Part B Insider (Multispecialty) Coding Alert

Don't Let Time-Dependent Codes Land You In Time-Out

The last thing physicians want to do is watch the clock, but if you don't document the time you spend with patients, you could face denied claims and disgruntled feds.

Other codes are actually time-based, and the physician must spend a certain amount of time with the patient to bill for the code. For example, to bill code 99375 (Care plan oversight of a home health patient), a physician must devote at least 30 minutes per month to CPO activities.

If you spend 10 minutes with a patient during a simple, new patient office visit - and take a problem-focused history, a problem-focused exam and straightforward medical decision-making - you can bill **CPT 99201** . However, if the visit is more complex (i.e., you take a comprehensive history and a comprehensive exam, and exercise highly complex medical decision-making), and you spend an hour with the patient, you can bill 99205. Of course, you can only use the time component to buttress your case for using the higher-level code if you've documented the protracted time in the patient's medical record, says **Robin Lee** with Lee-Brooks Consulting.

Unfortunately, there isn't a "fool-proof" method of documenting time, and "many physicians are not focused on that element when providing patient care," says consultant **Cindy Parman** with Coding Strategies Inc. in Atlanta.

The only way to keep your practice from coming up short on the time component is to make recording time a habit for your physicians. Many payers are requiring physicians to time in and out with each visit, says consultant **Shellie Fortney** with Coding & Compliance Solutions Inc. in Olathe, Kan.