



## Manual Therapy

<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	<b>State(s):</b> <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:  <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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## Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

## Background

Manual therapy is a clinical approach utilizing skilled, specific active and/or passive hands-on techniques, in order to diagnose and treat soft tissues and joint structures in the trunk, neck, and extremities. The goals of manual therapy include; increasing range of motion (ROM); reducing or eliminating pain or soft tissue inflammation; improving contractile and non-contractile tissue repair, facilitating movement, and improving function.

Manual Therapy Techniques (MTT) include, but are not limited to soft tissue mobilization, joint mobilization and manipulation, manual lymphatic drainage, manual traction, myofascial release, and neural gliding techniques. These techniques commonly performed by chiropractors, physical therapists, or other health care professionals can be classified by area of treatment (e.g., joints and soft tissues).

While the decision on which technique to use is based on the clinician's assessment, level of expertise, and practice scope, there is a general agreement on criteria for appropriate utilization of manual therapy.

Soft-tissue manual therapy techniques include, but are not limited to the following:

- Active Release Therapy (ART)
- Augmented soft-tissue mobilization (e.g., Graston)
- Functional mobilization
- Manual trigger point therapy

- Manual lymph drainage
- Myofascial release
- Proprioceptive neuromuscular facilitation
- Scar mobilization
- Soft tissue mobilization
- Strain-counter-strain (positional release)
- Transverse frictional massage

Joint manual therapy techniques include, but are not limited to the following:

- Joint manipulation/thrust
- Joint mobilization
- Manual Traction
- Mobilizations with movement (Mulligan techniques)
- Muscle energy technique
- Post-isometric relaxation

## Criteria

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### Commercial

PacificSource considers Manual Therapy Techniques (MTT) medically necessary when **ALL** of the following criteria is met:

1. Patient has a diagnosis/disorder for which manual therapy techniques (e.g., musculoskeletal pain or lymphatic drainage) is clinically appropriate.
2. Clinical documentation requirements from provider to include **ALL** the following:
  - a. Documentation to support that the therapist's skill are medically necessary to maintain, prevent, or slow further deterioration of the member's functional status, AND the services cannot be conducted for or by the member without the assistance of the therapist
  - b. Documented personalized treatment plan/goals associated with Manual Therapy Techniques
  - c. Location of MTT application (e.g., spinal region(s), shoulder, thigh)
  - d. Description of the Manual Therapy Techniques used (e.g., joint manipulation, myofascial release, mobilization)
  - e. Documented objective measurement including, but not limited to: Range of Motion (ROM) and strength of affected area by pre- and post-assessment
3. Billed as a stand-alone procedure:
  - a. Time (CPT codes 97140 and 97124 are timed-therapy services requirement)
    1. A maximum of **six (6)** units per date of service is allowed for CPT 97140
    2. Maximum units does not apply to ASO groups

- b. CPT 97124 (massage therapy) cannot be billed in combination with CPT 97140 (manual therapy) for same date of service by same provider or provider group
  - c. Ineligible for modifier 51 (multiple procedures) as multiple procedures are performed at the same session and are built into the 97140 code
4. Exclusions
- a. Cupping, Rolfing, Moxibustion, Tui na, Gua-sha and Qigong Therapy
  - b. Post-acute phase of the condition(s) indicated for manual therapy
  - c. Services for preventative, maintenance, or wellness care
  - d. As part of Vocational, stroke or long-term rehabilitation programs
  - e. Hypnotherapy, behavior training, sleep therapy, or biofeedback
  - f. Treatment of menstrual cramps, infertility, addiction disorders (including smoking cessation)

### Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) Oregon Administrative Rules (OARs) 410-131-0040 through 0160, 410-141-3820 through 3830, 410-151-0000 through 410-151-0003, and Guideline Notes 6, 43, 56, & 92 of the OHP Prioritized List of Health Services for coverage of Manual Therapy.

### Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

### Experimental/Investigational/Unproven

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PacificSource considers Craniotherapy, to include craniosacral therapy, to be experimental, investigational, or unproven for all indications.

PacificSource considers the Schroth Method experimental, investigational, or unproven for all indications.

### Coding Information

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The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 97010 Application of a modality to 1 or more areas; hot or cold packs
- 97124 Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
- 97140 Manual therapy techniques (e.g., mobilization, manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
- 98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

98942 Chiropractic manipulative treatment (CMT); spinal, 5 regions

98943 Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

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## Definitions

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**Manual therapy** – a clinical approach utilizing skilled, specific hands-on techniques, including but not limited to manipulation/mobilization, used by the clinician to diagnose and treat soft tissues and joint structures.

**Massage therapy** – the practice of non-invasive manual, or hands-on, movement of body tissue, including muscle, connective tissue, tendons, and ligaments.

**Musculoskeletal pain** - pain that is provoked or relieved by specific motions or positions.

**Lymphatic drainage**- Manual massage to relieve swelling from Lymphedema.

## Related Policies

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Alternative Care

## References

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## Appendix

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**Policy Number:**

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**Policy type:** Enterprise

**Author(s):**

**Depts.:** Health Services

**Applicable regulation(s):** OARs 410-131-0040 to through 0160, 410-141-3820 through 3830, 410-151-0000 through 410-151-0003

**Commercial Ops:** 10/2024

**Government Ops:** 10/2024