1. **Purpose**
   The purpose of this policy is to establish criteria for the medical necessity of the use of manual therapy.

2. **Definitions**
   Manual therapy is defined as direct one-on-one patient contact in the performance of passive skilled hands-on therapeutic techniques including but not limited to manipulation, joint mobilization, soft tissue mobilization, myofascial release, connective tissue techniques, manual lymphatic drainage, and manual traction. These procedures are timed services performed on one or more regions and should be reported for each 15 minute time period performed.

3. **Statement of Policy**
   3.1. The determination of medical necessity for the use of manual therapy is always made on a case-by-case basis.
   3.2. Manual therapy may be considered medically necessary for the treatment of conditions involving pain, edema and/or loss of function.
   3.3. The use of multiple manual therapy procedures on the same date of service (e.g. chiropractic manipulative therapy, osteopathic manipulative therapy, massage therapy) may be considered redundant or otherwise incorporated within the primary therapeutic approach if performed on the same region.
   3.4. Any treatment plan involving the use of manual therapy should ultimately result in a reduction in the patient’s pain and/or an improved ability to perform age appropriate activities of daily living. The use of manual therapy beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement is considered not medically necessary.

4. **References**
   4.1. Scientific:
   The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding manual therapy and may modify this policy at a later date based upon the evolution of the
published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:

• TMMP 18 - Medical Necessity
• TMMP 10 - Use of Passive and Active Care
• TMMP 11 - Use of Spinal Mobilization / Manipulation
• TMMP 12 - Use of Non-Spinal / Extremity Mobilization / Manipulation
• TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures

CPT Codes

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
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<tbody>
<tr>
<td>97140</td>
<td>Manual therapy techniques (e.g. mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes</td>
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</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
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<tbody>
<tr>
<td>11/16/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
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</table>
| 07/22/2011    | Level 1, 2, 3 | Annual Review. §2 updated 1st sentence to read ‘Manual therapy is defined as direct one-on-one patient contact in the performance of passive skilled…’.

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§3.4 replaced 'carry out' with 'perform age appropriate'; changed language to read “is considered not medically necessary” instead of “may be considered…” to be consistent with other medical policies with the same §. §4.2 added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures. Removed §§, Attachments and §5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.

08/16/2010 Level 1, 2, 3 Annual review. No changes.
08/04/2009 Level 1, 2, 3 Annual review. No changes.
09/25/2008 Level 1, 2, 3 New medical policy

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.