

8-Minute Rule Cheat Sheet for PT, OT & SLP (2025)

Medicare-compliant unit calculation for time-based CPT codes

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CMS 8-Minute Rule Verified · 2025

Minutes → Units Conversion Chart (CMS 8-Minute Rule)

Total Timed Minutes Billable Units

0–7	0 units (not billable)
8–22	1 unit
23–37	2 units
38–52	3 units
53–67	4 units
68–82	5 units
83–97	6 units
98–112	7 units
113–127	8 units

Rule: Divide total timed minutes by 15. If the remainder is **8 minutes or more**, bill **1 extra unit**.

Time-Based CPT Codes (Use the 8-Minute Rule)

CPT Code Description

97110	Therapeutic Exercise
97112	Neuromuscular Re-education
97113	Aquatic Therapy
97116	Gait Training
97140	Manual Therapy Techniques
97530	Therapeutic Activities
97535	Self-Care / Home Management Training
97537	Community / Work Reintegration
97542	Wheelchair Management Training
97750	Physical Performance Test / Measurement

97755	Assistive Technology Assessment
97760	Orthotic Management and Training
97761	Prosthetic Training
97032	Electrical Stimulation (Attended)
97033	Iontophoresis
97035	Ultrasound

Note: Timed codes are billed in 15-minute units and counted toward the 8-minute calculation.

Service-Based (Untimed) CPT Codes (Do NOT use 8-Minute Rule)

CPT Code Description

97161	PT Evaluation, Low Complexity
97162	PT Evaluation, Moderate Complexity
97163	PT Evaluation, High Complexity
97164	PT Re-Evaluation
97165	OT Evaluation, Low Complexity
97166	OT Evaluation, Moderate Complexity
97167	OT Evaluation, High Complexity
97168	OT Re-Evaluation
97010	Hot / Cold Packs
97014	Electrical Stimulation (unattended)
G0283	Electrical Stimulation (Medicare - unattended)
97150	Group Therapy

Rule: These are billed once per session regardless of time.

Mixed Remainder Calculation Worksheet (Step-by-Step)

1. List all **timed** CPT codes provided during the session.
2. Add all **direct treatment minutes** together.
3. **Check the Chart:** The Total Minutes determine the **maximum** units allowed.
4. Calculate base units (divide individual code minutes by 15).

5. If you have "leftover" units allowed by the total time, assign them to the code with the **largest remainder**.

Example

CPT Code	Minutes	Base Units (15m)	Remainder (min)
97110	24	1	9
97140	18	1	3
97112	11	0	11

Step 1: Total minutes = **53**

Step 2: Check Chart → 53 minutes = **4 Units Allowed**.

Step 3: Current Base Units = $1 + 1 + 0 = 2$ units.

Step 4: Remaining units to assign (4 allowed - 2 base) = **2 extra units**.

Final Billing Assignment (Assign extras to highest remainders):

- 97112 (11 rem) → gets +1 unit
- 97110 (9 rem) → gets +1 unit

FINAL BILL: 97110 (2 units), 97140 (1 unit), 97112 (1 unit) = **4 Units**

Payer Comparison Matrix (Quick Reference)

Payer	Follows 8-Minute Rule?	Notes
Medicare Part B	<input checked="" type="checkbox"/> Yes (Required)	CMS standard
Medicare Advantage	<input checked="" type="checkbox"/> Yes	Must follow CMS
Medicaid	<input type="checkbox"/> Varies by state	Check state MAC
Tricare	<input checked="" type="checkbox"/> Yes	Federal payer
CHAMPVA	<input checked="" type="checkbox"/> Yes	Federal payer
Federal BCBS	<input checked="" type="checkbox"/> Yes	Federal employee plan
Commercial BCBS	<input type="checkbox"/> Varies	Verify with plan
Aetna	<input checked="" type="checkbox"/> Often not	Often uses SPM — verify contract
Cigna	<input checked="" type="checkbox"/> Often not	Often uses SPM — verify contract
UnitedHealthcare	<input type="checkbox"/> Mixed	Plan-dependent
Workers' Compensation	<input type="checkbox"/> Varies	State-specific

Auto Insurance (PIP)

⚠ Varies

State-specific

Key: Medicare allows combining minutes across CPT codes. Many commercial payers use SPM or the AMA Rule of 8s (each code must independently meet 8 minutes). **Always verify payer policy.**

Documentation Checklist (Audit-Proof)

- Exact **start and end times** for each timed service (e.g., 10:05 AM–10:29 AM)
- CPT code linked to each time entry
- Clear description of **skilled intervention** performed (what, how)
- Documented **patient response** to treatment (progress, tolerance)
- Evidence of **one-on-one** skilled care during billed minutes
- Units billed match the total timed minutes (show your math)
- Appropriate **modifiers** used (GP, GO, GN, CQ, CO, KX, etc.) when required
- Any ABN or coverage notice documented (use GA if appropriate)
- No rounding up below thresholds (7:59 is NOT billable)
- Do NOT include untimed codes, setup/cleanup, or post-visit charting in timed totals

One-Line Formula (Large / Prominent)

Total timed minutes ÷ 15 → base units. If remainder ≥ 8 minutes → +1 unit.

Short Pointers (Clinic Use)

- Always **combine** timed minutes from all timed CPT codes for Medicare.
- For non-Medicare payers, **check** whether they require SPM or Rule of 8s.
- Keep a single line in the chart note summarizing minutes and unit math for quick audit review.
Example: "*Timed services total = 53 min → 4 units allowed. Assigned based on remainders.*"