Part B Insider (Multispecialty) Coding Alert

Reader Question: Know CMS Vs. CPT® Differences When Counting Time

Question: If the physician documents: "Time spent in the evaluation of the patient with mostly medical decision making time (two thirds) is 75 min" can I choose the E/M code based on time alone?

Answer: No, you cannot code based on time with just the documentation you have mentioned.

Here's why: You should only code an E/M service based on time alone if at least 50 percent of the visit was spent on counseling or coordination of care.

How it works: According to the 2011 CPT® manual, you can use the code closest to the documented time if coding according to CPT® rules. "If coding by time, pick the closest typical time," said **Peter Hollmann, MD,** during the "E/M, Vaccines, and Time-Based Codes" session at the CPT® and RBRVS 2011 Annual Symposium in Chicago this past fall.

That advice echoes previous AMA information. For instance, the August 2004 CPT® Assistant stated, "In selecting time, the physician must have spent a time closest to the code selected."

Your documented time must equal or exceed the average time given to bill that level. For a 35 minute visit spent on a medically necessary counseling-dominated visit, per CPT® you could report 99215 (Office or other outpatient visit for the evaluation and management of an established patient ... Physicians typically spend 40 minutes face-to-face with the patient and/or family).

Keep in mind: CPT® notes that "this includes time spent with parties who have assumed responsibility for the care of the patient or decision-making, whether or not they are family members (for example, foster parents, person acting in loco parentis, legal guardian."

CMS difference: Remember that although the AMA, via CPT® Assistant, directs you to code based on the "closest" time, most Medicare payers have always considered the times indicated in CPT's® code descriptors to represent minimums. Under those regulations, the physician would select the lower code (for instance 99214, ... physician typically spends 25 minutes face-to-face with the patient and/or family ...) unless the time was greater than or equal to the higher-level code's required time (such as 40 minutes for 99215).