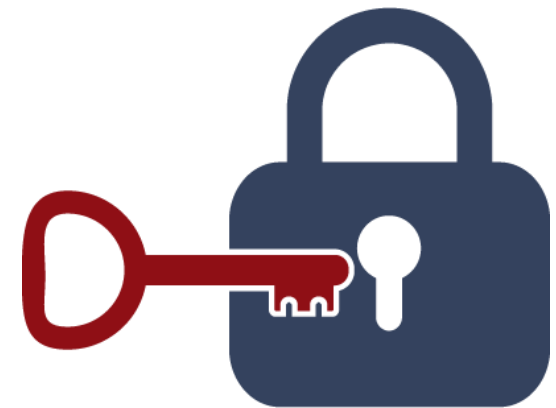




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Medicare and AMA Timing of Units



BCMS' Webinar Series for Outpatient Therapy Practices

Medicare's 8 Minute Rule Per Transmittal 1019



- 1 unit \geq 8' through 22'
- 2 units \geq 23' through 37'
- 3 units \geq 38' through 52'
- 4 units \geq 53' through 67'
- 5 units \geq 68' through 82'
- 6 units \geq 83' through 97' etc.



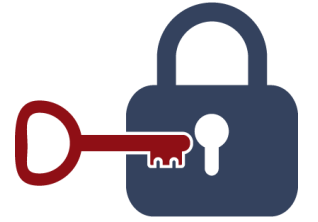
What Happens to Those 7'?



CMS 8' rule scenario from Transmittal 1019 – An Example



Appropriate Coding/Billing

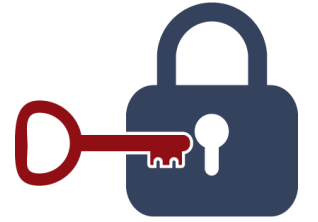


Appropriate billing for 40 minutes is for 3 units

Bill 2 units of 97110 and 1 unit of 97140.

1. Count the first 30 minutes of 97110 as 2 full units
2. 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.

American Medical Association



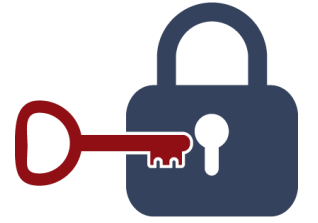
It controls the CPT Codes

Numbering

Definition

Timing

Time Based Codes: Non Medicare Methodology (AMA)



- Time is the face to face time with the patient.
- Unit of Time is attained when the mid-point is passed.
Fondly termed “Greater than 50% Rule” or “Greater than the Mid-Point”

NOTE: Read your contract and/or the payers medical policies to determine if they adopt Medicare payment methodology (i.e. 8’ Rule or the AMA >50% Rule)

Time Example “A”

Comparing 8’ to >50% Rule



AMA Rule

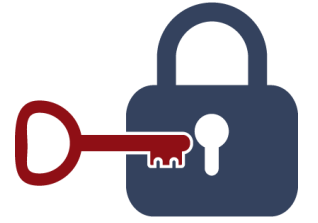
- 8 min. 97110
- 8 min. 97140
- 8 min. 97530
- Total Time = 24'
- **Total Units = 3**

Medicare Rule

- 8 min. 97110
- 8 min. 97140
- 8 min. 97530
- Total Time = 24'
- **Total Units = 2**

Time Example “B”

Comparing 8’ to >50% Rule



AMA Rule

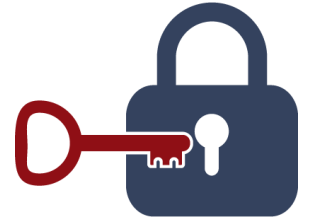
- 16 min. 97110
- 8 min. 97140
- Total Time = 24’
- **Total Units = 2**

Medicare Rule

- 16 min. 97110
- 8 min. 97140
- Total Time = 24’
- **Total Units = 2**

Time Example “C”

Comparing 8’ to >50% Rule



AMA Rule

- 33 min. 97110
- 7 min. 97140
- Total Time = 40’
- **Total Units = 2**

Medicare Rule

- 33 min. 97110
- 7 min. 97140
- Total Time = 40’
- **Total Units = 3**

AMA “B” & “C”

Why 2 and Not 3?



When the same CPT codes are billed under the AMA using the “Greater than 50% Rule” it applies to each CPT code AND the full unit (i.e. 15’) is the expected time. Therefore to attain:

1 unit 97110

- No less than 8 minutes of care to bill the code
- Total minutes = 8

2 units 97110

- 15 minutes of unit 1
- No less than 8 minutes of unit 2
- Total minutes = 23

3 units 97110

- 15 minutes of unit 1
- 15 minutes of unit 2
- No less than 8 minutes of unit 3
- Total minutes = 38 minutes

The Major Difference Is . . .



- **Medicare's** methodology does *NOT* consider the CPT code billed but rather the total minutes billed for 1:1 codes
- **AMA's** methodology counts minutes by CPT codes billed which is why utilizing different codes can yield additional unit(s) of service.

So Remember This As It Relates to 8' and >50% Rules



“Left-Overs” can be valuable as can “Being Different”!

»»» *Love* ^{-YOUR-} *Leftovers*

‘be
different...’





QUESTIONS?

We will gladly entertain questions that are specific to this webinar.

Please email your questions to Mary Daulong at daulongm@bcmscomp.com

Kindly include the name of the webinar in the email subject line

Contact or Connect with us



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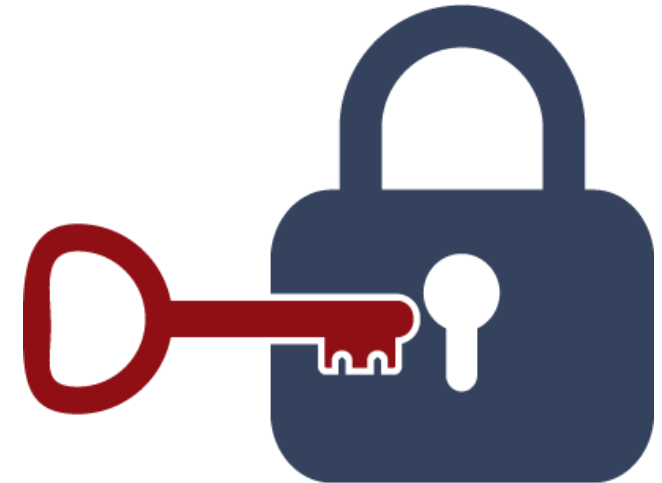
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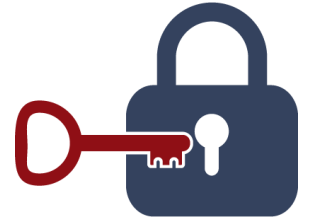
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