PT billing reference & the 8-minute rule.

The card that ends up taped to the wall. Common outpatient codes, timed vs. service-based, and the CMS unit chart, plus how Eluve captures timed minutes straight from the encounter so units reflect the treatment you actually delivered.

Timed codes

15-min units

Code	Service	Focus
97110	Therapeutic exercise	Strength, ROM, endurance, flexibility
97112	Neuromuscular re-education	Balance, coordination, proprioception
97116	Gait training	Walking and mobility
97140	Manual therapy	Soft-tissue / joint mobilization
97530	Therapeutic activities	Dynamic, functional activities
97535	Self-care / home mgmt training	ADLs, home program
97113	Aquatic therapy w/ exercise	Pool-based therapeutic exercise
97032	Electrical stim (manual)	Attended, one-on-one e-stim
97035	Ultrasound	Attended therapeutic ultrasound
97542	Wheelchair mgmt training	Fitting, propulsion, safety

Timed (constant-attendance) codes require direct one-on-one time and are billed in 15-minute units under the 8-minute rule.

CMS 8-minute rule: units by total timed minutes

8–22 min	**1** unit
23–37 min	**2** units
38–52 min	**3** units
53–67 min	**4** units
68–82 min	**5** units
83–97 min	**6** units
98–112 min	**7** units
113–127 min	**8** units

Service-based

flat, 1 unit

Code	Service	Note
97161-97163	PT evaluation	Low / moderate / high complexity
97164	PT re-evaluation	Established plan of care
97010	Hot / cold packs	Typically bundled, not separately paid
97012	Mechanical traction	Service-based
97014 / G0283	Unattended e-stim	G0283 for Medicare
97016	Vasopneumatic device	Service-based
97150	Group therapy	Two+ patients, not one-on-one

CMS 8-minute rule vs. AMA “Rule of 8s”

CMS (total-time) method

Add **all** timed minutes in the session, divide by 15, and count leftover minutes toward one more unit if the combined remainder is 8+. Used by Medicare Part A & B, Medicare Advantage, most Medicaid, Tricare, and other federal payers.

AMA Rule of 8s (SPM)

Each timed code must independently reach 8 minutes; remainders from different codes can’t be combined. Common among commercial insurers (BCBS, Aetna, Cigna, UHC). Always check the payer.

Worked example. 25 min therapeutic exercise (97110) + 20 min manual therapy (97140) = 45 timed minutes → **3 units** (chart: 38–52). Allocate to the longer service first: **2× 97110** + **1× 97140**. The 5-minute combined remainder is under 8, so no extra unit.

What Eluve captures for you

- Timed activities and their duration from the actual encounter, so units reflect real treatment time, not memory-based estimates.
- Suggested CPT and ICD-10 codes with the encounter detail that supports them. Eluve is an official AMA CPT® licensee.
- Objective measures (ROM, MMT, special tests, standardized outcomes) and patient response, the elements that demonstrate skilled, medically necessary care.

Documentation that survives an audit

- **Exact start/stop times** for each timed service, don’t approximate, and don’t consistently land on 23/38/53 (a known audit flag).
- **Skilled intervention described:** what required your expertise, not passive or maintenance care.
- **Patient response** to treatment, tying the session to progress and medical necessity.
- **KX modifier** once the annual therapy threshold is exceeded (about $2,330 for PT+SLP combined in 2025; verify the current-year amount) with documentation of continued necessity.