

Determining Whether the PTA Differential 10% Standard Is Exceeded

When a PTA independently furnishes some portion of the billed procedure code, the PT must determine whether the PTA's time exceeded the de minimis standard.

CMS provided a table in the 2020 fee schedule final rule (www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F) that shows the minutes needed to meet or exceed the 10% threshold.

Example: The PTA furnishes 7 minutes of therapeutic exercises (97110). Then the PT furnishes 8 minutes of therapeutic exercises, for a total of 15 minutes. The de minimis standard of 10% is applied to one unit of service, as defined in the 15-minute increment. Ten percent of 15 minutes is 1.5, which is rounded to 2.0. The CQ modifier applies if the PTA furnishes at least 3 minutes of the service.

Calculation:

1.5 = 10% of 15 minutes

1.5 is rounded to the nearest whole integer (2.0)

1 minute is added = 3

Billing:

Report 1 unit of 97110 GP CQ

Rationale:

Since the PTA furnished 7 minutes (more than 3 minutes) of 97110, the CQ modifier is applied.