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## Physical Medicine and Rehabilitation Time-Based Services

Effective Date: 01/01/2017

Revised Date: N/A

Responsible Department: Medical Services

Reviewed Date: N/A

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### Purpose

The purpose of this document is to outline Workforce Safety & Insurance's (WSI) policy regarding the documentation and billing of Physical Medicine and Rehabilitation (PM&R) time-based services.

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### Definitions

**Time-Based Physical Medicine and Rehabilitation Codes** - CPT ® identifies 4 sections of time-based PM&R services. This includes modalities (97032-97039), therapeutic procedures (97110-97542), tests and measurements (97750-97755), and orthotic and prosthetic management (97760-97762). These codes require direct, face-to-face contact with the patient.

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### Policy

WSI has adopted the HCPCS coding requirements from The Centers for Medicare & Medicaid Services (CMS) for the evaluation of documentation and billing of time-based PM&R codes. CMS specifies a provider must spend 8 or more minutes in direct, face-to-face contact with the patient to bill for a single 15 minute unit of time-based PM&R services. When a provider performs more than 1 time-based service in a single session, CMS considers the total number of minutes spent with the patient to determine the total number of billable units.

WSI will only reimburse time-based PM&R services billed and documented accordingly.

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### Procedure

WSI will audit all PM&R services for the following:

- Documentation of specific intervention(s) or technique(s) performed (including the frequency and intensity, when appropriate)
- Documentation of the amount of time spent completing each type of time-based service (therapeutic procedures, modalities, etc.)
- Documentation of timed services provided match the billed units. To determine the number of reimbursable unit(s), WSI will divide the total time-based services documented by 15. If 8 or more minutes remain, an additional unit is reimbursable. See [Documentation Exhibit: Physical Medicine and Rehabilitation Time-Based Services](#) for clarification and examples.

WSI will deny reimbursement of any billed services that the medical documentation does not support.

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### Reference

Centers for Medicare & Medicaid Services (CMS). (02/06/2014). Medicare Claims Processing Manual (CMS Pub. 100-04, Chapter 5, Sec. 20.3, (Rev. 3454). Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c05.pdf>, last accessed 12/14/16.

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### Exhibit

[Documentation Exhibit: Physical Medicine and Rehabilitation Time-Based Services](#)