

Massage Coding and Documentation

It has been brought to our attention that there is a need to provide definitions for the different massage codes and how to document them, especially for those of us working with health insurance companies. We want you to feel confident in your ability to adequately document the work you are doing. This is an attempt to include information that will be of immediate use; however, this is a large topic and we may need to further address additional specifics.

Looking Up Codes

To start with, you can easily look up the codes on the American Medical Association (AMA) website [here](#). To do so, you simply need to create a free account—afterward, you can search up to 5 codes per day at no charge.

Codes Used

97124 AMA definition:

Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion).

When documenting this code you want to list the modalities used—such as Swedish massage—or any of the words used in the official definition. This code should be used for relaxation massage or to increase circulation.

97140 AMA definition:

Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes.

Manual therapy is not a general relaxation massage—it is used to reduce pain, swelling, inflammation, and increase range of motion. The intent of this code is for joint mobilization and/or manual lymph drainage. Passive stretching would fall into this category, as would Myofascial Release, Cross Fiber, Manual Lymph Drainage, Soft Tissue Mobilization, and Strain/

Counterstrain. Keep in mind that your chart notes should reflect which joints you are attempting to mobilize and/or where you are performing manual lymph drainage.

97112 AMA definition:

Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.*

Neuromuscular reeducation (NMR) uses modalities to retrain the body in order to perform a particular task a client is currently unable to perform. Specifically, it is used for impaired movement, balance, coordination, and proprioception.

For example, a good use of this would be for a client having difficulty getting up from a chair, holding a cup, climbing steps, walking, or doing personal care. The intent here would be to use therapeutic techniques in order to improve impaired movement, balance, proprioception, and coordination of joints, by reeducating the body to operate optimally—thus restoring the ability to perform needed daily tasks.

NMR is muscle-specific and not what you would consider a relaxing massage. In addition, therapeutic exercises used for NMR are active, not passive (e.g. the client is participating as in PNF). Common modalities used to achieve this are Proprioceptive Neuromuscular Facilitation (PNF), Feldenkreis, Bobath, BAP's Boards, and desensitization techniques. The intent is to improve function through communication between the brain and body via the nervous system.

*Note: the phrase "sitting and/or standing activities" was added to the CPT code 97112 in 2008 for when this procedure is used for a group of 2 or more individuals.

Rules for Mixing and Timing

Different insurances can have different rules; you can check with each company to see if you can mix codes. For instance, 2 units of 97112 and 2 units of 97140. Look to your particular insurance companies for assistance, as they can be very informative.

It is common practice to bill in 15 minute units, with modalities used for 8 minutes or more being billed as the 1 full unit. Modalities used for 7 minutes or less are not billable.

Documentation: SOAP Charts

You should document what a client cannot do (e.g. raise their arm over their head, hold a cup, climb stairs), **then after treatment what they can do** (e.g. raise their arm over their head, hold a cup, climb stairs).

Most healthcare professionals use the SOAP format. Below is an example (with possibilities included in parenthesis):

S - Subjective What the client states, their viewpoint.

Focus: The specific area of interest (the left shoulder)

Limitations: Any restrictions on area (cannot raise arm over head)

Health Concerns: Any new health concerns (blood thinners)

Symptoms: Such as . . .

- Intensity (light, moderate, significant; a pain scale of 1-10)
- Frequency of pain or limitation (occasional, intermittent, frequent, constant)
- Duration or start date (1 month ago)

What aggravates the problem? (Sleep, vacuuming, lifting)

What relieves the problem? (Massage, self care, chiropractic adjustment, medication)

Goal for today: (Relieve pain and increase the ability to raise the arm)

Plan of action: List the modalities you plan to use (Swedish massage, PNF)

O - Objective What you observe about the client; the objective data.

Findings: You could list different things you see and feel (wounds or rashes, light hypertonicity) and their location (cervical, thoracic)

A - Action The action taken in response to (S) and (O).

Techniques/modalities used: (Swedish massage, PNF, Neuromuscular Therapy)

Response to treatment: (Light, moderate, significant; decrease in pain; increase in range of motion)

Short term goals: (Reduction in pain level, ability to sleep)

Long term goals: (Sleep through the night, ability to raise arm overhead)

P - Plan Your plan of action.

Plan: Future treatment frequency and any home care (1 TX per week; ice to relieve pain)

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.

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