Internal Medicine Coding Alert

E/M Coding: Use These Tips for Top-Notch Prolonged Services Reporting

Remember to keep indirect, face-to-face care separate.

If your internist performs an evaluation and management (E/M) service that takes longer than normal, you might be able to code for the extra time by reporting the proper prolonged services code.

Since your physician usually performs E/M services in office, you will choose from these add-on codes for prolonged E/M services:

- +99354 (Prolonged evaluation and management or psychotherapy service[s] [beyond the typical service time of the primary procedure] in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour [List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service]) »
- +99355 (...each additional 30 minutes [List separately in addition to code for prolonged service]).

Check out these tips on coding prolonged services so you can better understand when, and how, to report these add-on codes.

Tip 1: Follow CPT® Time Rules for Reporting Prolonged Services

When reporting prolonged services in addition to an E/M code, you will need to count the time your clinician spent face-to-face with the patient to analyze if you can report the prolonged service codes +99354 and +99355. "The insurance company would like to see actual minutes if possible (clock time)," says **Suzan (Berman) Hauptman, MPM, CPC, CEMC, CEDC**, senior principal of ACE Med, a medical auditing, coding and education organization in Pittsburgh, Pa. "Otherwise, it must be very clear about how much time was spent in prolonged services. The documentation must also detail the facts about the visit that took longer."

Even though the add-on prolonged services code +99354 contains a time descriptor as "first hour" of service, it is not necessary for your physician to have performed the prolonged service for one hour to report this code.

You will need to follow CPT® time rules to understand whether or not you can report +99354 for the extended period of time. According to the CPT® time rules, you can report +99354 when the extended E/M service lasts between 30-74 minutes longer than the typical time of the E/M code you are otherwise reporting. You report the add-on code +99355 in addition to +99354 when the session lasts between 75-104 minutes. For every 30 minutes of extended duration beyond 104 minutes, you report an additional unit of +99355.

"It must meet a minimum of 30 minutes beyond the typical time for the given CPT® code," says **Mary I. Falbo, MBA, CPC**, CEO of Millennium Healthcare Consulting, Inc. in Lansdale, PA. "For example, if the visit supports CPT® 99214, which has a typical time assigned by AMA of 25 minutes, then the provider needs to spend minimum of 55 minutes to begin billing prolonged service codes."

"Prolonged services of less than 30 minutes are not separately reportable," says **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "Per CPT®, prolonged services of less than 30 minutes are part of the E/M code that you are otherwise reporting for the encounter."

Tip 2: Report Base Code Only Once in One Day

When your physician performs an E/M service for an extended period of time, you report a prolonged care service code

for the additional time spent. When reporting prolonged care services, you will have to report the base add-on code, +99354, only once for the patient on one calendar date of service. For any additional time spent beyond what is specified for +99354, you will have to report it with additional units of +99355.

The time spent by your clinician in performing the service need not be continuous. Even if your clinician is seeing the patient in split sessions, you still report +99354 only once on one date of service. You collate all the time spent in the various sessions to calculate if you can report +99354 and the additional unit(s) of +99355.

Note: Do not report the add-on code +99355 without reporting the base add-on code +99354 for the first 30-74 minutes of prolonged services.

Tip 3: Know if Prolonged Services Can be Reported with Any E/M Code

Some coders think that prolonged care services can only be reported with the highest level of E/M code, such as 99205 (Office or other outpatient visit for the evaluation and management of a new patient...) or 99215 (...an established patient...) for office services. However, this is not true.

"You can report prolonged care services with any level of E/M code, but it's important that the documentation support the reason why and give the details of the service" Hauptman adds. In order for you to report prolonged care services code such as +99354, your clinician should have performed the E/M service beyond the typical time stipulated in the descriptor for that particular E/M code.

For instance, the E/M code 99203 is typically performed for 30 minutes. When the session extends beyond this time, you can claim reimbursement for the additional time by reporting +99354 and +99355, as appropriate, according to the time spent.

Tip 4: Include Proper Documentation

When reporting prolonged care services, you cannot just document time and report these add-on codes in addition to reporting the E/M code for the visit. In addition to documenting the correct time, you will need to provide added documentation to support your claim for these prolonged care codes.

You will need to include documentation letting the payer know why your clinician had to perform the extended service. You will need to include information that supports the medical necessity of performing a prolonged E/M service than is typical for the condition. Unless your documentation includes this information, just informing the payer about the time spent by your clinician might result in a denial of your claim for the prolonged services. "Your documentation should include not only the time spent but also what was done during that time that was necessary to provide the service," Moore notes.