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Part B Insider (Multispecialty) Coding Alert

Physician Notes: This MAC Highlights the Most Common Prolonged Service Errors

Remember to bill each add-on code with its companion code.

Reporting prolonged service codes +99354-99357 can help you maximize your reimbursement for longer than usual E/M visits, but one MAC recently found that not all providers are clear on how to bill these codes.

NGS Medicare released the results of its recent audits of prolonged service codes, which noted that on average, a startling 88.7 percent of prolonged service claims were reduced or denied after auditors reviewed the documentation. In fact, only 8.5 percent of the claims that the MAC reviewed for dates of service in Sept. 2014 were paid accurately, and the rest were either completely denied or reduced, the audit report indicates.

NGS outlined the following as the most common errors that prompted claim denials or payment reductions:

- No support of direct face-to-face or floor/unit time, which is required for prolonged services
- Missing content of the prolonged service required beyond the regular E/M visit
- Missing companion code (such as 99201-99215)
- Codes were reported for family meetings without the patient even present and without an accompanying E/M
- The procedure performed a diagnostic test and included the time spent on it in the prolonged service time
- The wrong provider is on the claim vs. who actually performed the service
- Missing, illegible or incomplete documentation

In the wake of the report, NGS is reminding all providers to only count the time spent during face-to-face contact, include the start and stop times of the visit, show what was discussed, and be able to prove medical necessity for the longer visit.