

Optometry Coding & Billing Alert

Billing Basics: Time Is Money

Get paid what you deserve by billing for the time component of E/M visits

Fact: You can bill an E/M service based on time when the required key components (history, exam, medical decision-making) come up one short and the physician spends more than 50 percent of his or her face-to-face time with the patient providing counseling and/or coordinating care.

Many billers don't realize that this option exists and end up not billing for services that could get paid, such as a new patient E/M service with no exam performed. Indeed, CPT 2004 specifies that when counseling and/or coordination of care comprises more than 50 percent of the physician/patient and/or family encounter (face-to-face time), "then time may be considered the key controlling factor to qualify for a particular level of E/M services."

The most important part of billing for time is having complete and adequate documentation of the visit, says **Donna Rachunas** of Health Claim Services Inc., a billing service in Haddonfield, N.J. When billing for the time component, you should be sure to do the following:

1. Make sure the chart documents the beginning and end time of the overall face-to-face visit, as well as the beginning and end time of the physician's counseling/coordination of care, Rachunas says.
2. Calculate the total visit minutes and the total counseling minutes to prove that the physician spent more than 50 percent of the visit in counseling. Example: Eighteen minutes of a 30-minute face-to-face visit are spent counseling and determining a plan of care. Therefore, you can bill 99203 based on the 30-minute requirement for that E/M code.
3. Look for physician documentation of exactly what he discussed during the period of counseling/coordination of care. You'll need this information to substantiate the time spent counseling/coordinating care, or to appeal a denial and back up the claim in case of an audit.
4. Inform your physicians that detailed notes on counseling sessions are absolutely necessary to justify billing for time.
5. Be careful not to bill for time too freely. "Using time as a factor is a limited opportunity," Rachunas says. Billing for time is appropriate only during certain points in a patient's care and usually not more than once per patient.
6. Don't take chances if there's inadequate documentation. If the physician hasn't included enough information, you may have no choice but to write off the claim.

When to do it: Common situations that may warrant billing for time include when a physician sees an established patient to discuss his test results and provide counseling on management options without performing an exam, Rachunas says. Another situation is when a patient has switched providers and comes for a visit simply to discuss the direction of his plan of care and management concerns. Example: A glaucoma patient visits your office for the first time to discuss moving his care to you. You take a history and a pressure but do not need to update fields or nerve-head analysis because those recent records are available from the previous doctor.

Did You Know ...

Billing for time is not the only way to get credit for a missing key component of an E/M service. You can also get credit for a patient's comprehensive history if the physician is unable to obtain one (if the patient is unconscious, incapable of giving a history, or if there's a language barrier and lack of translator).

