

Eli's Rehab Report

Reader Question: OK to Bill Massage As 97140?

Question: We frequently get denials for 97124 for massage. Is it OK to bill some insurers for this using [CPT 97140](#), as it reimburses better and it can also describe massage?

New Jersey Subscriber

Answer: The first question you need to ask is why the service was denied. If massage therapy is a covered benefit, you should be able to bill using 97124 (massage, including effleurage, petrissage and/or tapotement). If the plan does not cover massage therapy, then you don't need to bill the insurer at all, and you just collect the fee for massage directly from the patient (if it is a Medicare patient and you predict that the carrier will deny massage for the patient's condition, you must ask the patient to sign an advance beneficiary notice ahead of time if you plan to collect payment directly from him). You absolutely do not want to disguise the noncovered massage as 97140 (manual therapy techniques, one or more regions, each 15 minutes) just because you believe it may be reimbursable.