

## Eli's Rehab Report

### Reader Questions: Clarify Billable Time With This Scenario

**Question:** I need advice on how to bill the following scenario: Patient A arrives at the clinic at 7:50 and begins to warm up on the treadmill unattended until 8:00. The therapist works on the patient's home exercise program from 8:00 to 8:30. Then, the therapist sets the patient up for an unattended low-load prolonged stretch from 8:30-8:40. The patient finishes with an unattended aerobic training that the therapist sets at a specific level on the treadmill from 8:40 to 9:00.

Patient B arrives at the clinic at 8:20 and warms up on the treadmill for 10 minutes while the therapist is finishing the HEP with patient A. Then, the therapist works on patient B's HEP from 8:30 to 9:00 while patient A is doing his low-load prolonged stretch and aerobic training. Patient B begins an attended low-load prolonged stretch by the therapist because no other patients are in the clinic from 9:00 to 9:10. Finally, patient B moves to the treadmill from 9:10 to 9:30 for attended aerobic training because no other patients are in the clinic.

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**Answer:** For patient A, you would not bill the treadmill warm-up because it was neither attended nor skilled therapy. You would bill only two units of therapeutic exercise (97110) for the 30 minutes of skilled medically necessary therapy services you provided from 8:00 am to 8:30 am. Any of the activities after 8:30 are then un-billable because the therapist did not provide skilled, one-on-one care.

For patient B, the information in your question is not sufficient to determine the appropriate way to bill. The warm-up was unattended, as well as unskilled, therefore not billable, and you're likely to bill only two units of therapeutic exercise for the medically necessary skilled therapy services the therapist provided from 8:30 am to 9:00 am.

But as far as the prolonged stretch, you must clarify whether the physical therapist was involved or if the patient did it by herself. Regarding the aerobic training from 9:10 am to 9:30 am, was it skilled therapy services or was it higher recreational activities that an insurance payer would not reimburse?

**Remember:** Simply observing the patient isn't billable unless you can document that you were providing education and hands-on feedback to the patient. The same logic would go for the monitored aerobic training. Having no other patients in the clinic while patient B is working out doesn't make the activity skilled, one-on-one care. The question to ask is, were you providing input or making adjustments? If you cannot document that, you should not bill for that time.