

Internal Medicine Coding Alert

READER QUESTIONS: Ask 'Activity or Technique?' to Assign Therapy

Question: When should I use 97140 and [CPT 97530](#)? Is any pre-testing, such as an MRI, necessary for coverage?

Michigan Subscriber

Answer: Codes 97140 (Manual therapy techniques [e.g., mobilization/manipulation, manual lymphatic drainage, manual traction], one or more regions, each 15 minutes) and 97530 (Therapeutic activities, direct [one-on-one] patient contact by the provider [use of dynamic activities to improve functional performance], each 15 minutes) require direct contact with the patient and are billed in 15-minute increments. You should assign 97140 for manual therapy techniques including manual traction, joint mobilization (peripheral or spinal), myofascial release/soft tissue mobilization and manipulation.

Use 97530 to describe therapeutic activities, such as a dynamic activity to improve a patient's balance or functional movement. Therapeutic activities may involve using functional activities (e.g., bending, lifting/carrying, reaching, catching, and overhead activities) to improve functional performance in a progressive manner. For instance, if a patient is going to have a hip replacement, the internist may order therapy preoperatively to help her work on transfers so she'll be able to get out of bed or a car after surgery. Using functional activities to address the patient's specific functional need qualifies as therapeutic activities.

Be careful: Insurers may follow Medicare's policies and disallow same-day 97140 and 97530 reporting. National Medicare guidelines state, "The term 'therapeutic activities' [as used in the descriptor for 97530] is considered to cover a broad range of activities, and generally other modalities of physical therapy are not payable on the same date of service."

Most carriers have broad policies for 97140, encompassing all of the components of that code. Contact your carrier to determine if it has a policy covering specific techniques. For instance, Florida Medicare's policy states, "Manual traction may be considered reasonable and necessary if cervical radiculopathy is present and documented in the patient's medical records maintained by the provider." While no MRI documentation is necessary for 97140 coverage, the patient may require the diagnostic testing for the internist to make this diagnosis.

Therapists who perform these modalities should write a complete description of the session in their therapy notes to document the activities performed and prove medical necessity. Documentation must clearly identify the time that the therapist spent providing each manual therapy technique and/or ultrasound application.