

Eli's Rehab Report

Reader Questions: Therapeutic Exercises Rejected With TPIs

Question: One of our physiatrists performs trigger point injections for myofascial pain along with evaluations, and we have no problems getting reimbursed for both. However, if he also performs therapeutic stretching and myofascial release with the patient, both 97530 and 97140 are often rejected. Why is this?

Tennessee Subscriber

Answer: Although inconsistent, your payer's refusal to reimburse both 97140 (Manual therapy techniques [e.g., mobilization/manipulation, manual lymphatic drainage, manual traction], one or more regions, each 15 minutes) and 97530 (Therapeutic activities, direct [one-on-one] patient contact by the provider [use of dynamic activities to improve functional performance], each 15 minutes) for the same session is justifiable.

According to identical statements in several Medicare carrier local medical review policies (LMRP), "Separate payment is not made for myofascial release/soft tissue mobilization performed in conjunction with joint mobilization or manual manipulation (97140). If any of these procedures are performed, only one is reimbursable per patient on the same date of service."

Most carriers also state specifically, "The term 'therapeutic activities' [as used in the descriptor for 97530] is considered to cover a broad range of activities, **and generally other modalities of physical therapy are not payable on the same date of service**" [emphasis added]. In other words, if you report 97140, you cannot also report 97530, and vice versa.