

**Prolonged Services with Direct Patient Contact**

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Prolonged services with direct patient contact are used in addition to a companion Evaluation & Management (E&M) code (e.g. 99201-99215) when the same physician or qualified Advanced Practice Practitioner (APP) requires direct face-to-face patient contact on the same day (continuous or not) one hour beyond the usual service. The usual service refers to the typical/average time of the companion E&M service billed in an office, outpatient or inpatient setting as noted in the CPT code.

**Outpatient Prolonged Service with Direct Patient Contact**

- Codes **99354-99355** are used to report the total duration of face-to-face time spent by a physician or other qualified healthcare professional on a given date, providing prolonged service in the office or other outpatient setting.
  - **+99354** - Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient E/M service)
  - **+99355** - Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged physician service)

**Inpatient Prolonged Service with Direct Patient Contact**

- Codes 99356-99357 are used to report the total duration of face-to-face time spent by a physician or other qualified healthcare professional on a given date at the patient's bedside in the hospital or nursing facility.
  - **+99356** – Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient E/M service)
  - **+99357** – each additional 30 minutes (List separately in addition to code for prolonged service)

**Requirement for Physician Presence**

- In the **office setting**, time spent by office staff with the patient, or time the patient remains unaccompanied in the office cannot be billed as prolonged services with direct patient contact.
- In the **hospital setting**, time spent reviewing charts, discussing the patient with the house medical staff in absence of the patient, waiting for test results or for changes in the patient's condition, for the end of a therapy or for use of facilities cannot be billed as prolonged services with direct patient contact.

**Coding Tips:**

- ✓ Prolonged service of less than 30 minutes total duration on a given date is not separately reported.
- ✓ You may use code 99355 or 99357 to report each additional 30 minutes beyond the first hour of prolonged services, based on the place of service. These codes may be used to report the final 15-30 minutes of prolonged service on a given date, if not otherwise billed. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.
- ✓ Time spent performing separately reported services other than E/M or psychotherapy service is not counted towards prolonged time.
- ✓ Prolonged services can only be reported once per day.

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**Prolonged Services Associated with E&M Services Spent Predominantly in Counseling and/or Coordination of Care (Time-Based)**

- If a provider spends greater than 50% of an E&M service in counseling and/or coordination of care, either in outpatient face-to-face time or inpatient unit/floor time, the E&M code is selected based on the typical/average time associated with the code levels.
- Prolonged service codes can be billed only if the total duration of all physician or qualified APP direct face-to-face service (including the visit) equals or exceeds the threshold time for the E&M service provided. This would be the typical/average time associated with the CPT E&M code plus 30 minutes. (See table A).
- **When billing an E&M based on time, prolonged services should only be billed in addition to the highest code level of the category that is being billed.** For instance, for an established outpatient billed on time, the physician or qualified APP would spend a total of 70 minutes face-to-face time with the patient (99215=40 minutes and 99354=30 minutes) to bill prolonged services.

**Table A: Threshold Time for Prolonged Service Codes 99354 and/or 99355 billed with Office/Outpatient and Consultation Codes.**

Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

Code	Typical Time for Code	Threshold Time to Bill Code 99354	Threshold Time to Bill Codes 99354 and 99355
99201	10	40	85
99202	20	50	95
99203	30	60	105
99204	45	75	120
99205	60	90	135
99212	10	40	85
99213	15	45	90
99214	25	55	100
99215	40	70	115
99241	15	45	90
99242	30	60	105
99243	40	70	115
99244	60	90	135
99245	80	110	155

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**Threshold Time for Prolonged Visit Codes 99356 and/or 99357 billed with Inpatient Codes**

Code	Typical Time for Code	Threshold Time to Bill Code 99356	Threshold Time to Bill Codes 99356 and 99357
99221	30	60	105
99222	50	80	125
99223	70	100	145
99231	15	45	90
99232	25	55	100
99233	35	65	110
99251	20	50	95
99252	40	70	115
99253	55	85	130
99254	80	110	155
99255	110	140	185

**Billable Prolonged Service Examples**

**EXAMPLE 1:** A physician performed a visit that supports 99213 by history, exam and medical decision making. The total duration of the direct face-to-face services (including the visit) was 65 minutes. The physician bills CPT code 99213 and *one* unit of code 99354.

**EXAMPLE 2:** A physician performed an office visit to an established patient that was 75 minutes (direct face-to-face) with the patient and 50 minutes counseling. The physician bills CPT code 99215 and *one* unit of code 99354.

**Non-billable Prolonged Service Examples**

**EXAMPLE 1:** A physician performed a visit that met the definition of visit code 99212 and the total duration of the direct face-to-face contact (including the visit) was 35 minutes. The physician cannot bill prolonged services because the total duration of direct face-to-face service did not meet the threshold time for billing prolonged services.

**EXAMPLE 2:** A physician performed a visit that met the definition of code 99213 and, while the patient was in the office receiving treatment for 4 hours, the total duration of the direct face-to-face service of the physician was 40 minutes. The physician cannot bill prolonged services because the total duration of direct face-to-face service did not meet the threshold time for billing prolonged services.

**EXAMPLE 3:** A physician provided a subsequent office visit that was predominantly counseling, spending 60 minutes (face-to-face) with the patient. The physician cannot code 99214, which has a typical time of 25 minutes, and one unit of code 99354. The physician must bill the highest level code in the code family (99215 which has 40 minutes typical/average time units associated with it). The additional time spent beyond this code is 20 minutes and does not meet the threshold time for billing prolonged services.

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### Examples of Documentation:

**Question:** If a physician sees an established patient in their clinic and documents E&M service 99214, but spent a total of 55 minutes with the patient, how would the physician bill for their services?

**Answer:** The level of service would be billed according to documentation, PLUS a prolonged add-on code for the additional time if it is at least 30 minutes over the average/typical time of the E/M. Documentation would need to include at least detailed history and/or exam and moderate medical decision making for the 99214. Since the E&M level is 99214 (25 minute threshold) and the total of 55 minutes documented is 55 minutes, this would meet requirement to bill a 99214 + 99354 (25 minutes + 30 minutes).

- **Example:** *In addition to the E/M, I spent an additional **30** minutes with the patient going over the factors for his seizures, such as not taking prescribed medication, lack of sleep, fever, vomiting or diarrhea, metabolic abnormalities, excessive alcohol or illicit drugs. Also discussed was that in <insert patient name>'s case, we would like them to hold off on strenuous exercise for now given the clear correlation with seizures.*

### Smart Phrase:

The CU Medicine approved smart phrase is available to use when providing prolonged services with direct patient contact:

<p><b>.UPIPROLONGEDTIME</b></p>	<p><i>In addition to the evaluation/management encounter, I personally spent an additional *** minutes in direct management/discussion/coordination/counseling/etc. My summary includes ***.</i></p>
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### **References:**

- American Medical Association. (2017). CPT 2017 Professional Edition.

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- Prolonged Services (Codes 99354-99359). (2008, April 11). Retrieved from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5972.pdf>