

Dermatology Coding Alert

Longer Face-to-Face Time May Justify Higher Pay

If you report add-on codes, make sure to report an E/M code and avoid denials

Prolonged service codes (99354-99359) may hold the key to boosting your pay when your dermatologists spend more than the usual face-to-face time allotted for E/M services.

Remember: Prolonged service codes are add-on codes, so you shouldn't ever report prolonged service codes alone, coding experts say.

Here is a closer look at the prolonged service codes, when to use them, and what your prolonged service claim should look like before sending it to the carrier.

Setting Determines the Prolonged Service Code

A dermatologist performs a level-two E/M service on an established patient that takes 45 minutes.

For example: A patient comes for a routine skin exam. During the exam, the patient tells the dermatologist that a specific mole has been itching and bleeding. The dermatologist ends up spending more time with the patient than a level-two E/M service typically takes (about 10 minutes).

In this case, you should report a prolonged service code with the E/M code on this claim. The claim should read:

1. 99212 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem-focused history, a problem-focused examination, and straightforward medical decision-making
2. +99354 - Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (list separately in addition to code for office or other outpatient evaluation and management service).

Tip: Use 99354 for the first 30-74 minutes of outpatient prolonged service time and +99355 (... each additional 30 minutes [list separately in addition to code for prolonged physician service]) for each additional half-hour for outpatients beyond 74 minutes.

Remember: To use the first-hour prolonged service codes, the dermatologist must provide at least 30 minutes of prolonged service time beyond the CPT-allotted time for that E/M service, coding experts say.

Bottom line: The prolonged service time must be face-to-face time between the physician and patient. If you haven't met that requirement, the prolonged service codes are not applicable.

In general, you should not upcode the level of E/M service based on time; only raise the level of E/M service if the dermatologist provides a higher level of service.

In order to report the E/M code on time, without prolonged care, the physician must spend more than 50 percent of the total visit time (spent between the patient and physician) counseling and/or coordinating care.

Exception: You do not need to follow this rule when you report a visit level with prolonged care.

Total Time Includes Time Spent on Explanation

When your dermatologist spends a lot of time talking to the patient and/or the patient's family about a complex issue, you should also consider that time as part of your prolonged service.

Example: A dermatologist treats a 79-year-old male who is an established patient in the office for a suspicious mole. During the examination, the dermatologist decides that he should remove this growth with a biopsy.

The patient has several questions about his condition and the surgical service. The dermatologist discusses these issues in detail. Also, the patient's daughter, who is in town with her children visiting for spring break, is also present at the time of service.

The total time spent for this visit is 100 minutes, and the dermatologist spends a total of 60 minutes counseling the patient and his daughter on his condition and plan of treatment.

Coding solution: In this case, you should report 99215 (Office or other outpatient visit for the E/M of an established patient ... physicians typically spend 40 minutes face-to-face with the patient and/or family), because the first 40 minutes of the examination would be the determining factor in code selection

You would report the remaining 60 minutes using prolonged service codes (99354-99359). You should remember that there are two different codes for two different places of service for prolonged services when face-to-face contact does occur.

Red flag: Codes 99354 and 99355 are for any office or outpatient service, and 99356 and 99357 are for inpatient settings.

In the example above, you should code the additional 60 minutes of face-to-face time with 99354 because this code is for 30-74 additional minutes of face-to-face time, coding experts say.

Time Can Pay, But Only With a Hitch

However, if the dermatologist spends more than 50 percent of the face-to-face time counseling and coordinating care, you can report the E/M service based on time, says **Lisa Center, CPC**, independent coder in Joplin, Mo.

For example: If the dermatologist's notes indicate that he performed a level-four established patient E/M service in the office that took 80 minutes, and he spent 45 of those minutes counseling the patient, you would choose the E/M level according to the time requirements and not the three key components (history, exam, medical decision-making) and report the level-four E/M code (99214) and a prolonged service code (99354), says **Beverly Ramsey, CMA, CPC, CHCC, CHBC**, coder with Doctors Management in Asheville, N.C.

Include specific documentation on the 45 minutes of counseling to strengthen your claim.

Since you report two codes, the notes from the dermatologist should clearly explain two procedures, Ramsey says.

Documentation tip: To ensure clear sailing through any questions regarding the use of both codes, have the dermatologist dictate or write separate notes for each code you report. Your dermatologist can document these notes on the same page of the medical record with appropriate headings and paragraphs.