

# COUNTING UNITS FOR THERAPY CODES

Counting units for therapy services can be complicated; therefore, we are providing guidance. But first, you must understand the difference between timed codes and untimed codes in order to determine how to bill units correctly.

## Timed Codes

Several Current Procedural Terminology (CPT) codes used for therapy modalities, procedures, and tests and measurements specify that direct (one-on-one) time spent with the patient is 15 minutes. Report procedure codes for services delivered on any single calendar day using CPT codes and the appropriate number of 15 minute units of service. Services provided for a single timed CPT code that is less than 8 minutes should not be billed.

Report the CPT 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. The time counted is the time the patient is treated.

When more than one service represented by 15 minute timed codes is performed in a single day, the total number of minutes of service determines the number of timed units billed.

The chart below provides time intervals for billing units based on treatment time in minutes.

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

## Examples

The following examples illustrate 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 minutes total treatment time

The 47 total treatment time falls within the range for 3 units (see chart).

Each service was performed for more than 15 minutes and should be billed for at least 1 unit, but the total allows 3 units. In this instance, report 2 units of 97112 and 1 unit of 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 minutes total treatment time

The 40 total treatment time falls within the range for 3 units (see chart).

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

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## Example 3

- 33 minutes of therapeutic exercise, 97110
- 7 minutes of manual therapy, 97140
- 40 minutes total treatment time

The 40 total treatment time falls within the range for 3 units (see chart).

In this instance, you would bill 2 units of 97110 and 1 unit of 97140. You count the first 30 minutes of 97110 as 2 full units. Then, 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 minutes total treatment time

The 49 total treatment time falls within the range for 3 units (see chart).

Bill the procedures you spent the most time providing. Bill 1 unit for 97110, 97116, and 97140. You may not bill for the ultrasound (97035) because the total time of timed units that can be billed is constrained by the total timed code treatment minutes (i.e., you may not bill 4 units for less than 53 minutes regardless of how many services were performed). You would still document the ultrasound in the treatment notes.

## Untimed Codes

The units for untimed codes are reported based on the number of times the procedure is performed, as described in the healthcare common procedure coding system (HCPCS) code definition (often once per day). When reporting service units for codes where the procedure is not defined by a specific timeframe (untimed codes), a 1 is entered in the units field.

Note: The units for untimed codes are based upon the number of times the procedure is performed regardless of the number of minutes spent.

The following are examples of untimed codes:

- Evaluations/Re-evaluations (97161-97168)
- Group therapy (97150)
- Supervised modalities (97012)

## Reference

Centers for Medicare & Medicaid Services Internet Only Manual Publication 100-04, Claims Processing Manual, Chapter 5, Section 20.2 (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c05.pdf>)