Eli's Rehab Report

Coding Quiz: Translate Your Therapy Services Into the Correct CPT Codes

Hint: The phrase 'one or more areas' will limit modifier options

Put your therapy coding knowledge to the test with these three scenarios. Some words of caution: Not only will you need to know the correct CPT Codes and number of units, you'll have to pick according to the coding rationale as well - and be sure to have your CPT Manual handy.

Question 1: A therapist performs 8-minute massages to the left leg, upper back, and lower back of a Medicare patient, totaling 22 minutes of massage.

For this service, you would report:

A. 97124-LT, 97124, 97124 - One unit for the left leg, one for the upper back, and one for the lower back.

B. 97124 x 2 - Rounding the time down to 20 minutes, you should report 2 units according to the 8-minute rule.

C. 97124 x 2 - According to the 8-minute rule, greater than or equal to 22 minutes means that you should report 2 units.

D. 97124 - Medicare states that you should report any period between eight and 23 minutes as one 15-minute unit.

ANSWER: D

You can eliminate option A because 97124 (Therapeutic procedure, one or more areas, each 15 minutes; massage, include effleurage, petrissage and/or tapotement [stroking, compression, percussion) contains the phrase "one or more areas" in its descriptor. "You should therefore assume every area you focus on is included in that code already. To try and collect more money for more than one area is considered upcoding," says **Heather Corcoran**, coding manager at CGH Billing Services in Louisville, Ky.

Although you're not restricted to use an anatomic modifier, such as modifier LT (Left side), you should count the left arm, upper back, and lower back as "one or more areas" and leave that modifier out.

As for option B, you should never round timed units down or up. That may mean charging more than you should and result in scrutiny by the Office of Inspector General. "I advise my clients to never round time," Corcoran says. "What's in the documentation should be accurate, and you should choose the number of units based on what's there. Otherwise, you're putting yourself at risk."

Option C is a trick question. The 8-minute rule specifies that time greater than or equal to 23 minutes means you should report 2 units. That's 23 minutes, not 22. Because 22 minutes is less than 23 minutes, you should report only one unit of 97124.

Option D is the correct answer.

Question 2: The therapist provides direct one-on-one patient contact for electrical stimulation. He performs 15 minutes ES to the left leg and right leg, totaling 30 minutes.

For this service, you would report:

A. 97032-RT, 97032-LT - One unit for the right leg and one unit for the left leg.

B. 97014 x 2 - You should report this code in 15-minute increments, meaning you should use two units of the ES code.

C. 97032 x 2 - Because the therapist performed one-on-one contact, you should report two units of the ES code.

D. 97014 x 3 - Because the therapist provided 30 minutes of ES, you should report 3 units.

ANSWER: C

You can eliminate option A because like 97124, code 97032 (Application of a modality to one or more areas; electrical stimulation [manual], each 15 minutes) contains the term "one or more areas," meaning you should not append anatomic modifiers for separate parts of the body.

Answer B contains code 97014 (Application of a modality to one or more areas; electrical stimulation, unattended), which you should use for unattended electrical stimulation. Because the therapist provided direct one-on-one contact, you should look to 97032 instead.

Answer C is correct is because it contains the correct number of units, the correct ES code for one-on-one patient contact, and does not incorrectly include any
anatomical modifiers for a "one or more areas" code, says **Lynn Steffes, PT,** president/consultant of Steffes & Associates in New Berlin, Wis.

Answer D is incorrect because 30 minutes does not equal 3 units under the 8-minute rule. You should report 2 units instead. Also, you would use code 97014 for an unattended service, not direct one-on-one patient contact.

Question 3:

A. 97116 - By adding the five minutes of neuromuscular re-education to the seven minutes of gait training, you should report one unit of gait training for a total of 12 minutes.

B. None - Because both of these services are for fewer than eight minutes, Medicare says you cannot bill them.

C. None - The National Correct Coding Initiative edits bar you from reporting these codes together on the same date of service.

D. 97112, 97116 - By rounding up five minutes and seven minutes, you can report one unit of each service.

ANSWER: A

Answer A is the correct answer. Medicare says you cannot report services less than eight minutes. However, there's an exception. If your therapist provides two or more services lasting less than 8 minutes, you can add these minutes together.

The total amount of time the therapist spends with the patient will determine your units. So the sum 12 minutes means you should report one unit of the service the therapist spent the greater amount of time doing. In this case, it was gait training (97116, Therapeutic procedure, one or more areas, each 15 minutes; gait training [includes stair climbing]), so you'd report one unit of 97116.

If you chose B, you were correct in thinking Medicare says you cannot report services lasting less than 8 minutes. "This is the most cautious response," Steffes says. The therapist, however, performed two services under eight minutes - and you are absolutely allowed to add them up.

You should not have chosen C because NCCI does not bar you from reporting these codes together on the same date of

service. Be sure to check your local carrier's guidelines to ensure they're following the above rules by Medicare. Otherwise, ask for a copy of their guidelines for reporting time-based therapy codes.

The answer D is incorrect because you cannot report these codes separately when they last less than 8 minutes.