

## Eli's Rehab Report

### Therapy Coding: Compare Your Billing Pattern to CMS Averages

To determine whether your practice reports therapy services more or less frequently than other PM&R practices, you should follow the recommendation of many coding consultants that you "benchmark" your code usage against CMS national averages. Although myriad factors (such as your patient base, your subspecialty, your geographic region, etc.) affect which codes you ultimately report, a general code comparison can help you establish a basis for discussion in your office.

If, for instance, you report therapeutic activities ([CPT 97530](#)) more frequently than you report therapeutic exercises (97110), you may be confusing the two codes with one another. You may, however, be part of a large multispecialty rehabilitation practice where you work solely on therapeutic activities, which would cause you to deviate significantly from Medicare averages.

The following chart demonstrates how many claims CMS processed in 2001 (the most recent year for which data are available), broken down by specialty.

Source for raw data: "1997-2001 Procedure Code Utilization by Specialty," available on the CMS Web site at [www.cms.gov/physicians/pfs](http://www.cms.gov/physicians/pfs).

