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
06 11 2018	97140	6	xx.xx	xx.xx	0
	99201	1	xx.xx	xx.xx	0
	99010	2	xx.xx	xx.xx	15
	99070	2	xx.xx	xx.xx	0
06 13 18	97140	6	xx.xx	xx.xx	0
	99010	2	xx.xx	xx.xx	15

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.