

Tennessee Chapter of the American Academy of Pediatrics Time-Based and Prolonged Service Coding Information

All progress notes using exclusively time-based coding for the E&M service must have the following verbiage somewhere in the progress note:

I have spent \_\_\_ minutes with this patient, over 50% of which was spent in counseling and/or coordination of care regarding \_\_\_\_\_ (one or more issues).

The sick visit guidelines are as follows:

New Patient	
99201	10 minutes
99202	20 minutes
99203	30 minutes
99204	45 minutes
99205	60 minutes

Established Patient	
99211	5 minutes
99212	10 minutes
99213	15 minutes
99214	25 minutes
99215	40 minutes

When adding one of the above codes to a well visit, you must append Modifier 25 to the problem-oriented visit, ie, 99392, 99213-25. .

Prolonged service codes:

Direct Patient Contact – In Office	
99354	Time for base code +30-74 minutes
99355	Time for base code +: 75-104 minutes; Can bill times 2: this is time for base code +105-120 minutes

99354 and 99355 time increments are counted starting above the base time allotted for the E &M visit. For example, if the base code is 99214 (25 minutes allotted) and the total time spent with the patient is 75 minutes, the physician should bill a 99214 (first 25 minutes) and a 99354 (additional 50 minutes). 99354 and 99355 can be reported with any level of E/M service that is assigned a typical time. 99354 and 99355 are cumulative, so 99355 should not be billed without 99354. For example, a physician bills a level of service 99213 (15 minutes allotted) and spends a total of 105 minutes with the patient in care plan

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oversight activities, the physician should bill a 99213 (15 minutes), 99354 (subsequent 74 minutes), and 99355 (last 16 minutes).

Less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not separately reportable.

<b>Without Direct Patient Contact – In Office</b>	
99358	Time for base code +30-74 minutes
99359	Time for base code +: 75-104 minutes; Can bill times 2: this is time for base code +105-120 minutes

99358 and 99359

- Reported when a physician provides prolonged service that does not involve face-to-face contact.
- Must be related to another physician or other qualified health care professional service. The primary service may be an E/M service (with or without an assigned time), a procedure, or other non-face-to-face service codes that have a published maximum time (ie, telephone services). However, it must relate to a service or patient where direct (face-to-face) patient care has occurred or will occur and relate to ongoing patient management.
- May be reported on a different date than the related primary service.
- Less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not separately reportable.

For example, the physician requested and has received medical records from the former physician of a 6-year old with special health care needs. On a day separate from any face-to-face service he spends 35 minutes reviewing and summarizing the medical records and documents his time in the medical record, the physician would report 99358.