Pediatric Administrators ListServ Summary
Billing for Education, May 2016

The time spent in educating the patient with an exercise program for strengther therapeutic exercise, 97110. Training for home exercises involving t

Hospital	If you are training parent/nurse with activities/exercises to do a patient you currently have on caseload do you bill for that? If so, do you bill ther ex or ther act?
A	We bill either ther ex or ther act depending on the activity that we are educating. For example, ROM as ther ex but general development or positioning as ther act
B	When we discussed billing for patient/parent education with Rick Gawenda, he advised that as there is no "education" CPT code, your billing for the education should go under whatever you are educating about. So if you are teaching a home exercise program with the goal of strengthening, improving range of motion, ect that should go under ther-ex. If you are training the parents in activities for daily living (handling skills, transfer skills, dressing skills, ect) that would go under ther-act. This is what we have been doing for about the past 6 months and I don't believe we have had any denials.
C	We allow both of these scenarios to be billed using the code m only constitutes a portion of the overall visits and in case 2 - d the sessions/time should be direct treatment
D	We typically bill 97110 but for home/community reintegration related education, we bill 97530.
E	We do not bill for education that
F	Yes, we do bill when teaching parents using a doll if patient is the hands are not on the patient, it is a hands-
G	We typically only bill wher

ning & stretching activities should be designated as functional activities should use 97530.
If patient is sleeping and you don't put hands on the baby/no direct contact (eg. demo on doll instead), but you are in the room with parent/nurse educating on act/ex to do with patient do you bill for that?
We do bill when in the presence of the patient and educating the parent/caregiver. We do not typically use a doll for demo; if the task requires that level of demo, we would return when it's appropriate for the patient, but will review home programs, positioning, feeding, etc. and bill for our time.
I am not entirely sure on the hands on contact, however we did have a long discussion with Rick Gawenda about if we could bill for time that a child with a sensory disorder was having a melt-down, if we were talking with the parent about ways that they could assist their child at home with these behaviors. He directed us that in his opinion that was billable time, as education in the appropriate CPT code. I would think that would be the same as a sleeping baby where you are educating the parent on a doll what you want them to do outside of therapy time, but that might be a question for someone with more experience in this area?
ost directly related to the training as long as in case 1 – the training oesn't happen at each visit. Bottom line for us is that majority of
We do not bill under the scenario you describe
: is separate from hands on treatment.
sleeping or cannot tolerate handling at the time of teaching. While on demonstration with teach back from the parents
ı there is direct patient contact.