Inhealth Professional Services Coding and Compliance Newsletter March 2021

DOCUMENTATION RULES FOR PROLONGED SERVICES IN OFFICE

PROLONGED SERVICES

Prolonged Services

In 2021 we have **two new codes** that we can use when billing for prolonged services on the same day as an Evaluation and Management (E/M) service. The codes are used to show that the provider has went over the maximum amount of time allocated for 99205 and/or 99215 by at least 15 minutes. For example, the maximum amount of total time for a 99205 is 74 minutes. The maximum amount of time for 99215 is 54 minutes. So, if you ever found yourself spending 15 minutes of extra total day time on top of the maximum time for 99205 or 99205 you would be able to add one of the new "add-on" codes for prolonged services. The codes vary as one is for Medicare patients and the other is for commercial, non-Medicare patients.

This article addresses these two codes and their time requirements

Here is an example:

67-year-old patient with HTN, Heart Failure and ESRD presents for a routine established follow-up visit. The patient is non-compliant with Dialysis and has not been taking their medication. A total of 70 minutes pre, intra and post patient time on this one calendar day for services pertaining to this one patient. The max time for a 99215 is 54 minutes and you have now exceeded that time by 16 minutes, so with that extra 16 minutes we can append the CMS prolonged service code – G2212 to our 99215 for an additional reimbursement of approximately 35 dollars.

Documentation

Today's visit included 70 minutes of total day, patient time. This was spent in reviewing records prior to the visit, performing history and exam, conducting counseling with patient and his wife regarding the importance of compliance with dialysis and medication, talking to patient's Nephrologist, Dr. Brezina, as well as his home health care nurse. Completed notes in Athena, called in all prescriptions and orders. Later in the day I spoke to the patient's wife to ensure all questions were answered and medications were picked up from pharmacy.

The following are the two codes for prolonged service:

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 for any time unit less than 15 minutes)

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)

The Difference

The major difference in the two codes is that CMS requires you to fulfill the entire 15-minute requirement prior to using G2211. The CPT code, 99417, allows you to use this code once you hit the first minute past the maximum amount of time for the 99205 and 99215. **However**, in reviewing Anthem's policy, it appears that they are expecting providers to also fulfill that entire 15 minutes, which would be a break from the CPT description. What I recommend is this even though the 99417, by CPT definition allows you to use the code once you go one minute over the maximum time for 99205 or 99215, I would play it conservatively and follow CMS rules and not bill prolonged until the entire 15 minutes has been obtained.

In addition, Anthem has also published a specific list of ICD-10 codes that must be used in order to receive additional reimbursement for the 99417. You can find that link here:

https://www.anthem.com/docs/inline/PS_ICD-10_Codes_21.pdf

This is the only carrier I have seen publish a specific list, but if you want to get some insight on the type of medical necessity required for prolonged services, this would be a starting point.

For documentation, you simply want to document the total duration of time spent providing services to the patient on the same calendar day as the 99205 or 99215. You want to be specific in what you were doing during the total time you want to bill for on that day. We have not, as of yet, seen any requirement for start and stop times with regards to either set of codes.

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