Policy Name:	**DOCUMENTATION OF TIMED SERVICES**
Policy #:	BRM-22
Code/Rule Reference:	OAC 4123-6-04.4; OAC 4123-6-08; OAC 4123-6-14; OAC 4123-6-20; OAC 4123-6-37.1; OAC 4123-6-37.2; OAC 4123-6-37.3; OAC 4123-6-45; OAC 4123-6-45.1; OAC 4123-18-09
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I. POLICY PURPOSE: GENERAL OVERVIEW

The purpose of this policy is to ensure that the Bureau of Workers' Compensation (BWC) provides guidance on the capturing of relevant information which verifies the performance of services for which a timed service code is used to bill BWC and to clarify how time for those codes is to be documented. This policy provides controlling context for previous language which addressed how timed services codes were to be documented.

II. APPLICABILITY

This policy applies to all BWC identified timed procedure codes and services used in BWC fee schedules, including CPT or HCPCS code description which reflects a unit of service that is counted in minutes or hours. (e.g. each 15 minutes; or 11-20 minutes of medical discussion). This policy is applicable to bills with dates of service on or after April 1, 2019.

III. DEFINITIONS

Timed services – nationally recognized or BWC local level procedure codes which, per their definitions are classified as time-based (or "timed") codes and **require** a time-based factor to be met.

Timed Evaluation and Management (E&M) service - when counseling and/or coordination of care dominates (more than 50%) of an injured worker E&M service encounter.

Timed service for vocational rehabilitation – BWC local level vocational rehabilitation procedure code which has a unit of service of 6 minutes or greater.

Non-timed services – nationally recognized or BWC local level procedure codes with definitions that include **typical** time spent on the service are not considered timed services for the purposes of this policy.

Total treatment time – time the injured worker spent in the session or encounter with the provider. Also known as total session time.

IV. POLICY

A. When a provider performs a single timed procedure in a treatment session and no other services, documentation shall include the start and stop time of the service.

B. When a provider performs two or more procedures in a treatment session (timed or untimed), documentation for the timed service shall include:
   1. Total treatment time (i.e. total session time), documented as start and stop times, and;
   2. Total accumulated time for all timed services, documented in number of minutes; and
   3. Total time for each individual timed procedure, documented in number of minutes.
   4. Example:
      Total treatment/session time from 12 noon to 1pm;
      Total time for all timed services: 30 minutes;
      By procedure code:
      10 minutes gait training;
      20 minutes manual therapy.

C. When a provider chooses to bill an E&M service as a timed service,
   1. The extent of counseling and/or coordination of care must be documented in the medical record, and
   2. Documentation requirements IV. A, B and E also apply.

D. For timed service codes on the vocational rehabilitation fee schedule, the following documentation requirements apply only when the provider is performing in-person (i.e. face-to-face) services:
   1. When billing for travel, the documentation shall be reported as the start and stop time of the **meeting** associated with the travel; or
   2. When billing for all other timed vocational rehabilitation services, documentation shall follow requirements in section IV.A, B and E.

E. Time Documentation Requirements for all timed services – Required documentation shall:
   1. Be legibly noted in the medical record (e.g. therapy notes, psychological treatment summaries, etc.); and
   2. Be system generated (e.g. minutes calculated by EMR software); or
   3. Notated in free text fields recorded by the provider or in handwritten notes; and
   4. Not be routinely noted on medical bills.