TIMED CODES

Some CPT and HCPC codes are "timed" codes, meaning that they are designated with a specific time in the description. For instance, HCPC codes G0442 and G0444 are 15 minute timed codes. So are therapy codes 97110 - 97116. Code 99497 for Advanced Care Planning is a timed code (30 minutes). Some carriers may mistakenly tell you that you have to document "all" of those minutes before being able to bill those codes, but that is NOT Medicare rules, per CMS. At the website: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c05.pdf, you can see on page 40 and 41 where CMS defines that you must document more than half of that time in order to bill the timed codes. For any single timed CPT code in the same day measured in 15 minute units, providers bill a single 15-minute unit for treatment greater than or equal to 8 minutes through and including 22 minutes. They give you an example or breakdown:

- 1 unit: ≥ 8 minutes through 22 minutes
- 2 units:≥ 23 minutes through 37 minutes
- 3 units:≥ 38 minutes through 52 minutes

So, if you are going to bill the G0442 for alcohol misuse screening, you better make sure you document that at least 8 minutes was spent on that service with the patient. If you're going to bill for the Advanced Care Planning code, you must document at least 16 minutes was spent on the service. Also, do not try to use the same time for concurrent services, meaning that you can count the same 8 minutes for two service codes, as recommended by some physical therapy device salespeople.