

The 8 Minute Rule – How Does It Work?



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One of the most confusing aspects of Physical Therapy billing is Medicare's 8 Minute Rule for time-based codes.

Physical Therapy billing codes are either timed or untimed codes for billing purposes.

- Untimed codes are reported as one unit per day.
- Timed codes are reported using the 8 Minute Rule.

Untimed Codes

Untimed Codes are billed one unit per date of service regardless of the number of anatomical body areas treated. It does not matter if you spend 2 minutes or an hour treating the patient using these codes, you can only report one unit per code. The following codes are untimed codes:

- 97001 – Physical Therapy Evaluation (Dates of Service Prior to 1/1/2017)
- 97161 – Physical Therapy Evaluation (Dates of Service After 12/31/2016)
- 97162 – Physical Therapy Evaluation (Dates of Service After 12/31/2016)
- 97163 – Physical Therapy Evaluation (Dates of Service After 12/31/2016)
- 97002 – Physical Therapy Re-Evaluation (Dates of Service Prior to 1/1/2017)
- 97164 – Physical Therapy Re-Evaluation (Dates of Service After 12/31/2016)
- 97010 – Hot or cold packs
- 97012 – Traction, Mechanical
- 97014 (G0283) – Electrical Stimulation
- 97024 – Diathermy
- 97028 – Ultraviolet

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Timed Codes

Timed codes are billed using Medicare's 8 Minute Rule. The following codes are timed codes:

- 97032 – Electrical Stimulation (Manual)
- 97033 – Iontophoresis
- 97035 – Ultrasound
- 97039 – Unlisted
- 97110 – Therapeutic Exercise
- 97112 – Neuromuscular Reeducation
- 97116 – Gait Training
- 97124 – Massage
- 97139 – Unlisted
- 97140- Manual Therapy
- 97530 – Therapeutic Activity

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8 Minute Rule Chart

Below is the 8 Minute Rule chart to help you determine the total number of minutes service was provided and the total number of units you can bill for.

Units	Number of Minutes
0 Units	< 8 Minutes
1 Unit	>= 8 Minutes and <= 22 minutes
2 Units	>= 23 Minutes and <= 37 minutes
3 Units	>= 38 Minutes and <= 52 minutes
4 Units	>= 53 Minutes and <= 67 minutes
5 Units	>= 68 Minutes and <= 82 minutes
6 Units	>= 83 Minutes and <= 97 minutes
7 Units	>= 98 Minutes and <= 112 minutes
8 Units	>= 113 Minutes and <= 127 minutes

Now for the fun part, computing how many total units you can bill for and how many units you can bill for each individual code under the 8 Minute Rule.

First, you need to add up the total treatment time for timed codes (do not include the time spent treating for untimed codes, only include time spent treating for timed codes).

Then take the total treatment time for timed codes and look up the maximum number of units you can bill for on the 8 Minute Rule Chart above.

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For example, if you spent 38 minutes on timed codes and 30 minutes on untimed codes, the maximum number of units you can bill for is 3 units (38 to 52 minutes) based on the chart. Remember, you only count the timed code minutes and you must ignore the untimed code minutes.

For the individual codes, you need to code based on the following rules:

1. If a service represented by a 15 minute timed code is performed in a single day for at least 15 minutes, that service shall be billed for at least one unit. If the service is performed in a single day for at least 30 minutes, the service shall be billed for at least two units, etc. You cannot count all minutes of treatment in a day toward the units for one code if other services were performed for more than 15 minutes (see examples 2 and 3 below).
2. 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 based on the 8 Minute Rule Chart. (See example 1 below).
3. If any 15 minute timed service is performed for 7 minutes or less 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 services is 8 minutes or greater, then you 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 one unit. The same logic is applied when three or more different services are provided for 7 minutes or less. (See example 5 below). The expectation is that a provider's direct patient contact time for each unit will average 15 minutes in length. If a provider has a consistent practice of billing less than 15 minutes for a unit, this should be highlighted for review.
4. If more than one 15 minute timed code is billed during a single calendar day, then the total number of timed units can be billed up to the maximum number of units allowed based on the total treatment time for that day (See examples 1 through 5 below).

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5. The Medicare Benefit Policy Manual – Documentation Requirements for Therapy Services – indicates that the amount of time for each specific service provided to the patient is not required to be documented in the Treatment Note. However, the total number of timed minutes must be documented. If you are lucky enough to be using an EHR or EMR system, most of this should be computed automatically for you to make sure you do not over-bill for each visit.

There is one exception to the timed codes for codes 97545 and 97546. These specialized codes are used for rehabilitating a worker to return to the job and the expectation is that the entire time period specified for 97545 and 97546 would be the treatment period.

The code 97545 is for the time period included in the first 2 hours and the code 97546 includes the time period for each additional hour (after the first 2 hours). Normally these codes are used to report services to a patient's Workers Compensation program and are only rarely used for Medicare.

Here are some examples on how to count the appropriate number of units for the total therapy minutes provided using the 8 Minute Rule:

Example 1:

24 minutes of neuromuscular reeducation, code 97712

23 minutes of therapeutic exercise, code 97110

Total timed code treatment time is 47 minutes.

If you look up 47 minutes on the chart, you can bill for a maximum of 3 units (38 to 52 minutes). Each of the codes were performed for more than 15 minutes so each should be billed for 1 unit. You should then assign the extra unit to 97712 since it was treated for the longer amount of time. So you bill for 1 unit of 97110 and 2 units of 97112

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Example 2:

20 minutes of neuromuscular reeducation, code 97112

20 minutes of therapeutic exercise, code 97110

Total timed code treatment time is 40 minutes.

If you look up 40 minutes on the chart, you can bill for a maximum of 3 units (38 to 52 minutes). Each of the codes were performed for more than 15 minutes so each should be billed for 1 unit. You can then assign the extra unit to either 97110 or 97112 since they were treated for the same amount of time. So you bill for 1 unit of 97110 and 2 units of 97112 **OR** 2 units of 97110 and 1 unit of 97112.

Example 3:

33 minutes of therapeutic exercise, code 97110

7 minutes of manual therapy, code 97140

Total timed code treatment time is 40 minutes.

If you look up 40 minutes on the chart, you can bill for a maximum of 3 units (38 to 52 minutes). You can bill 2 units of 97110 and 1 unit of 97140. You count the first 30 minutes of 97110 as 2 full units then add the additional 3 minutes of 97110 (33 minutes – 30 minutes) to code 97140 so you have 10 minutes of treatment time and can bill for 1 unit of 97140.

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Example 4:

18 minutes of therapeutic exercise, code 97110

13 minutes of manual therapy, code 97140

10 minutes of gait training, code 97116

8 minutes of ultrasound, code 97035

Total timed code treatment time is 49 minutes.

If you look up 49 minutes on the chart, you can bill for a maximum of 3 units (38 to 52 minutes). You can bill for 1 unit of 97110, 1 unit of 97140, 1 unit of 97116 and NO units of 97035. Even though you performed 4 procedures, you can only bill for a maximum of 3 units so choose the procedures you spent the most time performing. You still need to document the ultrasound in your notes even though you could not bill for it.

Example 5:

7 minutes of therapeutic exercise, code 97110

7 minutes of neuromuscular reeducation, code 97112

7 minutes of manual therapy, code 97140

Total timed code treatment time is 21 minutes.

If you look up 21 minutes on the chart, you can bill for a maximum of 1 unit (8 to 22 minutes). You can bill 1 unit of 97110 **OR** 97112 **OR** 97140 since all three procedures were performed for the same amount of time. You are restricted to only 1 unit because of the total treatment time and all of the procedures still need to be documented in your notes.

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For more information about coding for the Medicare 8 Minute Rule, you can reference the document :

[CMS CLM104005](#)

This article was last updated on November 27, 2016 to include the new Evaluation and Reevaluation Codes for 2017.