

Eli's Rehab Report

Know When to Constrain Units With These 4 Steps

Hint: You can't report 3 units for 3 10-minute codes

Knowing that you should follow the 8-minute rule for reporting time-based therapy codes with 15-minute increments in their descriptors doesn't automatically make you coding savvy - knowing how to handle Medicare's "constraining units" for direct one-on-one services, however, does.

"Constraining units" is the act of fitting the number of reportable billing units into the actual time. "All timed codes must be put into a formula to determine if all units can be billed or if units must be constrained or, in other words, held back from the claim form," says **Joanne Byron, LPN, BSNH, CPC, CHA**, president of Health Care Consulting Services Inc. in Hickory, N.C.

Step 1: Add Minutes to Get Total Time

Begin by adding all therapy service minutes with direct one-on-one contact (timed in 15-minute increments) to get your total time.

Remember: You shouldn't report any units if therapy time is less than 8 minutes. "In our PT practice, we would not report a 15-minute timed code unless total time was 8 minutes or more," says **Cindy Marx, RN, BSN, CPC**, with Hattiesburg Clinic in Hattiesburg, Miss.

For example, if a therapist performs 24 minutes of 97110 (Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility) and 18 minutes of [CPT 97112](#) (...neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception), you should add these minutes to find the total time. In this case, the treatment lasted 42 minutes.

Step 2: Convert Total Time Into Units

After you have the total time, you should follow the 8-minute rule to determine the number of units. Following the same example, you would determine that 42 minutes equals three units. (Editor's note: If you would like a free time-units chart of the 8-minute rule, e-mail me at suzannel@eliresearch.com.)

Step 3: Make Sure Units Don't Exceed Total Time

The total units you report to Medicare cannot exceed the units of total time. What this means is that you cannot bill more than three units for the 42 minutes of total therapy time.

Although the therapist performed 24 minutes of 97110, which would equal 2 units, and 18 minutes of 97112, which would equal another 2 units, you cannot report 4 units all together. You must only report 3 units, because the 42 minutes of total therapy time will only allow you to report 3 units.

Step 4: Constrain Units for Medicare

Here's where things can get tricky. If your billing units exceed total units as it does in our example, you must constrain them to avoid billing more units than the actual treatment time.

"You must complete a full 15-minute session (unit) before getting credit for a subsequent 8+ minute session (unit). Simply, if you don't have the minutes, you cannot bill for the units," says **Laura Talbert, CPC**, president of Shore Billing

& Management in Allen, Md.

"For instance, you cannot bill for 2 units with any combination of therapy totaling less than 23 minutes, 3 units with less than 38 minutes or 4 units with less than 53 minutes," she says.