**Additional CPT Codes**

**Available to Massage Therapists**

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In the previous coding article, we covered codes specific to particular massage modalities (97124, 97140, 97112).Below is an expanded list of codes that can accompany the massage modalities above, which will now be explored: 97010, 97070, 97139, 99201–99205, 99211–99215.

Acceptance may vary (more on that later), but it is important to be accurate with our coding. Properly establishing the services we are providing is necessary for eventually changing insurance company guidelines to accept necessary treatments.

**CPT Codes - General**

**97010 - Hot and cold packs**

Health insurance companies usually bundle this with other massage codes (97124, 97140, and 97112).

**97070 - Supplies**

Gel packs, topicals, etc. that you sell retail can be billed under this code. I have not found a health insurance company that will allowed this code for LMT’s; however, auto insurance has paid this, occasionally needing some explanation.

**97139 - Unlisted Therapeutic Procedure**

This code can be used when you cannot find a more suitable code for the work you do and may require some explanation. This is usually denied by health insurance companies. Examples: Shiatsu, Therapeutic taping, Cupping.

**CPT Codes - Evaluation and Management (E&M)**

**99201–99205 - New Patient Evaluation and Management**

A new patient is one that you have not rendered services to for at least 3 years. All 3 key components must be met: history, exam, and medical decision-making. Make sure to detail this in your documentation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CPT Code** | **99201** | **99202** | **99203** | **99204** | **99205** |
| **History** | Problem focused | Expanded problem focused | Detailed | Comprehensive | Comprehensive |
| **Exam** | Problem focused | Expanded problem focused | Detailed | Comprehensive | Comprehensive |
| **Medical Decision Making** | Straightforward | Straightforward | Low complexity | Moderate complexity | High complexity |
| **Face to Face Time** | 10 minutes | 20 minutes | 30 minutes | 45 minutes | 60 minutes |

**99211-99215 Established Patient Evaluation and Management**

An established patient is one that has received your services within the last 3 years. 2 of the 3 key requirements must be met (**history**, **exam**, **medical decision-making**). Again, make sure this is in your documentation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CPT Code** | **99211** | **99212** | **99213** | **99214** | **99215** |
| **History** | Not required | Problem focused | Expanded problem focused | Detailed | Comprehensive |
| **Exam** | Not required | Problem focused | Expanded problem focused | Detailed | Comprehensive |
| **Medical Decision Making** | Not required | Straightforward | Low complexity | Moderate complexity | High complexity |
| **Face to Face Time** | 5 minutes | 10 minutes | 15 minutes | 25 minutes | 40 minutes |

For both new and established patients, it is also essential to include the components of evaluation and management: chief complaint, history of present complaint or illness (HPI), review of systems (ROS), and family/social history (PFSH).

**Key Components for Documentation (E&M Codes)**

**History of present illness (HPI**)

Examples: Symptoms - Severity - Location - Onset - Duration - Aggravating/Relieving

**Review of systems (ROS)**

Examples: General constitution - Eyes - Cardiovascular - Endocrine - Respiratory - Gastrointestinal - Musculoskeletal

**Family and social history (PFSH)**

Examples: Medical - Family - Social

| History | PF | EPF | Detailed | Comprehensive |
| --- | --- | --- | --- | --- |
| **PHI** | Brief (list 1-3 elements) | Brief (list 1-3 elements) | Extended (3 Chronic or 4+ elements) | Extended (3 Chronic or 4+ elements) |
| **ROS** | None | 1 system | 2-9 systems | 10 systems |
| **PFSH** | None | None | 1 out of 3 elements | 3 out of 3 elements |

Since we are not physicians, our work rarely (if ever) includes the more complex E&M codes, but it is important to know the full range of possibilities at our disposal.

**Billing Process - Acceptance and Denials**

These codes have worked for me in my years engaging with a variety of auto insurance companies, although it should be noted that you may come across a company that (sometimes randomly) decides against accepting one. So far, very few private health insurance companies pay us for these codes.

While denials may still be encountered, I believe it is still valuable to bill health insurance for all of our services so they can see what services we actually perform, in the hopes of changing their billing guidelines to match reality.

In the event of a denial, I recommend having a basic form letter to send in response. Once you have this letter on hand, it can be personalized for each unique situation, explaining why it is necessary for the treatment of your patient, and thus why they should pay for it. In my experience, once they’ve received the letter detailing my reasoning and the patient benefits, auto insurance companies have always agreed to pay for the services (and on rare occasion health insurance companies, which place much greater limitations on massage therapists).

**Billing Process - Payment Tracking**

Due to initial denials, and bills riddled with partial payments, it can become challenging to keep up with what has been paid and what is still due: for that I create a spreadsheet to track all charges and payments.

For example:

| DOS | CPT CODE | Units | Charge | Ins. Paid | Balance Remaining |
| --- | --- | --- | --- | --- | --- |
| **01/02/2019** | 97140 | 4 | xx.xx | xx.xx | 0 |
|  | 99201 | 1 | xx.xx | xx.xx | 0 |
|  | 99010 | 1 | xx.xx | xx.xx | 0 |
|  | 99070 | 1 | xx.xx | xx.xx | 0 |
| **01/12/2019** | 97140 | 4 | xx.xx | xx.xx | 0 |
|  | 99010 | 1 | xx.xx | xx.xx | 0 |

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Again, we want to be both cautious and accurate with our coding, as we want to properly establish that we actually are doing this work and not just upcoding to receive more money. It’s all about being professional and letting the insurance companies know what services we are providing.

*Additional Information*

*Medical and legal policy is subject to change: it is your responsibility to be up to date and to accurately document, so continue to educate yourself (View our disclaimer here.)*

*We hope this has been helpful for you. If you have any questions, please consult our other resources online or contact us via info@mywsmta.org.*