

Auditing Time Documentation for PT Services

The word "audit" often generates feelings of fear, anxiety, and dread, but if your practice takes preemptive measures to prepare for audits, you can mitigate audit risks and ensure greater compliance and profitability. When auditing physical therapy (PT) notes, there are a number of variables that must be considered, such as physician orders, complete therapy documentation (including the patient's plan of care, progress notes and reports, treatment and functional goals, and discharge summaries), clear documentation of distinct modalities performed and specific time as it relates to billing both timed and untimed therapy codes.

Physical therapy services are very unique in terms of reporting principles. CMS uses the AMA/CPT definitions of the procedural codes. The codes are divided into time-based codes (constant attendance) and untimed codes (supervised). Before we proceed, let's discuss one crucial time concept. There is a "midpoint" concept or "8-minute rule" that needs to be considered before billing any particular time-based physical therapy service. Understanding the midpoint is only half the challenge; your documentation must specifically demonstrate the modality (e.g., therapeutic exercise) and the specific amount of time spent delivering it. One (1) unit of time is equivalent to fifteen (15) minutes, per CPT definition. The "midpoint" must be met in order to report a unit of service. See below:

- * 0 - 7 minutes = 0 units
- * 8 - 22 minutes = 1 unit
- * 23 - 37 minutes = 2 units
- * 38 - 52 minutes = 3 units
- * 53 - 67 minutes = 4 units

According to CPT, "...a unit of time is attained when the mid-point is passed." The "midpoint" would be met at the 8th minute when speaking of a 15-minute CPT code. So, with these points in mind, let's consider an established Medicare patient who presents for 25 minutes of therapeutic exercise (CPT code 97110) including treadmill and strengthening exercises in addition to receiving 8 minutes of ultrasound (CPT code 97035). The services would be listed as follows:

- * 97110-GP (2 units)
- * 97035

In the above example, the first unit of 97110 would leave 10 minutes for the second unit to be reported. One unit of ultrasound would be supported based on meeting the 8-minute "midpoint."



John Burns, CPC, CEMC, CPMA, AHIMA ICD-10-CM/PCS trainer, and AHIMA Approved ICD-10 Ambassador

John Burns works with NAMAS to provide training and develop educational products for our members. Mr. Burns is also a member of our Senior Auditing Team with DoctorsManagement, our parent company.



