Care Plan Meeting Billing Process

Under Medicare PPS regulations billing treatment time for patients is only appropriate for patient contact time.

In order to bill the patient for time spent in a care plan meeting the following needs to occur:

- Patient must be present. If family or caregiver will be responsible for the patient's care, they also should be present.
- Billing would be under the code that you are spending your time on. For example, if discussing things related to self care bill 97535: self care / home management training (for example: compensatory training, safety procedures, use of assistive devices, etc) direct one-on-one contact by provider, each 15 minutes
  - Discussion of safety procedures, adaptive equipment, home modifications, etc would need to be discussed in order to bill that time under that code
- Both disciplines can bill on the same day but not for the same / simultaneous time period
  - If both disciplines are doing home training education with the family the same code can be billed for services done "back to back" so that the actual time period being billed is different
  - Patient scenario: Care Plan meeting occurs from 9 am to 10 am. Both patient and family member are in attendance. Both PT and OT are in attendance. PT spends from 9:10 til 9:25 speaking about home modifications, equipment needed, safety issues with ambulation and stairs, etc…prior to return home. OT speaks from 9:25 til 9:40 am regarding ADL equipment, safety and compensatory strategies needed to be accomplished prior to return home. PT can bill 97116 for 15 minutes and 1 unit. OT can bill 97535 for 15 minutes and 1 unit. No other time can be billed unless further training and discussion occurs.

Revised
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