

Coding on the basis of TIME

- How time relates to coding
- Categories of time based codes
- Documentation required for each category of time based codes
- Relative time units
- Time based coding overlooked by many physicians

What is Time?

- Time units for CPT codes defined by the AMA in the CPT manual
 - Face to Face – this occurs when physician meets directly, patient and/or family
 - Applicable in:
 - New or Established office visits
 - Emergency Department physician services
 - Outpatient Consultations
 - Outpatient preventive medicine services

Categories of Time Based Codes

- Outpatient Office Visits (when counseling/coordination of care is $> 50\%$)
- Prolonged Services – Inpatient and Outpatient
- Care Plan Oversight Services
 - Home Health
 - Hospice
 - Nursing Facility

Non face to Face Time

Non face to face time

Physician performs work related to patient before/after face to face or unit/floor time

- Includes review of records, test results, arranging further services
- In a hospital setting reviewing lab, radiology or pathology results

Non face to face time is not included in the time component for a CPT code.

E/M Time Guidelines

- Determine times typically involved in CPT services:
- Typical times are in the CPT manual
- Table shows typical outpatient visit times
- Time units are based on face to face time

99201	10 minutes
99202	20 minutes
99203	30 minutes
99204	45 minutes
99205	60 minutes
99211	5 minutes
99212	10 minutes
99213	15 minutes
99214	25 minutes
99215	40 minutes

When to Base on Time

- ❑ Situations where you spend a considerable amount of time, but other key elements do not add up.
- ❑ In these circumstances, CPT allows for coding based upon face to face time alone.
- ❑ Other E/M factors are not counted when basing a visit on time.
- ❑ Greater than 50% of total visit must have been counseling/coordination of care
- ❑ Total duration of visit and % and content of counseling time must be documented

Greater than 50% Rule

- Greater than 50% rule – example:
 - You spend 45 minutes with an established, newly diagnosed diabetic patient
 - History exam and medical decision making meet 99214
 - 25 minutes of the visit spent counseling on diet, exercise, medication, blood sugars, review of labs, etc.
 - Documented the duration of the visit and % spent in counseling

Coding at 99215 based on Time

- In the preceding example, the appropriate code would have been 99215
- Based upon typical face to face time as defined by CPT for 99215
 - ▣ “Physician typically spends 40 minutes face to face”
- In this case the comprehensive history, exam and high complexity medical decision making are not required

Prolonged Service Codes

- Outpatient

- Prolonged service codes are added to the original E/M service code
- Physician must spend 30 minutes or more beyond the typical service times
- Less than 30 minutes not separately reportable
- In the office setting use codes 99354 for first 30-74 minutes beyond typical time
- 99355 is reported for each additional half hour