Policy Statement

Optum* by OptumHealth Care Solutions, Inc. considers the procedural code 97140 appropriate and/or medically necessary when all of the following conditions are met:

- Benefit coverage criteria are satisfied
- 97140 is reported as a stand-alone procedure, or when supported as the most comprehensive service performed or when performed to a separate and distinct anatomical region (when any CMT procedural code is also recorded)
- All documentation requirements (see Background) are met

Optum considers the procedural code 97140 unsupported and/or not medically necessary when any of the following conditions are met:

- Benefit coverage criteria are not satisfied
- There is another CPT code that is reported on the same date, which most comprehensively describes the services provided
- One or more of the documentation requirements (see Background) are not satisfied

Purpose

This policy has been developed to describe the criteria that Optum uses to conduct retrospective utilization review (UR) of health care records, when claims have been submitted for the procedural code 97140 (Manual Therapy Techniques).

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Key Policy Question

What are the broadly adopted criteria used to describe and confirm the validated performance of CPT code 97140 (Manual Therapy Techniques)?

Summary

- Health care practitioners should select the CPT codes that most accurately identify the services performed
- Physical therapists typically report CPT code 97140 for services best described as manual therapy techniques
- CMT codes (98940-98943), a form of manual treatment, are usually the most accurate CPT codes used to report manipulative treatment
- The reporting of 97140 on the same date as a CMT service requires that daily charting confirms the performance of separate and distinct services delivered to different body regions
- Append the modifier -59, when reporting 97140 as a separate and distinct service, during the same visit where any CMT procedural code is also recorded

Scope

All in and out of network programs (exclusive of Medicare and Medicaid products for chiropractic) involving all provider types, where retrospective utilization review determinations are rendered. This policy also serves as a resource for peer-to-peer interactions in describing the position of Optum on the application of CPT code 97140.

Definition

CPT Code 97140: Manual therapy techniques (e.g. mobilization, manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 minutes.[1]

Description

Code 97140 is used to report manual therapy (‘hands-on’) techniques that consist of, but are not limited to connective tissue massage, joint mobilization, manual traction, passive range of motion, soft tissue mobilization and manipulation, and therapeutic massage. Manual therapy techniques may be applied to one or more regions for 15-minute intervals. These services are not diagnosis or region specific.
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Background

CPT Coding:
Users of the CPT Codebook [i.e., health care providers] are instructed to, “Select the name of the procedure or service that accurately identifies the service performed. Do not select a CPT code that merely approximates the service provided.”[1]

Physical and occupational therapists typically report CPT code 97140 for services best described as manual therapy techniques.[2-4]

CPT describes chiropractic manipulative treatment (CMT) as, “…a form of manual treatment to influence joint and neurophysiologic function. This treatment may be accomplished using a variety of techniques.”[1]

A series of three CMT codes (98940, 98941, 98942) has been developed to describe the number of spinal regions receiving manipulation. A single extraspinal CMT code (98943) is used by chiropractors to describe manipulative services directed at the head, extremities, rib cage, and abdomen.

Coding Modifiers:
The application of coding modifiers is not a consideration when rendering UR determinations. This section is intended to provide a summary of the related Optum Reimbursement policy No. 0050 – Modifier-59.

Under certain circumstances, it may be appropriate for chiropractors to report CPT code 97140 in addition to a CMT code. On these occasions it is appropriate to append the CPT procedural code 97140 with a modifier (-59).

A modifier provides the means by which the reporting health care practitioner can indicate that a CPT descriptor code (service or procedure), which has been performed, has been altered by a specific circumstance or in some way without changing the definition of the CPT code. Modifiers increase the specificity of certain CPT codes.[1]

Modifier -59 indicates that the procedure (97140) represents a distinct service from others reported on the same date of service. This modifier was developed explicitly for the purpose of identifying services not typically performed together.[5]

Coding Edits:
CMS (the Centers for Medicare and Medicaid Services), the federal agency that administers the Medicare program, implemented a policy known as the Correct Coding Initiative (CCI). This policy is used to promote correct coding by physicians and to ensure that it makes appropriate payments for physician services.[6] “This policy has been developed and applied by many third party payers across the country.”[7]

Correct coding emphasizes that procedures should be reported with the CPT codes that most comprehensively describe the services performed e.g., 98941 is a more comprehensive code than 98940. There are procedural codes that are not to be reported together because they are mutually exclusive to each other. Mutually exclusive codes are those codes that cannot reasonably be done in the same session. An example of mutually exclusive codes germane to this policy is 97140 – Manual therapy techniques (without the -59 modifier) vs. 98940, 98941, 98942, or 98943 – Chiropractic manipulative treatment.

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**Documentation Requirements:**
When using the procedural code 97140, there are four criteria that must be documented to validate the service:

1. The *clinical rationale* for a separate and identifiable service must be documented e.g., contraindication to CMT is present
2. *Description* of the manual therapy technique e.g., manual traction, myofascial release, mobilization, etc.
3. *Location* e.g., spinal region(s), shoulder, thigh, etc.
4. *Time* i.e., number of minutes spent in performing the services associated with this procedure meets the timed-therapy services requirement

There are general coverage criteria, which must be met when conducting UR determinations, in addition to those documentation requirements (above) associated with the CPT code 97140. These criteria are found in the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided, or if there are any exclusions or benefit limitations applicable to this policy.

**Coding Information**

Note: The Current Procedural Terminology (CPT) codes listed in this policy may not be all inclusive and are for reference purposes only. The listing of a service code in this policy does not imply that the service described by the code is a covered or non-covered health service. Coverage is determined by the member’s benefit document.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>97140</td>
<td>Manual therapy techniques (e.g. mobilization, manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 minutes</td>
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<tr>
<td>98940</td>
<td>Chiropractic manipulative treatment (CMT); spinal, one to two regions</td>
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<tr>
<td>98941</td>
<td>Chiropractic manipulative treatment (CMT); spinal, three to four regions</td>
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<tr>
<td>98942</td>
<td>Chiropractic manipulative treatment (CMT); spinal, five regions</td>
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<tr>
<td>98943</td>
<td>Chiropractic manipulative treatment (CMT); extraspinal, one or more regions</td>
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</table>

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References

Cited Literature:
7. 1500 claims (Physician) & UB-92 (Hospital Outpatient Claims)-National Correct Coding Initiative(NCCI) – Policy 01; effective February 2008: www.hchadministration.com/docs/PaymentPolicies/NCCIPolicy.doc

Additional Sources:
• CPT Assistant. American Medical Association 1999; 9:3

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Retrospective Review for CPT Code 97140
Decision-Making Guide

Clinical records received for which there is/are claims on file for the CPT procedural code 97140

General coverage criteria are met for appropriateness / medical necessity

CMT also billed for same DOS?

No

PT/OT

Yes

Records document that CMT & MTT services were applied to separate and distinct regions?

No

Type of MTT described?

No

Yes

Both criteria must be documented:
1. Biologic plausibility established
   - anatomic basis
   - biomechanical rationale
2. Clinical plausibility established
   - symptoms and/or physical findings
     e.g., palpatory tenderness, decreased ROM, muscle spasm, etc.

The clinical rationale for MTT has been documented?

No

Yes

Timed-services requirement met?

No

Yes

MTT = Manual therapy techniques i.e., 97140

CMT = Chiropractic manipulative treatment

97140 s/b appended by -59 modifier, if CMT is also reported on same DOS

MTT Supported

MTT NOT supported
Policy History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>12/13/2007</td>
<td>Utilization Management Committee (UMC) approved the inactivation of the policy</td>
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<tr>
<td>1/10/2008</td>
<td>Quality Improvement Committee (QIC) approved inactivation of policy</td>
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<tr>
<td>12/11/2008</td>
<td>Revised policy reviewed and approved by the UMC. Policy updated to include current</td>
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<td></td>
<td>authoritative sourced information. Decision Guide introduced.</td>
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<tr>
<td>1/15/2009</td>
<td>Quality Improvement Committee (QIC) approved re-activation of policy</td>
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<tr>
<td>4/30/2009</td>
<td>Annual review completed</td>
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<tr>
<td>4/08/2010</td>
<td>Annual review completed</td>
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<tr>
<td>10/26/2010</td>
<td>Policy rebranded to “OptumHealth Care Solutions, Inc. (OptumHealth)”</td>
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<tr>
<td>4/07/2011</td>
<td>Annual review completed</td>
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<td>4/19/2012</td>
<td>Annual review completed</td>
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<td>4/18/2013</td>
<td>Annual review completed</td>
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<tr>
<td>4/17/2014</td>
<td>Annual review completed; Policy rebranded “Optum* by OptumHealth Care Solutions, Inc.”</td>
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<td>4/16/2015</td>
<td>Annual review completed</td>
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<tr>
<td>4/21/2016</td>
<td>Annual review completed</td>
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Contact Information

Please forward any commentary or feedback on Optum utilization management policies to:
policy.inquiry@optumhealth.com with the word “Policy” in the subject line.

The services described in Optum* by OptumHealth Care Solutions, Inc. policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.

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