



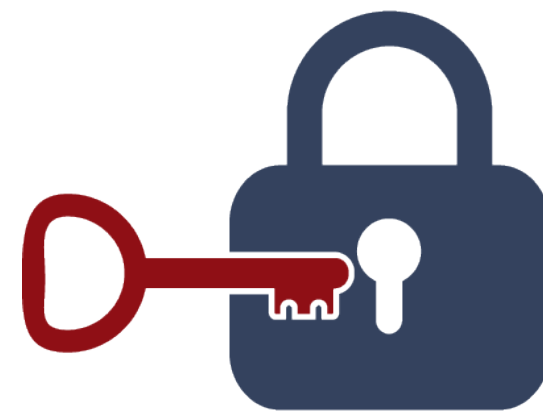
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Counting Units

Medicare's Eight Minute Rule
Versus

AMA's Greater Than Midway Point (> 50%) Rule



American Medical Association



It controls the CPT Codes

Numbering

Definition

Timing

Therapists, typically, select codes from the Physical Medicine & Rehabilitation Section of the CPT Codes i.e. 97000 series but they are not exclusive to therapy providers.

Regardless of Which Methodology



- **Providers:**
 - **Must code using the most current Version of CPT Codes;**
 - **Must make a reasonable effort to ascertain which unit coding methodology is used by the payer i.e. ‘Medicare’s 8’ Rule’ or AMA’s ‘Greater than mid-point’.**

Medicare's 8 Minute Rule



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

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.

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 1 unit
- 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*



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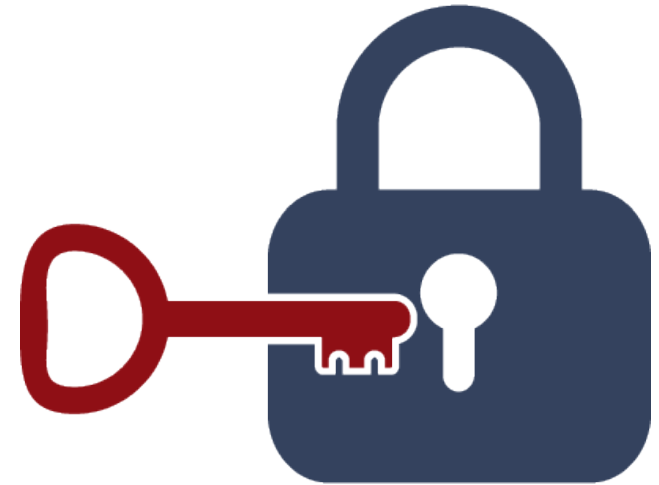
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Presenter's Biography



Mary Daulong has a very diverse practice background which includes private practice ownership, corporate managed services and hospital based practice exceeding four decades. Her consulting company was established in 1985 and has been, for the past seventeen years, 100% dedicated to working with healthcare professionals in the areas of federal and state compliance, practice and business office operations, payment and coverage policy including billing, coding and documentation. Her company also provides Compliance Policies and Procedures Manuals specific to physical therapy and provider enrollment and credentialing services.

Mary has been certified in Health Care Compliance since 2002 and is a member of the Healthcare Compliance Association; she is also certified as a HIPAA Professional by the HIPAA Academy. She has been an active member of the APTA for over forty years during which she served on and/or chaired multiple committees at the national and component level including but not limited to serving on the PPS' Payment Policy Committee for nine years. Mary was the chair of the Texas Physical Therapy Association's Payment Policy Committee for nearly ten years and held chairmanships for the TPTA of Governmental Affairs, Quality Assurance and Nominating Committees. She was appointed to the Texas Board of Physical Therapy Examiners and served on its Executive Council for PT and OT and Investigations Committee. Mary is a member of the Novitas Solution's Provider Outreach Education Advisory Group.

Mary has presented hundreds of courses related to compliance both on a federal and state level often being the featured speaker at National, Chapter and Section Annual Conferences.

Disclaimer



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