

Eli's Rehab Report

3 Strategies for Constraining Time-Based Units

Look to code scenario to determine which unit to cut

You've followed the four steps for determining if you need to constrain units and figured out that your total time exceeds the number of units you would ordinarily report for therapy codes. That means you'll have to strike one of them out - and determining which one is contingent on the coding scenario itself.

Strategy 1: Strike Off Unit From Code With Lesser Minutes

You receive a therapist's report in which he performed 23 minutes of 97110 (2 units) and 24 minutes of 97112 (2 units). According to the 8-minute rule for reporting 15-minute increments, you would bill only 3 units for 47 minutes of therapy services.

To get the number of units down, you can strike off a unit from one of these codes. Suppose you only report 1 unit of the code with the lesser minutes. You claim only 1 unit of 97110 instead. One plus two equals three - perfect! You've just constrained your units for Medicare compliance.

Strategy 2: Delete Therapy Service Altogether

You may have a code with very few minutes, however, and striking off a unit may mean canceling out that unit altogether.

Example: Your therapist performs 24 minutes (2 units) of [CPT 97113](#) (Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises), 10 minutes (1 unit) of 97110, and 23 minutes (2 units) of 97112. First you need to add those minutes. You'll come up with 57 treatment minutes in sum. Think about the 8-minute rule, and figure out that you'll need to report 4 units. That's 4 - not 5.

So, if you cancel out the unit with the lower minutes (that being the 10 minutes of 97110), you'll be striking out that service altogether. But that's fine. "If you are only billing 1 unit of a CPT code and a unit needs to be constrained for Medicare compliance, then you should suppress an entire service from the claim form," says **Joanne Byron, LPN, BSNH, CPC, CHA**, president of Health Care Consulting Services Inc. in Hickory, N.C.

Strategy 3: Cancel Out Code With the Lowest RVU

You find yourself staring at your provider's note that says he spent 10 minutes (1 unit) performing 97140 (Manual therapy techniques [e.g., mobilization/manipulation, manual lymphatic drainage, manual traction], one or more regions, each 15 minutes), 10 minutes (1 unit) performing 97110, and another 10 minutes (1 unit) performing 97116 (Therapeutic procedure, one or more areas, each 15 minutes; gait training [includes stair climbing]). You've added that time up to 30 total minutes and decided you can only report 2 units to Medicare. But you ordinarily would have reported 3 units.

You can't strike out the one with the least amount of minutes, because they each took the same amount of time. "When the services are the same, you should suppress the lowest reimbursable service," Byron says. "Code 97116 carries the lowest RVU and is the least paid by Medicare, so you should strike out 97116."