

Eli's Rehab Report

Coding Corner: Test Your Therapy Coding Savvy and Find Blind Spots

Use this quiz to boost your coding confidence -- and your bottom line.

A small misconception on reporting therapy minutes can cost your practice/facility big Medicare bucks. "The biggest problem [contributing to claim errors] is from insufficient documentation and improper coding," said **Gayle Lee, Esq.**, director of regulatory affairs for the American Physical Therapy Association, at a session on emerging Medicare issues at APTA's Combined Sections Meeting in February 2009.

Take this therapy CPT coding quiz to see if you're claiming all the reimbursable minutes you deserve.

1: Fill in the blank. For 15-minute timed CPT codes you must bill one unit if the treatment lasted ___ to ___ minutes.

2: What determines the total number of timed CPT units you bill per encounter?

- a) Whether a clinician or an assistant performed the procedure
- b) The number of treatments/modalities used in the patient encounter
- c) The total number of treatment minutes for all timed procedures.

3: True or False? It is sometimes appropriate to bill for time-based interventions that a therapist provided for less than eight minutes.

4: If the total treatment time for a patient's timed procedures says you must bill three units, but you've used four different interventions, how do you choose which CPT codes to report?

- a) It doesn't matter --" pick any random three CPT codes
- b) Bill for the codes you spent the most time on
- c) Choose the three highest-paying procedures.

5: True or False? Your treatment note needs to include the amount of time for each specific intervention or modality.

6: How many units per day (per patient, per discipline) can you bill for an untimed code?

- a) 1
- b) 2
- c) As many as needed.

7: True or false? I should calculate the correct number of billable units for timed speech-language pathology codes the same way I do for PT and OT codes.

[Check Out the Answers Here](#)

1: If the treatment was eight to 22 minutes for a 15-minute timed CPT code, bill one unit. See CMS Transmittal 1019 for a list of billable units per range of total treatment time.

2: (d) When a therapist performs more than one service on a patient in a single day, each service represented by a 15-minute timed code, the total number of minutes determines the number of units you can bill. So if your therapist spent eight minutes on therapeutic exercise, nine minutes on manual therapy, and 10 minutes on neuromuscular re-education, that would be a total time of 27 minutes, which means you would bill for two units.

3: True. Suppose you provided 33 minutes of therapeutic exercises (97110) and seven minutes of manual therapy (97140). Added up, the total time is 40 minutes, which allows you to bill for three units. The correct answer would be two units of 97110 and one unit 97140. You would bill the first two units as 97110 since you provided that intervention for at least 30 minutes. Take 30 minutes away from the total of 33 minutes; that leaves you with three minutes of 97110 and seven minutes of 97140. You can still bill one more unit, and you would bill the code for which you have the most minutes left, which in this case is the 97140.

But you can't always bill for treatment less than seven minutes. For example, if you do six minutes of therapeutic exercise and the patient suddenly has to go home, then you can't bill for it.

4: (b) If you've performed more modalities than you have allowed billable units, start with the codes that had the most time. For example, if you did 15 minutes of ther ex, 13 minutes of gait training, 11 minutes of ultrasound, and 12 minutes of massage, the ther ex, gait training, and massage had the most time, so bill those codes. If you have three procedures that were all the same amount of time and can only bill two units (i.e., each done for 10 minutes), then you can choose the two codes you want to bill.

5: False. Your treatment note needs the total time of timed CPT codes and the total treatment time.

6: (a) You may not bill more than one unit per day (per patient) of an untimed code.

7: False. Most PT and OT codes are billed in 15-minute increments, while most timed speech codes are billed by the hour and use add-on codes. For more indepth coverage on speech coding, see the next issue of Physical Medicine & Rehab Coding Alert.

Resource: To view CMS Transmittal 1019, visit www.cms.hhs.gov/transmittals/downloads/r1019CP.pdf.