

BILLING VISIT BASED ON TIME

I ordered lab tests on a patient and after the results came back a few days later, and I saw the patient was diabetic I brought her back into the practice for a consultation. During that visit, we spent a considerable amount of time going over her eating habits, exercise options and how this is going to affect her feet, legs and care. Can I bill that visit based on time?

You can and should bill that one based on time as there was no new history, exam or medical decision making. If more than half of the visit was spent counseling and/or coordination of care, time is the best way to code the visit. Just make sure the total amount of face-to-face time is documented as well as how much of it spent in the counseling and/or coordination. For instance, “spent all of 30 minute visit with patient discussing diabetes, diet, exercise and answering questions”. This would clearly show any auditor that a 99214 was documented. If you documented “spent all 35 minutes...”, you would still have a 99214 for Medicare as Medicare considers the times as minimum or threshold. On the other hand, if this were a commercial insurance patient, you’re looking at “nearest times”, so the 35 minutes would be closest to a 99215 level of 40 minutes on an established patient.

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