THE UNIVERSITY OF CHICAGO | Office of Corporate Compliance
UChicago Medicine

Tip Sheet: Prolonged Services on the Date of an Office/Other Outpatient Service (99417 or G2212 with CPT 99205/99215)   :::::::::EFFECTIVE October 2021

Instructions: This tip sheet applies to professional prolonged services with or without direct patient contact on the date of an office or other outpatient service. **IMPORTANT:** These prolonged services are reported as an add-on to Level 5 CPT codes 99205 or 99215 *only when time alone is the basis of the service and the maximum time spent in Level 5 is exceeded.*

STEPS TO SELECT PROLONGED SERVICE CHARGES (for an **Illustrated Step-by-Step** of the below instructions, **click here**)

Step 1: Select the <u>Primary Code</u> (99205 OR 99215) from the **Wrap-Up tab** (F2F visits) or **Express Lane** (Telehealth video) tab in EPIC

- **NEW VISIT, Level V = "NEW5"** (99205) 60-74 min *or*
- **RETURN VISIT, Level V = "RET5"** (99215) 40– 54 min

IN-PERSON: Go to the **Wrap-Up tab,** click on the **LOS** header and choose Primary Code from the **"Level of Service"** section. Proceed to Step 2 to select add-on.

TELEHEALTH (video): From the **Express Lane tab**, go to the "**Ambulatory Virtual Visit"** section and select the Primary Code. Complete the process to *Sign the Express Lane*. Navigate over to the **Wrap-Up tab,** and click on the **LOS** header. Proceed to Step 2 to select add-on.

Step 2: Select <u>Add-On code</u> from the **Wrap-Up tab, LOS area**

IN-PERSON: Go to the **Wrap-Up tab**, **LOS —> "Additional E/M Codes: Click to Add"** and click the hyperlink. Type in "prolonged" to bring up all of the options - choose the New or Return add-on option below, and click **Accept Charge.**

TELEHEALTH (video): Go to the **Wrap-Up tab**, **LOS —> "Additional E/M Codes: Click to Add"** and click the hyperlink. Type in "prolonged" to bring up all of options. Choose the New or Return add-on option below, *ADD Modifier "95"* in the **Modifier 1 field** and click **Accept Charge.**

NEW VISIT prolonged services add-on, ea 15 min	**RETURN VISIT prolonged services add-on, ea 15 min**
Charge Selection —> HCPCS reported (99417 or G2212 based on payor)	**Charge Selection—> HCPCS reported** (99417 or G2212 based on payor)
• CPT 99205 Prolonged Service **75-88 MIN** —> 99205 only	• CPT 99215 Prolonged Service **55-68 MIN** —> 99215 only
• CPT 99205 Prolonged Service **89-103 MIN** —> 99205 + 1 unit Prolonged Svc	• CPT 99215 Prolonged Service **69-83 MIN** —> 99215 + 1 unit Prolonged Svc
• CPT 99205 Prolonged Service **104-118 MIN** —> 99205 + 2 units Prolonged Svc	• CPT 99215 Prolonged Service **84-98 MIN** —> 99215 + 2 units Prolonged Svc
• CPT 99205 Prolonged Service **119+ MIN** —> 99205 + 3 units Prolonged Svc (or more)	• CPT 99215 Prolonged Service **99+ MIN** —> 99215 + 3 units Prolonged Svc (or more)
*Telehealth <u>only</u>, remember Modifier 95 before clicking Accept Charge	***Telehealth <u>only</u>, remember Modifier 95 before clicking Accept Charge**

Prolonged Service Code Usage Criteria

- The E/M service must be leveled on the basis of time
- The E/M service must exceed the time of a Level 5 service (99205 or 99215) and only includes time spent on the DOS
- Do not include any clinical staff time
- Total Time billed includes time with and without direct patient contact plus prolonged time spent by the reporting practitioner.
- Time spent does not need to be continuous.
- Prolonged services are reported in 15 minute increments
- Do not report on the same date of service as 99354-99355, 99358-99359, 99415-99416

Time Documentation

Requirements: Total time must be documented in the medical record *and* meet the above "prolonged service code usage criteria".

Documenting time in the record:

- Providers not supervising may use **.TIMEATTEST**:
- Teaching Physicians can use the **Attestation Statements** listed on Page 2 to record total time.

⇒ Housestaff in non-PCE settings do not have to record time since their time cannot be counted by the Teaching Physician.

Supporting Prolonged Services

Time spent should medically reasonable for condition(s) treated and services conducted. Prolonged services may be subject to additional scrutiny by payors. Documentation should support overall medical necessity and the time spent.

Selecting Level of Service Using Time

- A face-to-face encounter with the physician/qualified health care professional (QHCP) is required.
- **Time that may not be counted:**
  - ∗ Time spent on a previous or subsequent day
  - ∗ Activities performed by clinical staff (i.e., RNs, MAs)
  - ∗ When the E&M is warranted and separately identifiable, the time spent on separately reportable services (such as procedures, diagnostic tests, professional interpretation) cannot be combined with the E&M time.
  - ∗ Overlapping time spent between an NPP and Physician for the purpose of split-shared billing
  - ∗ Time spent on travel
  - ∗ Time spent on teaching that is general

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Selecting Level of Service Using Time, cont.

- **Time that may be counted**
  - * Total time on the date of the encounter.
  - * Both face-to-face and non-face-to-face time personally spent by the physician/QHCP on the day of the encounter, including the following activities:
    - ⇒ Preparing to see the patient (eg, review of tests)
    - ⇒ Obtaining/reviewing separately obtained history
    - ⇒ Performing a medically appropriate examination and/or evaluation
    - ⇒ Counseling/education of the patient/family
    - ⇒ Ordering medications, tests, or procedures
    - ⇒ Referring and communicating with other health care professional (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)

Counting Time with Teaching Physicians & Housestaff (e.g., Residents & Fellows)

- **Primary Care Exception (PCE):** Count the Housestaff's time; Teaching Physician time spent seeing the patient and/or reviewing the plan of care may be added.
- **Non-Primary Care Exception:** Count only the Teaching Physician's time. Housestaff's time may not be counted.
- **In both PCE and non-PCE settings,** Do not count time spent in educating the Housestaff (i.e., in discussions about the patient)

Teaching Physican Attestation Statements

Teaching Physician alone —> **.ATTESTNOTPRESENTAMB**
I personally saw and physically examined the patient with {PATIENT COMPLEXITY:91025} level of risk. I agree with the housestaff's assessment and plan of care. I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on @ED@.

Teaching Physician with Housestaff —> **.ATTESTPRESENTAMB**
I was present with the resident and participated during the history and physical exam of the patient with {PATIENT COMPLEXITY: 91025} level of risk. I agree with the housestaff's assessment and plan of care. I spent a total of *** minutes (excluding separately reportable procedure time) in care of this patient on @ED@.

Teaching Physician (PCE) —> **.ATTESTPRIMARYCAREEXCEPTION**
I discussed this service with the resident which included a review of the patient's medical history, findings on physical exam, diagnosis and treatment plan. I agree with the assessment and plan. The trainee and I spent a total of *** minutes combined (excluding separately reportable procedure time) in care of this patient on @ED@. *tip sheet of attestation statements*

EPIC Level of Service Calculator (Wizard)

- The EPIC Level of Service (LOS) calculator can provide a suggested office/outpatient E/M code based on MDM criteria or time the provider enters into the calculator.
- Caution: The calculator captures the approximate time the provider had the patient's chart open. This time may not accurately reflect the provider's actual face to face, and non face to face time on the service.
- See the OCC tip sheet for instructions on how to access and use the calculator (LINK).

Split– Shared Time Requirements

- Time personally spent by the Physician and Non-Physician Practitioner (NPP) on the date of the service is summed to define total time. Only distinct time is summed.
- If the Physician and NPP see the patient together, or discuss the patient together, time is counted once.
- Example 1: Physician and NPP jointly spend 15 minutes on a split-shared visit with a patient. Time Allowed = 15 minutes (not 30 minutes).
- Example 2: NPP personally spends 15 mins of time related to the patient visit; Physician personally spends 10 minutes of time on the visit. Time Allowed = 25 (15 + 10).
- **APN uses .TIMEATTEST to document their total time**
- **PHYSICIAN uses .SPLITSHAREDNPPVISIT to document their total time**
- **Provider billing the service totals the distinct, non-overlapping time spent (note that MDM is also an option)**

II. Resources

A. AMA CPT E/M Code and Guideline Changes: https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

B. https://www.cms.gov/files/document/r10505cp.pdf