Eli's Rehab Report

READER QUESTIONS: No Timed-Procedure Billing Guidelines? Try This

Question: Which guidelines should I use when billing timed procedures to non-Medicare carriers who haven't published billing guidelines on the minimum number of minutes required per unit for 97000-series timed procedures?

South Carolina Subscriber

Answer: I would refer you to the December 2003 edition of CPT Assistant, published by the American Medical Association. On pages 5-6, while discussing manual therapy, the AMA states, "as with any 15-minute timed code, it is important to recognize that a substantial portion of 15 minutes must be spent in performing the pre-, intra-, and post-service work in order to report code 97140."

This would also apply to all time-based codes. Keep in mind, however, that most payers do not define "substantial," which means it is up to your judgment.

The AMA also gives an example of providing manual therapy for 25 minutes, and it says that would justify billing two units of manual therapy.

In addition, the AMA states specific payers may have their own rules regarding "substantial" amount of time to bill a unit of a timed-based CPT code. You can find this in the February 2004 edition of CPT Assistant. To purchase back-issues of this publication, go to https://catalog.amaassn.org/Catalog/product/product_detail.jsp?productId=prod900004.