For Doctors Office Only

**Massage Current Procedural
Techniques or CPT:**

Codes are the codes that you need to describe your massage services to insurance companies. The CPT codes are created by the American Medical Association (AMA). Here is some information on how massage CPT codes are created on the AMA Website.

The basic Massage CPT codes are as follows:

97124 -Therapeutic Procedure, 15 minutes. One or more areas, including effleruage, pettrissage and/or tapotement, compression, percussion.

97140- Therapeutic Procedure, 15 minutes. Mobilization, manipulation, manual lymphatic drainage, manual traction, one or more regions.

97122- Therapeutic Procedure, 15 minutes. One or more areas, Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture and proprioception.

• Because most of these codes are timed codes, you also must include in your chart notes the amount of time you spent on each area. There is an 8 minute rule (See this document at CMS.gov (PDF) and search for 8 minute rule):
• When only one service is provided in a day, providers should not bill for services performed for less than 8 minutes. For any single timed CPT code in the same day measured in 15 minute units, providers bill a single 15-minute unit for treatment greater than or equal to 8 minutes through and including 22 minutes.
• If the duration of a single modality or procedure in a day is greater than or equal to 23 minutes through and including 37 minutes, then 2 units should be billed. Time intervals for 1 through 8 units are as follows:

Units Number of Minutes
1 unit: 8 minutes through 22 minutes
2 units: 23 minutes through 37 minutes
3 units: 38 minutes through 52 minutes
4 units: 53 minutes through 67 minutes
5 units: 68 minutes through 82 minutes
6 units: 83 minutes through 97 minutes
7 units: 98 minutes through 112 minutes
8 units: 113 minutes through 127 minutes

Coding Tips:
Only use one of these codes on a bill; 97140 or 97124. Don't use both.

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