

## Correct Minute Reporting and CODING for Unattended/Supervised Modalities

*The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.*

**Eligible for LMS Credit:  Yes**

An unattended/supervised modality is the application of a modality that does not require direct one on one patient contact by the therapist/assistant for example electrical stimulation and diathermy. Patients receiving unattended modalities should always be within line of sight of the treating therapist/assistant to ensure patient safety and optimum therapeutic outcome.

It is imperative therapists/assistants select the CPT code that matches the clinical treatment being provided. Below are the CPT codes with definitions for all the unattended/supervised electrical stimulation and diathermy codes. This process is the same regardless if the patient is Medicare A, B or other payer sources.

### Applicable HCPCS Codes with Definitions for Electrical Stimulation

- **CPT G0281** -- Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care.
- **CPT G0282** -- Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 (Not covered by Medicare)
- **CPT G0283** – Electrical stimulation, (unattended), to one or more areas for indications other than wound care.
- **CPT 97014** - Electrical stimulation (unattended, untimed) (**NOTE: 97014 is not recognized by Medicare.** Use G0283 when reporting unattended electrical stimulation for other than wound care purposes as described in G0281 and G0282.)

### Applicable HCPCS Code with Definition for Diathermy

- **CPT 97024** – Diathermy/Microwave (unattended) application of a modality to one or more areas for the delivery of heat to deep tissues such as skeletal muscle and joints, for the reduction of pain, joint stiffness, wound care and muscle spasms for examples.
- **CPT G0329** - Diathermy (unattended); Elecromagnetic Therapy to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care

### Applicable HCPCS Code with Definition for Electrical Stimulation for Speech Therapy – Dysphagia

- **CPT 92526** (dysphagia treatment session) is not time-based and may be billed only once per day. Please note that most payers have ruled that only 92526 can be billed for services that address goals in the dysphagia treatment plan. Every Medicare Administrative Contractor (MAC) that has established a dysphagia local coverage determination (LCD) has ruled that while payment is allowed only for non-e-stim methods of treatment, e-stim treatment can also be used.

## Reimbursement Differences between Medicare A and Medicare B Patient Medicare Part A

- Reimbursement is based on the RUG category under PPS (Rehab RUG levels determined days and minutes reported). Only the skilled minutes when providing electrical stimulation or diathermy may be reported on the MDS. Reporting skilled minutes of therapy is time spent in direct contact with the patient (refer to the FFF Documenting Unattended/Supervised Modalities: Every Skilled Minute Counts!) for a complete list of examples of skilled therapy minutes.

**Note:** Ensure the skilled minutes reflected in the daily note matches the minutes provided on the service log.

## Medicare Part B

- Reimbursement is based on the CPT code. Since unattended/supervised modalities are untimed codes, these codes can only be billed one time no matter how long the therapist/assistant treats the patient or the number of anatomical body areas treated, unless you have a BID order and perform the exact same treatment to the same area 2 times and documentation supports the treatments.

## Billing CPT Codes

A treatment consisting of an unattended/supervised modality may be provided one time or in the same 15 minute time period with any other CPT code, timed or untimed, requiring constant attendance or direct one-on-one patient contact. However, any actual time the therapist uses to attend one-on-one to a patient receiving a supervised modality cannot be counted for any other service provided by the therapist.

## Three CPT Coding Scenarios for Untimed, Supervised Modalities

Total Modality Time	Skilled Modality Time	DIF Times	Codes	Skilled Minutes (Medicare Part A)	Units (Medicare Part B)
30 minute E-stim protocol (should be documented in daily note)	10 minutes	10-10:30 (includes total skilled time and therex)	G0283	10 min (Set-up, electrode placement, patient positioning, skin check, electrode removal, post patient assessment - ROM, strength measurement)	1
			97110	20 min – Therex delivered at same time “Supervised portion” of modality provided. If skilled therex not provided, only 10 min of skilled modality time would be reported.	1
20 minute Diathermy protocol (should be documented in daily note)	8 minutes	10:00-10:04 10:20-10:24	97024	8 min (Set-up, inspection of the patient’s skin, patient positioning, diathermy / microwave placement and adjustment of parameters, removal of equipment and post patient assessment – pain, edema measurement)	1
15 minute Diathermy protocol (should be documented in daily note)	20 minutes	10-10:20	97024	20 min (due to the medical complexity of patient requiring continuous therapist skilled intervention. Vital signs, patient repositioning, adjustment of parameters, drum placement, skin check, pre and post treatment protocol assessment – pain, edema, ROM measurement)	1

## Capturing Skilled Treatment Time for Unattended/Supervised Modalities on the iPad Mini:

- Tap **“Start”** when conducting pre-treatment assessment and positioning the patient for treatment. The ‘clock’ continues to run during the application of the modality, adjustment of parameters or equipment, assessment of patient’s response, etc.
- When the modality can run without direct therapist contact with the patient, tap **“Stop”**; the modality treatment continues but unskilled services are not captured on the iPad mini.
- Tap **“Start”** once again at the end of the treatment when skilled services are utilized to safely remove equipment, assess modality effectiveness, reassess patient’s status post-treatment, complete repositioning/transfers, etc.
- Tap **“Stop”** once the skilled portion of the post-treatment assessment and additional skilled interventions have been completed.

**Note:** Treatment should be **re-started** any time that skilled intervention is provided during the modality treatment.

### References:

1. Medicare Benefit Policy Manual: Chapter 15, Sections 220 and 230
2. Medicare Benefit Policy Manual: Chapter 5, Sections 10, 20, 30, 40 and 100
3. Medicare’s 11 Part B Billing Scenarios for PTs and OTs
4. CMS’s RAI Version 3.0 Manual
5. RehabCare policy, “Modalities”
6. Clinical Practice Guidelines, Coding for Physical Agent Modalities
7. FFFs