

# Therapy/Modality Cheat Sheet

TERM	DESCRIPTION/DEFINITION
THERAPIES	A general term used to describe all physical medicine procedures including modalities, therapeutic procedures and muscle/soft tissue work. Therapies are broken down into three areas of service that a provider may use to perform and code therapies. Coding therapies accurately is important for developing an efficient and compliant office.
SUPERVISED MODALITIES	(CPT 97010-97028) The application of a modality that does not require direct (one-on-one) patient contact with the provider of service (therapist). The provider can leave the room while the patient receives this service. Common services described as supervised modalities include electrical muscle stimulation with pads, mechanical traction, diathermy, or hot and cold packs. The services are not time based for billing and are only billed once per patient encounter, regardless of the number of applications per therapy. Documentation should include time spent, location, intensity, etc.
CONSTANT ATTENDANCE MODALITIES	(CPT 97032-97039) The application of a modality that requires direct (one-on-one) patient contact with the provider of service (therapist). The provider cannot leave the patient while they receive this service. Common services described as constant attendance modalities are ultrasound, attended electrical muscle stimulation, and laser. These services are time-based for billing. Documentation should include time spent, location, intensity, etc. If multiple timed codes are performed, also include total time in the documentation.
THERAPEUTIC PROCEDURES	(CPT 97110 – 97546) Effecting change through the application of clinical skills and/or services that attempt to improve function. The patient is active in the encounter. Common services described as therapeutic procedures are therapeutic exercises and therapeutic activities, neuromuscular re-education, and activities of daily living. The provider of service (therapist) cannot leave the patient while s/he is participating in or performing the instructions given for this service. Direct (one-on-one) patient contact is required for these codes. These services are time-based for billing. Documentation should include time spent, location, intensity, reps, muscle groups addressed, etc. If multiple timed codes are performed, also include total time in the documentation.
GROUP THERAPEUTIC PROCEDURES	(CPT 97150) Therapeutic exercises or activities provided to more than one patient at the same time. Coding for this style of patient service is independently unique from one-on-one patient contact. If this service is performed, it's only charged once per patient encounter.
SOFT TISSUE/MUSCLE WORK	(CPT 97124, 97140) Therapeutic procedures that work soft tissues of the body, including muscles, connective tissue, tendons, ligaments, and joints. They include services that provide joint mobilization or deep tissue work. The provider of service (therapist) cannot leave the patient while s/he is receiving this service. These require direct (one-on-one) patient contact. Soft tissue or muscle work includes massage and manual therapy. These services are time-based for billing. Documentation should include time spent, location, intensity, reps, muscle groups addressed, etc. If multiple timed codes are performed, also include total time in the documentation.



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