

BULLETIN

Blue Cross and Blue Shield of Minnesota
and Blue Plus

September 29, 2008

Massage and manual therapy exclusion

Effective January 1, 2009, Blue Cross and Blue Shield of Minnesota and Blue Plus will no longer reimburse providers for massage or manual therapy services. Massage or manual therapy will deny either as incidental (provider liability) or subscriber liability.

Massages that are provided as preparation for a chiropractic manipulation or other physical medicine therapies, are considered an integral part of the chiropractic manipulation or other therapy. As such, we will deny it as provider liability. If a massage is billed alone, then it will be denied as a subscriber contract exclusion.

Codes

97124 Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion).

97140 Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes.

Liability

Provider liable:

Massage and manual therapy (97124 and 97140) will be denied incidental (provider liable) to chiropractic manipulations or other physical medicine procedures billed on the same date of service. The denial will be upheld regardless of submission of the -59 modifier. Additionally, submission of the -GA modifier will not affect or change the denial. Please note that the Blue Cross and Blue Shield of Minnesota Provider Policy and Procedure Manual, Chapter 11, Coding section, page 11-20 prohibits billing a patient where payment is denied as the result of a coding edit:

Patient Billing Impact	The patient is not responsible and must not be balance billed for any procedures for which payment has been denied or reduced by Blue Cross as the result of a coding edit. Edit denials are designed to ensure appropriate coding and to assist in processing claims accurately and consistently.
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To access the manual, go to bluecrossmn.com and select “for health care providers,” then “forms and publications,” and then “manuals.”

Subscriber liable:

Coverage for massage and manual therapy (97124 and 97140) services provided without a chiropractic manipulation or other physical medicine therapy is subject to the members’s contract benefits. Some benefit plans may not cover this service.

Please route this bulletin to other interested staff.

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Units

Unit submission should reflect the HCPCS/CPT narrative. If there is no indication that multiple units may be submitted for a particular code, such as “each” or “per”, only **one** unit may be submitted.

Questions?

If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.

HCPCS stands for Health Care Procedure Coding System

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