

The image features a background of a city skyline in shades of gray. In the foreground, three large analog clocks with blue frames and black hands are arranged horizontally. Between the first and second clock stands a silhouette of a man in a suit holding a briefcase. Between the second and third clock stands a silhouette of a woman in a business suit talking on a mobile phone. The text 'Do you know the time to bill time?' is overlaid in white on the left side of the image.

# Do you know the time to bill time?

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# Disclaimer

# Agenda

# 2021 E/M Office Documentation Guidelines

## 2021 E/M Office Documentation Guidelines

**2021 AMA CPT® Professional Edition** *“The inclusion of time in the definitions of levels of E/M services has been implicit in prior editions of the CPT codebook. The inclusion of time as an explicit factor beginning in CPT 1992 was done to assist in selecting the most appropriate level of E/M services. Beginning with CPT 2021, except for 99211, time alone may be used to select the appropriate code level for the office or other outpatient E/M services codes (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215). Different categories of services use time differently. It is important to review the instructions for each category.*

*Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time. Therefore, it is often difficult to provide accurate estimates of the time spent face-to-face with the patient.*

2021 E/M  
Office Documentation  
Guidelines

*Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service. Time may only be used for selecting the level of the other E/M services when counseling and/or coordination of care dominates the service.*

*When time is used for reporting E/M services codes, the time defined in the service descriptors is used for selecting the appropriate level of services. The E/M services for which these guidelines apply require a face-to-face encounter with the physician or other qualified health care professional. For office or other outpatient services, if the physician's or other qualified health care professional's time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.*

2021 E/M  
Office Documentation  
Guidelines

*A **shared or split visit** is defined as a visit in which a physician and other qualified health care professional(s) jointly provide the face-to-face and non-face-to-face work related to the visit. When time is being used to select the appropriate level of services for which time-based reporting of shared or split visits is allowed, the time personally spent by the physician and other qualified health care professional(s) assessing and managing the patient on the date of the encounter is summed to define total time. **Only distinct time should be summed for shared or split visits (ie, when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).***

# 2021 E/M Office Documentation Guidelines

When prolonged time occurs, the appropriate prolonged services code may be reported. The appropriate time should be documented in the medical record when it is used as the basis for code selection.

- **Total time on the date of the encounter (office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]):** For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff).

**[-https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf](https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf)**



# 2021 E/M Office Documentation Guidelines

**Physician/other qualified health care professional time includes the following activities, when performed: On the same calendar date as the visit**

- preparing to see the patient (eg, review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/ family/caregiver
- care coordination (not separately reported)

# 2021 Office Visit Documentation Guidelines

**Do not count time spent on the following:**

- the performance of other services that are reported separately
- travel
- teaching that is general and not limited to discussion that is required for the management of a specific patient
- time that is spent prior to the calendar day or after the calendar date of the service

# 2021 E/M Office Visit Documentation Guidelines

Chief Complaint

History

Exam

No longer factored directly into the selection of the E/M Level, they simply must be medically appropriate.

Does not mean should not be documented, You will still need to be covered in the event of a lawsuit or post payment review.

# 2021 E/M Office Visit Documentation Guidelines

PHYSICIAN DOCUMENTATION SHOULD ACCURATELY DEPICT WHAT OCCURRED DURING THE ENCOUNTER.

THIS MEANS STREAMLINED DOCUMENTATION, FEWER CUMBERSOME REQUIREMENTS TO REMEMBER AND POTENTIALLY MORE TIME SPENT ON DIRECT PATIENT CARE AND/OR SHARED DECISION MAKING.

# 2021 Office Visit AMA CPT<sup>®</sup> Time Ranges

New Patient Code	Time Range	Established Patient Code	Time Range
99202	15-29	99212	10-19
99203	30-44	99213	20-29
99204	45-59	99214	30-39
99205	60-74	99215	40-54

# Prolonged Care

# Prolonged Time Medicare

CPT	Total Time Required	CPT	Total Time Required
99205	60-74 mins	99215	40-54 mins
99205 G2212 (ea 15 mins)	89-103 mins	99215 G2212	69-83 mins
99205 G2212 X2	104-118 mins	99215 G2212 X2	84-98 mins
99205 G2212X3 or more	119 or more	99215 G2212X3 or more	99 or more

# Prolonged Time Medicare

- HCPCS code G2212: Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact.
- (List separately in addition to CPT® codes 99205, 99215 for office or other outpatient evaluation and management services)
- (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416)
- (Do not report G2212 for any time unit less than 15 minutes).
- When the time of the reporting practitioner is used to select the office/outpatient E/M visit level, HCPCS code G2212 could be reported when the maximum time for the highest level (level five) office/outpatient E/M visit (99205 or 99215) is exceeded by at least 15 minutes on the date of the service.



# AMA CPT<sup>®</sup> Prolonged Care

Total Duration New Patient Office w 99205	Code(s)	Total Duration of Established Patient w 99215	Code(s)
Less than 75 mins	Not reported	Less than 55 mins	Not reported
75-89 minutes	99205 99417 X 1	55-69 mins	99215 99417 X 1
90-104 minutes	99205 99417 X 2	70-84 minutes	99215 99417 X 2
105 or more minutes	99205 99417 X 3 or more	85 or more	99215 99417 X 3 or more

## Other Prolonged Care Codes

**99354** *Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient **Evaluation and Management** or psychotherapy service, except with office or other outpatient services [99202-99215])*

*(Use 99354 in conjunction with 90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99483)*

**(Do not report 99354 in conjunction with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99415, 99416, 99417)**

**99355** *each additional 30 minutes (List separately in addition to code for prolonged service)*

*(Use 99355 in conjunction with 99354)*

**(Do not report 99355 in conjunction with 99202, 99203, 99204, 99205, 99211, 99212,**

**99213, 99214, 99215, 99415, 99416, 99417)**

# Other Prolonged Services

**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 or observation **Evaluation and Management** service)*

*(Use 99356 in conjunction with 90837, 90847, 99218-99220, 99221-99223, 99224-99226,*

*99231-99233, 99234-99236, 99251-99255, 99304-99310)*

**99357** *each additional 30 minutes (List separately in addition to code for prolonged service)*

*(Use 99357 in conjunction with 99356)*

## Other Prolonged Care Codes

**99358** *Prolonged evaluation and management service before and/or after direct patient care; first*

*hour*

**99359** *each additional 30 minutes (List separately in addition to code for prolonged service)*

*(Use 99359 in conjunction with 99358)*

***(Do not report 99358, 99359 on the same date of service as 99417)***

***(Do not report 99358, 99359 during the same month with 99484, 99487-99489, 99490,***

***99491, 99492, 99493, 99494)***

***(Do not report 99358, 99359 when performed during the service time of codes 99495 or***

***99496, if reporting 99495 or 99496)***

## Other Prolonged Care

**99415** *Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient*

*contact with physician supervision; first hour (List separately in addition to code for*

*outpatient **Evaluation and Management** service)*

*(Use 99415 in conjunction with 99202, 99203, 99204, 99205, 99211, 99212, 99213,*

*99214, 99215)*

*(Do not report 99415 in conjunction with 99354, 99355, 99417)*

**99416** *each additional 30 minutes (List separately in addition to code for prolonged service)*

*(Use 99416 in conjunction with 99415)*

*(Do not report 99416 in conjunction with 99354, 99355, 99417)*

## Other Prolonged Services

**99417** *Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time*

*(List separately in addition to codes 99205, 99215 for office or other outpatient **Evaluation and Management** services)*

*(Use 99417 in conjunction with 99205, 99215)*

*(Do not report 99417 in conjunction with 99354, 99355, 99358, 99359, 99415, 99416)*

*(Do not report 99417 for any time unit less than 15 minutes)*

# Questions

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