



Utilization Management Policy

Manual Therapy

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Policy Statement

Optum* by OptumHealth Care Solutions, LLC considers manual therapy medically necessary when *all* of the following conditions are met:

- Benefit coverage criteria are satisfied
- The patient has a health condition/disorder for which manual therapy techniques are clinically appropriate and not contraindicated
- Skilled care services are warranted
- MTT are within the professional scope of practice

AND

- Manual therapy techniques are reported as a stand-alone procedure; or
- Are supported as the most comprehensive service performed; or
- Manual therapy techniques are performed to a separate and distinct anatomical region, when any chiropractic manipulative treatment (CMT) procedural code is also recorded; and
- All documentation requirements are met

Purpose

This policy has been developed to describe the criteria that Optum uses to conduct utilization review (UR) for services described as manual therapy including joint manipulation.

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Scope

All in and out of network programs involving all provider types, where 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 reporting manual therapy services.

Definition

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 for the purpose of modulating pain; increasing range of motion (ROM); reducing or eliminating soft tissue inflammation; inducing relaxation; improving contractile and non-contractile tissue repair, extensibility, and/or stability; facilitating movement; and improving function. *Adapted from the American Academy of Orthopedic Manual Physical Therapy (AAOMPT) and American Physical Therapy Association (APTA).*

Background

Overview

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 aims of manual therapy include modulating pain; increasing range of motion (ROM); reducing or eliminating soft tissue inflammation; inducing relaxation; improving contractile and non-contractile tissue repair, extensibility, and/or stability; facilitating movement; and improving function. Manual therapy techniques include but are not limited to: soft issue mobilization, joint mobilization and manipulation, manual lymphatic drainage, manual traction, cranosacral therapy, myofascial release, and neural gliding techniques.

Types of MTT

A number of manual therapies have evolved over the years that encompass a diverse set of techniques commonly performed by chiropractors, physical therapists, and other health care professionals. The different approaches can be broadly classified by the anatomic target ie, soft-tissue or joint. Table 1 lists the most commonly reported manual therapy techniques.

Table 1. Common manual therapy techniques

Soft-tissue techniques	Joint techniques
Manual trigger point therapy	Joint mobilization
Manual lymph drainage	Joint manipulation/thrust
Transverse frictional massage	Muscle energy techniques
Soft tissue mobilization	Mobilizations with movement (Mulligan techniques)
Functional mobilization	Manual Traction
Scar mobilization	Post-isometric relaxation
Myofascial release	
Strain-counter-strain (positional release)	
Craniosacral therapy	
Active Release Technique (ART)	
Feldenkrais	
Augmented soft-tissue mobilization (eg, Graston)	
Proprioceptive neuromuscular facilitation	

Application of Manual Therapy Techniques

While the decision on which technique to use is based on the clinician’s belief, their level of expertise, their decision-making processes, and practice scope; there is general agreement on those criteria that are important for the correct application of a manual therapy. These include: specificity of the procedure; direction and amount of force; the duration, type, and irritability of symptoms; and patient and clinician position.

Indications and Contraindications for Manual Therapy Techniques

Indications:

Broadly, manual therapy is indicated when there is mechanically induced musculoskeletal pain ie, pain that is provoked and relieved by specific motions or positions. There may be specific indications for different types of manual therapy techniques.

Contraindications:

As with indications, the contraindications to manual therapy listed below are broadly applicable to the different techniques. There may be modifications to or additional contraindications associated with specific manual techniques eg, thrust joint manipulation.

- Absolute
 - Bacterial infection
 - Malignancy
 - Systemic localized infection
 - Sutures over the area
 - Recent fracture
 - Cellulitis
 - Febrile state
 - Hematoma
 - Acute circulatory condition
 - An open wound at the treatment site
 - Osteomyelitis

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- Advanced diabetes
 - Hypersensitivity of the skin
 - Inappropriate end feel (spasm, empty, bony)
 - Constant, severe pain, including pain which disturbs sleep, indicating that the condition is likely to be in the acute stage of healing
 - Extensive radiation of pain
 - Pain unrelieved by rest
- Relative
 - Joint effusion or inflammation
 - Rheumatoid arthritis
 - Presence of neurological signs
 - Osteoporosis
 - Hypermobility
 - Pregnancy
 - Dizziness

Reporting Manual Therapy Services

CPT Coding:

The Current Procedural Terminology (CPT) manual instructs users 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.”

Physical and occupational therapists typically report CPT code 97140 for services best described as manual therapy techniques. CPT has established specific procedural codes that are intended to describe manual treatment when performed by chiropractors. Chiropractic manipulative treatment (CMT) has been defined by CPT as, “...a form of manual treatment to influence joint and neurophysiologic function. This treatment may be accomplished using a variety of techniques.” A series of three CMT codes (98940, 98941, 98942) describes the number of spinal regions receiving manipulation. A single extraspinal CMT code (98943) is used by chiropractors to describe manual therapy (eg, manipulative treatment) directed at the head, extremities, rib cage, and abdomen. CPT code 97140 (manual therapy techniques) may be billed (with the appropriate modifier) on the same date of service as a spinal CMT code, when the manual therapy service is provided to a different noncontiguous body region than the CMT.

Documentation Requirements:

The following criteria must be documented to support the clinical necessity of manual therapy services:

- The clinical *indication and appropriateness* of the selected MTT including the need for skilled care services for treating a musculoskeletal condition
- The *clinical rationale* for a separate and identifiable service must be documented when both CPT code 97140 and a CMT procedural code are reported on the same date
- *Description* of the manual therapy technique e.g., joint manipulation, myofascial release, mobilization, etc.
- *Location* e.g., spinal region(s), shoulder, thigh, etc.
- *Time* (This applies only to CPT code 97140, which includes a timed-therapy services requirement)

There are general coverage criteria, which must be met when conducting utilization review determinations, in addition to those documentation requirements (above) associated with the different types of manual therapies. These criteria are found in the member's Summary Plan Description (SPD) or Certificate of Coverage (COC), and health plan medical policies to determine whether coverage is provided, 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.

Code	Description
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, one to two regions
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions
98942	Chiropractic manipulative treatment (CMT); spinal, five regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions [non-spine]

Resources

- ChiroCode DeskBook, 28th edition. 2020; *ChiroCode Institute*: www.chirocode.com
- Clar C, Tsertsvadze A, Court R, et al. Clinical effectiveness of manual therapy for the management of musculoskeletal and nonmusculoskeletal conditions: systematic review and update of UK evidence report. *Chiropractic & Manual Therapies* 2014; 22:12
- Coding and Billing. 2017 CPT[®] codes for occupational therapy. *American Occupational Therapy Association*. Accessed 02/17/19: <http://www.aota.org/~media/Corporate/Files/Secure/Advocacy/Federal/Coding/Selected-Occupational-Therapy-CPT-Codes.pdf>
- Coding for Interventions (CPT-4). *American Physical Therapy Association*. Last updated: 8/14/2012. Accessed 01/22/20: <http://www.apta.org/Payment/Coding/Interventions/>
- Coding Massage Therapy (97124) and Manual Therapy (97140). *KMC University* 2014; <http://www.kmcuniversity.com/>
- Cooperstein R, Gleberzon BJ. Soft-tissue techniques in: *Technique Systems in Chiropractic*. Elsevier Health Sciences 2004; Chapter 26:221-226
- CPT Assistant. *American Medical Association* 1999; 9:3
- Current Procedural Terminology (CPT) Manual – Professional Edition. *American Medical Association*
- Dutton, Mark. Manual techniques in: *Dutton's Orthopaedic Examination, Evaluation, and Intervention*. 3rd ed. New York: McGraw-Hill Medical, 2012; Chapter 10:378-405.
- Swann E, Graner SJ. Uses of manual-therapy techniques in pain management. *Athletic Therapy Today* 2002;7(4):14-17.



Utilization Management Policy

Policy History/Revision Information

Date	Action/Description
12/13/2007	Utilization Management Committee (UMC) approved the inactivation of the policy
1/10/2008	Quality Improvement Committee (QIC) approved inactivation of policy
12/11/2008	Revised policy reviewed and approved by the UMC. Policy updated to include current authoritative sourced information. <i>Decision Guide</i> introduced.
1/15/2009	Quality Improvement Committee (QIC) approved re-activation of policy
4/30/2009	Annual review completed
4/08/2010	Annual review completed
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review completed
4/19/2012	Annual review completed
4/18/2013	Annual review completed
4/17/2014	Annual review completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review completed
4/21/2016	Annual review completed
4/20/2017	Annual review completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."; The decision guide was deleted. Policy revisions include changes to the title, policy category (from therapies to determination), policy statement, purpose, definition, background, and reporting sections.
4/26/2018	Annual review completed; no significant changes to the document
4/25/2019	Annual review completed; no significant changes to the document
4/23/2020	Annual review completed; no significant changes to the document

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, LLC 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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