

## Eli's Rehab Report

### Reader Questions: Forget Reimbursement For Vax-D

**Question:** My practice is looking at equipment that does "intra-discal distraction/decompression" therapy. How should I code it? Should I use [97110](#), 97124, and 97530?

Florida Subscriber

**Answer:** You should report 97012 (Application of a modality to one or more areas; traction, mechanical) as the most appropriate code for mechanical traction devices, including vertebral axial decompression, according to the CPT Assistant.

Most likely you are describing a form of vertebral axial decompression therapy used for lower back pain. Therapists often perform this therapy with an automated computerized table that provides traction to the vertebral spine.

**Warning:** Medicare no longer pays for any type for Vax-D procedure. The rep may have told you this wasn't Vax-D, but Medicare may interpret this the same way. Medicare still reimburses 97012 at around \$15 per unit but not if your documentation relates to any kind of Vax-D equipment.

**97110:** When you report 97110 (Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility), you're telling payers that the clinician and/or patient performed therapeutic exercises to one or more body areas to develop strength, endurance, and flexibility. This code requires direct contact, and you should bill it in 15-minute units. But when you're reporting this for a machine, keep in mind that the "machine" will perform the exercise and not the patient/clinician. If the machine performs all the torque, turns, and pressure application, then this is not exercise.

**97124:** When you report 97124 (... massage, including effeurage, petrissage and/or tapotement [stroking, compression, percussion]), you're relaying that the clinician used massage to provide muscle relaxation, increase localized circulation, soften scar tissue, or mobilize mucous secretions in the lung via tapotement and/or percussion. This requires direct contact. You can report this service in 15-minute increments, regardless of the number of body parts the clinician treated.

**97530:** When you report 97530 (Therapeutic activities, direct [one-on-one] patient contact by the provider [use of dynamic activities to improve functional performance], each 15 minutes), you are telling carriers that the clinician used dynamic therapeutic activities designed to improve functional performance (such as lifting, pulling, bending). This code requires direct contact, and you should report it in 15-minute units.