COLORADO
Department of Health Care Policy & Financing

Special Provider Bulletin –
Reporting Service Units for Outpatient Physical, Occupational and Speech Therapy Benefits

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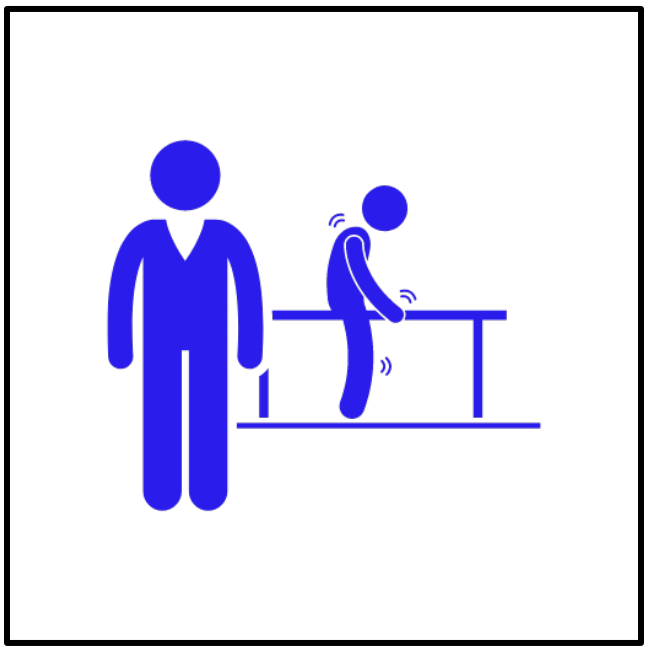
Hospitals, Physicians, Clinics, Non-Physician Practitioners, Osteopaths, Speech Therapists, Occupational Therapists, Physician Assistant, Nurse Practitioner, Rehabilitation Agency



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Reporting of Service Units for the Outpatient Physical, Occupational and Speech Therapy Benefits

Health First Colorado (Colorado's Medicaid Program) is publishing instruction regarding the reporting of service units for outpatient physical, occupational and speech therapy benefit claims submitted to Health First Colorado for reimbursement.

Timed and Untimed Codes

When reporting service units for Current Procedure Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes where the procedure is not defined by a specific timeframe ("untimed" CPT/HCPCS), the provider enters "1" in the field labeled "Units." For untimed codes, units are reported based on the number of times the procedure is performed, as described in the CPT/HCPCS code definition.

Example: A member received a speech-language pathology evaluation represented by HCPCS "untimed" code 92521. Regardless of the number of minutes spent providing this service, only one (1) unit of service is appropriately billed on the same day.

Several CPT codes used for therapy modalities, procedures, tests and measurements specify that the direct (one-on-one) time spent in patient contact is 15 minutes. Providers report these "timed" procedure codes for services delivered on **any single calendar day** using CPT codes and the appropriate number of 15-minute units of service.

Example: A member received a total of 60 minutes of occupational therapy, e.g., HCPCS "timed" code 97530 which is defined in 15-minute units, on a given date of service. The provider would then report four (4) units of code 97530.

Counting Minutes for Timed Codes in 15 Minute Units

When only one service is provided in a day, providers should not bill for services performed for less than 8 minutes. For any single timed CPT code in the same day measured in 15-minute units, providers bill a single 15-minute unit for treatment greater than or equal to 8 minutes through and including 22 minutes. If the duration of a single modality or procedure in a day is greater than or equal to 23 minutes, through and including 37 minutes, then two (2) units should be billed. Time intervals for one (1) through eight (8) units are as follows:

Units	Number of Minutes
1 unit:	≥ 8 minutes through 22 minutes
2 units:	≥ 23 minutes through 37 minutes
3 units:	≥ 38 minutes through 52 minutes
4 units:	≥ 53 minutes through 67 minutes
5 units:	≥ 68 minutes through 82 minutes
6 units:	≥ 83 minutes through 97 minutes
7 units:	≥ 98 minutes through 112 minutes
8 units:	≥ 113 minutes through 127 minutes

The pattern remains the same for treatment times in excess of 2 hours.

When more than one service represented by 15-minute timed codes is performed in a single day, the total number of minutes of service (as noted on the chart above) determines the number of timed units billed. See Example 1 below.

If any 15-minute timed service that is performed for 7 minutes or less than 7 minutes on the same day as another 15-minute timed service that was also performed for 7 minutes or less and the total time of the two is 8 minutes or greater than 8 minutes, then bill one unit for the service performed for the most minutes. This is correct because the total time is greater than the minimum time for (1) one unit. The same logic is applied when three or more different services are provided for 7 minutes or less than 7 minutes. See Example 5 below.

The Documentation Requirements section of the Outpatient Physical and Occupational Therapy and Speech Therapy billing manuals, located under the CMS-1500 drop-down section of the Billing Manuals web page, **indicates that the amount of time for each specific intervention and modality provided to the member is required to be documented in the Visits/Encounter Note**. The total number of timed minutes must be documented. These examples indicate how to count the appropriate number of units for the total therapy minutes provided.

Example 1 -

24 minutes of neuromuscular reeducation (97112),
23 minutes of therapeutic exercise (97110),
47 Total timed minutes.

See the chart above. The 47 minutes falls within the range for 3 units = 38 to 52 minutes.

Appropriate billing for 47 minutes is only three (3) timed units. Each of the codes is performed for more than 15 minutes, so each shall be billed for at least one (1) unit. The correct coding is two (2) units of code 97112 and one (1) unit of code 97110, assigning more timed units to the service that took the most time.

Example 2 -

20 minutes of neuromuscular reeducation (97112),
20 minutes therapeutic exercise (97110),
40 Total timed code minutes.

Appropriate billing for 40 minutes is three (3) units. Each service was done at least 15 minutes and should be billed for at least one (1) unit, but the total allows three (3) units. Since the time for each service is the same, choose either code for two (2) units and bill the other for one (1) unit. Do not bill three (3) units for either one of the codes.

Example 3 -

33 minutes of therapeutic exercise (97110),
7 minutes of manual therapy (97140),
40 Total timed minutes.

Appropriate billing for 40 minutes is for three (3) units. Bill two (2) units of 97110 and 1 unit of 97140. Count the first 30 minutes of 97110 as two (2) full units. Compare the remaining time for 97110 (33-30 = 3 minutes) to the time spent on 97140 (7 minutes) and bill the larger, which is 97140.

Example 4 -

18 minutes of therapeutic exercise (97110),
13 minutes of manual therapy (97140),
10 minutes of gait training (97116),
8 minutes of ultrasound (97035),
49 Total timed minutes.

Appropriate billing is for three (3) units. Bill the procedures that had the most time spent being provided. Bill one (1) unit each of 97110, 97116 and 97140. The ultrasound is unable to be billed because the total time of timed units that can be billed is constrained by the total timed code treatment minutes (i.e., one may not bill four (4) units for less than 53 minutes regardless of how many services were performed). The ultrasound would still be documented in the treatment notes.

Example 5 -

7 minutes of neuromuscular reeducation (97112),
7 minutes therapeutic exercise (97110),
7 minutes manual therapy (97140),
21 Total timed minutes.

Appropriate billing is for one (1) unit. The qualified professional shall select one appropriate CPT code (97112, 97110 or 97140) to bill since each unit was performed for the same amount of time and only one (1) unit is allowed.

NOTE: The above schedule of times is intended to provide assistance in rounding time into 15-minute increments. It does not imply that any minute until the 8th should be excluded from the total count. The total minutes of active treatment counted for all 15-minute timed codes includes all direct treatment time for the timed codes. Total treatment minutes, including minutes spent providing services represented by untimed codes, are also documented.

Determining What Time Counts Towards 15-Minute Timed Codes

Providers report the code for the time actually spent in the delivery of the modality requiring constant attendance and therapy services. Pre- and post-delivery services are not to be counted in determining the treatment service time. In other words, the time counted as "intra-service care" begins when the therapist or physician (or an assistant under the supervision of a physician or therapist) is directly working with the patient to deliver treatment services. The patient should already be in the treatment area (e.g., on the treatment table or mat or in the gym) and prepared to begin treatment.

The time counted is the time the patient is treated. For example, if gait training in a patient with a recent stroke requires both a therapist and an assistant, or even two therapists, to manage in the parallel bars, each 15 minutes the patient is being treated can count as only one (1) unit of code 97116. The time the patient spends not being treated because of the need for toileting or resting should not be billed. In addition, the time spent waiting to use a piece of equipment or for other treatment to begin is not considered treatment time.

Treatment time for untimed codes are not to be counted towards the total treatment time for 15-minute unit codes.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with questions on this policy.

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