

When billing insurance companies for 830Laser therapy the most common codes used by practitioners is listed below. Reimbursement is not guaranteed and review policies change from one insurance company to another.

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97140 with the -22 Modifier: Manual Therapy with a Special Device

The best reimbursement for rehabilitation professionals is realized when using the laser as an adjunct to other manual therapy procedures (ie. joint, soft-tissue mobilization). Using this device allows you to add the -22 modifier which allows you to include the cost of both services into the billing of the procedure. For example:

Soft-tissue Mobilization (97140) \$50 (1-15 min)
Add the 830laser (modifier -22) \$50 (1-15 min)

Total cost of procedure \$100

97139: Unlisted Therapeutic Procedure

This code is for a one-on-one procedure rendered by the doctor. This code tells the insurance company that the doctor spent time face-to-face with the patient. It is an unlisted procedure so it will most probably be inspected and additional documentation may be requested. Billing might look like:

97139: Photonic Stimulation: Constant attendance