

Eli's Rehab Report

Reader Question: Consider Before and After Time When Patient Takes a Break

Question: How should I bill for a patient who performed 20 minutes of therapeutic exercise in the morning, needed a rest and stopped for lunch, and then performed another seven minutes of exercise after the break? Can I add all the time together to total two units of therapeutic exercise for the 27 minutes? Or must I only bill one unit for the morning session and then write off the afternoon session because it doesn't total enough to count as a unit on its own?

Answer: Medicare and most all private payers do not recognize "split visits" for therapy and rehab, so you should total the time the therapist spent treating the patient and count it as one visit. In this case, you can report two units of therapeutic exercise to account for the 27-minute visit. With an extended break (e.g., for lunch), the therapist must clearly document how such a long break in care will still allow the patient to achieve the goals set in the plan of care.

For example, a patient recovering from a broken leg visits the PT for therapeutic exercise. After 15 minutes of exercise, the patient feels faint because she hasn't eaten or drank in several hours. The PT has the patient take a 20-minute break to have a snack and regain her strength, and then commences another 15-minute session of exercises in order to complete the scheduled 30-minute session.

If the PT provides clear documentation of the patient's need for food and re-hydration before continuing with therapy, you can report two units of 97110 (Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility).