Eli's Rehab Report

You Be the Coder: Every Minute Counts With 8-Minute Rule

Question: Under Medicare's eight-minute rule for billing timed **CPT Codes** , how should I report a timed modality or procedure that lasts less than eight minutes?

Louisiana Subscriber

Answer: CMS Transmittal 52 released June 30 said, "Contractors shall not count each minute for each therapy service relative to each billed treatment code, but shall ascertain that the total number of minutes of treatment for services represented by timed codes is consistent with the number of units billed for those services and that the total minutes of treatment, including untimed codes, is consistent with the documentation that the services were provided for a reasonable amount of time."

For example, you provide 33 minutes of therapeutic exercise (97110, Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility) and seven minutes of joint mobilization (97140, Manual therapy techniques [e.g., mobilization/manipulation, manual lymphatic drainage, manual traction], one or more regions, each 15 minutes) to your Medicare Part B patient. You need to add up the total time of timed modalities/procedures you provided to determine the number of units you can bill.

In this example, the total time for timed-based CPT codes is 40 minutes. This falls between at least 38 minutes but less than 53 minutes using Medicare's eight-minute rule, and you should bill three total units. In this case, you would bill two units of 97110 and one unit of 97140. Documentation in the patient's medical record supports your billing.

Even before the release of Transmittal 52, this was still true. CMS Publication 100-04, Chapter 5, Section 20.2, states that you shouldn't exclude any minute up until the eighth minute from the total count when determining the number of units you can bill of timed modalities and procedures.

Note: Transmittal 47 is no more. CMS states, "Transmittal 47, dated Feb. 15, 2006, is rescinded and replaced by Transmittal 52, dated June 30, 2006. This instruction is being recommunicated to restore items B and C erroneously deleted from Section 220. All other information remains the same." The link for Transmittal 52 is www.cms.hhs.gov/transmittals/downloads/R52BP.pdf.

And you can find Transmittal 1019, which included clarification on this issue, released Aug. 3 at www.cms.hhs.gov/transmittals/downloads/R1019CP.pdf.