

Eli's Rehab Report

READER QUESTIONS: Timed-Code Rules Go Beyond 15-Minute Units

Question: In the May 1, 2009 issue (Vol.10 No. 6), the article on speech-language coding skills mentioned how many units to bill if the procedure was over an hour (for timed and untimed codes). But what about situations that are less than one hour? For example, an SLP does cognitive performance testing (96105), but the patient only stays for a 1/2 hour. This has recently become an issue for us. Any clarification would be appreciated.

-- Indiana subscriber.

Answer: For timed CPT codes, providers need to perform a substantial amount of time providing the service represented by the time-based CPT code. In the case of CPT codes that are timed in one-hour increments, you would need to perform a substantial amount of the therapy for that hour to justify billing for one unit of that particular CPT code. The main question then becomes, what is considered substantial?

According to the American Speech-Language Hearing Association, CMS staff has confirmed that the rules it enforces for billing 15-minute therapy codes also applies to 30- and 60-minute codes. That is, you can bill for one unit if you performed at least 50 percent of the timed code. In your case, if you have performed at least 50 percent of a one-hour code (30 minutes), then you may bill for one unit.

Consequently, you could bill two units of a one-hour code if you spent at least 90 minutes of skilled time on that procedure.

To read the rules on timed codes in detail, see the Medicare Claims Processing Manual, Section 5, 20.2.C at www.cms.hhs.gov/manuals/downloads/clm104c05.pdf (page 34 of the PDF file).