

Medicare 8-Minute Rule Cheat Sheet

Timed CPT codes, Medicare Part B. Source: Medicare Claims Processing Manual, Pub. 100-04, Ch. 5, §20.2 and §20.3. Current as of October 2026.

MINUTES TO UNITS CHART

Units	Total timed minutes
0	0 to 7 (a sole service under 8 min is not billable)
1	8 to 22
2	23 to 37
3	38 to 52
4	53 to 67
5	68 to 82
6	83 to 97
7	98 to 112
8	113 to 127
9	128 to 142
10	143 to 157

Minimum minutes for n units = $(15 \times n) - 7$. Total the day's timed minutes first, then read units.

WHAT COUNTS AS TIMED MINUTES

- Direct, one-on-one treatment time only (patient in the treatment area and ready)
- Minutes under 8 still add to the daily total
- Two clinicians on one patient do not double the minutes
- Not counted: setup, cleanup, documentation, rest, toileting, waiting
- Untimed codes (evaluations 97161 to 97168, 97010, G0283) are 1 unit each and never enter the chart

DOCUMENTATION

Required: total timed-code minutes and total treatment time (Benefit Policy Manual Ch. 15, §220.3). Per-service minutes are not required but are what defend the allocation. Consistently billing under 15 minutes per unit is a named review trigger.

ALLOCATING UNITS ACROSS CODES

1. **Total** all timed minutes for the day and read the unit ceiling from the chart.
2. Any code with **15+ minutes** gets at least 1 unit (30+ gets 2, and so on).
3. Give more units to the codes with more minutes.
4. For the last unit, **compare remainders** and bill the larger one.
5. Never bill more units than the total supports, even if every service cleared 8 minutes.

CMS WORKED EXAMPLES (§20.2.C)

33 min 97110 + 7 min 97140 = 40 min → 3 units

Two full units of 97110 (30 min). Remainder 3 min vs 7 min of 97140: 97140 wins. Bill **2 × 97110 + 1 × 97140**, even though 97140 was under 8 minutes.

20 min 97112 + 20 min 97110 = 40 min → 3 units

One unit each, third unit to either code. Never 3 units of one code.

18 min 97110 + 13 min 97140 + 10 min 97116 + 8 min 97035 = 49 min → 3 units

Four services, each over 8 minutes, but 49 minutes supports only 3 units. Bill the three with the most time; document the fourth.

7 + 7 + 7 min, three timed codes = 21 min → 1 unit

Bill one code; document the other two.

MEDICARE VS AMA "RULE OF EIGHTS"

	Medicare	AMA (many commercial payers)
8 minutes applied to	Day's total timed minutes	Each code separately
Remainders	Pool across codes	Never combine
9 min 97110 + 9 min 97140	1 unit	2 units

Which method applies is a per-payer contract question. Record it in payer setup.