Codify
BY AAPC

Eli's Rehab Report

READER QUESTIONS: Avoid Billing Pitfalls With 97012 and 97140

Question: One of my therapists performed a suboccipital myofacial release with a patient for 10 minutes and charged for manual therapy (**CPT 97140**). Then she gave the patient mechanical traction for 15 minutes and charged 97012.

It's my understanding that you're not supposed to code 97140 with 97012 -- so what is the correct way to bill this session? Would it be appropriate to bill two units of 97012 or 97140? Or should we just bill 97140 for one unit and not bill for the mechanical traction time?

Maine Subscriber

Answer: Based on what you wrote and assuming the patient received no other one-on-one treatment, you should bill one unit of 97140 (Manual therapy techniques [e.g., mobilization/manipulation, manual lymphatic drainage, manual traction], one or more regions, each 15 minutes) and one unit of 97012 (Application of a modality to 1 or more areas; traction, mechanical).

If Medicare is the patient's insurance payer, be sure to append modifier 59 (Distinct procedural service) to 97140 on the claim form.