regardless of the presence of a waiver.

If a massage or manual therapy is billed alone, or with codes not subject to our coding edits, 97124 or 97140 will process according to the member's benefit plan.

Q5: Will there be circumstances under which 97124 or 97140 will be allowed?

A: Massage therapy, code 97124 will be denied as incidental or mutually exclusive to certain procedures. If billed alone, or with codes not subject to our coding edits, 97124 will process according to the member's benefit plan. Most member contracts contain a contract exclusion for massage therapy services.

Manual therapy, code 97140, may be allowed. It will be denied as incidental or mutually exclusive to certain procedures. If billed alone or with codes not subject to our coding edits, 97140 may be allowed in accordance with the member benefits.

Q6: Will appending the -59 modifier override these edits?

A: No. Based on chart documentation review, EPNI found that massage and manual therapy services submitted with the -59 modifier did not clearly indicate it as a distinct service. Thus we have adopted a corporate policy to disallow 97124 or 97140 submitted with the -59 modifier.

Q7: Can we appeal the denial?

A: Yes. As a participating provider, you may appeal a denied claim. Follow the appeal guidelines found in Chapter 8 of the online EPNI Provider Policy and Procedure Manual, Appeals.

Q8: Can I bill a member denied services?

A: Any claim submitted to EPNI will process per this policy. The remit will indicate whether the member or the provider is liable for the service.

Q9: Which coding combinations are impacted by this change?

A: Massage and manual therapy (97124 and 97140) will be denied incidental or mutually exclusive (provider liable) to chiropractic manipulations, osteopathic manipulations, or other physical medicine procedures billed on the same date of service. The following code combinations and outcomes will be implemented effective January 1, 2009 or are already in place. For information on incidental and mutually exclusive edits refer to Chapter 9 of the online EPNI Provider Policy and Procedure Manual, Coding Policies and Guidelines.

Massage therapy – 97124 will be denied incidental to the following codes effective January 1, 2009:

97110	97112	97113	97116	97139	97140	97150	97530	97532	97533	97535	97537
97542	97545	97546	98925	98926	98927	98928	98929	98940	98941	98942	98943

Manual therapy – 97140 will be denied incidental to the following codes effective January 1, 2009:

97139	97150	97545	97546
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Manual therapy – 97140 will be denied mutually exclusive to the following codes effective January 1, 2009:

97530	97532	97533
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Manual therapy – 97140 currently denies incidental to the following codes:

98925	98926	98927	98928	98929	98940	98941	98942	98943
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Questions?

If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.

HCPCS stands for Health Care Procedure Coding System

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