

## Coding for Time Based Services

### Evaluation and Management (E/M) Outpatient Visit

When counseling and/or coordination of care dominates (more than 50%) the encounter with the patient and/or family, that time can be considered the controlling factor to qualify for a particular level of E/M services.

To use time as the reporting factor for a level of E/M service. The documentation should support the medical necessity of treatment and diagnosis. The following must also be documented:

- The total time of the encounter
- The counseling and/or coordination of care time
- The description of the counseling and/or coordination of care
- May be used when services are provided via telehealth

New Patient		Establish Patient		Consultation Outpatient	
CPT Code	Minutes	CPT Code	Minutes	CPT Code	Minutes
99201	10	99211	5	99241	15
99202	20	99212	10	99242	30
99203	30	99213	15	99243	40
99204	45	99214	25	99244	60
99205	60	99215	40	99245	80

### Advance Care Planning (ACP)

Is the face-to-face conversation between a physician (or other qualified health care professional) and a beneficiary to discuss the beneficiary's wishes and preferences for medical treatment if they are unable to speak or make decisions in the future.

CPT Code	Code Description
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; <b>first 30 minutes</b> , face-to-face with the patient, family member(s), and/or surrogate
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; <b>each additional 30 minutes</b> (List separately in addition to code for primary procedure)

- An account of the discussion with the beneficiary (or family members and/or surrogate) regarding the voluntary nature of the encounter
- Documentation indicating the explanation of advance directives (along with completion of those forms, when performed)
- Who was present
- Time spent in the face-to-face encounter
- May be used when services are provided via telehealth

**Prolonged Services**

Codes 99354-99355 are used to report prolonged time spent **face-to-face** with the patient above the base evaluation and management (E/M) code (99201-99215) time.

- Document total time spent
- Reason for prolonged time
- May be used when services are provided via telehealth

CPT Code	CPT Description
99354	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; <b>first hour</b> (31-60 minutes)
99355	<b>Each additional 30 minutes</b> (16-30 minutes) of prolonged services, list separately in addition to 99354

Codes 99358-99359 are used to report prolonged **non-face-to-face** evaluation and management service before and/or after direct patient care. Must be related to a face-to-face E/M that has or will occur and is related to ongoing patient management.

- Document total time spent
- Brief description of work completed/records reviewed
- May be used when services are provided via telehealth

CPT Code	CPT Description
99358	Prolonged evaluation and management service before and/or after direct patient care; <b>first hour</b> (31-60 min)
99359	<b>each additional 16-30 minutes</b> (List separately in addition to code for prolonged service)

**Threshold Times for Codes 99354 and 99355 (Office or Other Outpatient Setting)**

You can only bill the prolonged services codes if the total duration of all physician or qualified NPP direct face-to-face service (including the visit) equals or exceeds the threshold time for the evaluation and management service the physician or qualified NPP provided (typical/average time associated with the CPT E/M code plus 30 minutes).

Code	Typical Time for Code	Threshold Time to Bill Code 99354	Threshold Time to Bill Codes 99354 and 99355
99201	10	40	85
99202	20	50	95
99203	30	60	105
99204	45	75	120
99205	60	90	135
99212	10	40	85
99213	15	45	90
99214	25	55	100
99215	40	70	115
99241	15	45	90
99242	30	60	105
99243	40	70	115
99244	60	90	135
99245	80	110	155
<b>99324</b>	<b>20</b>	<b>50</b>	<b>95</b>

## Chronic Care Management

CPT Code	CPT Description
99490	Chronic care management services, at least <b>20 minutes</b> of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

- At least 20 minutes of directed clinical staff time per month
- Non face-to-face services
- Two or more chronic conditions expected to last at least 12 months
- Chronic conditions place patient at significant risk of death, acute exacerbation/decompensation, or functional decline
- Comprehensive care plan established, implemented, revised or monitored

CPT Code	CPT Description
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least <b>30 minutes</b> of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

- At least 30 minutes of directed clinical staff time per calendar month
- Multiple (two or more) chronic conditions expected to last at least 12 months;
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored

## Smoking and Tobacco Use Counseling

CPT Code	CPT Description
99406	Smoking and tobacco use cessation counseling visit; Intermediate, greater than <b>3 up to 10 minutes</b>
99407	Smoking and tobacco use cessation counseling visit; Intensive, <b>greater than 10 minutes</b>

- Must include total time spent and what was discussed (cessation techniques, resources) and follow-up visits
- Counseling lasting less than 3 minutes is considered part of an E/M service and is not paid separately
- May be used when services are provided via telehealth

**Frequency:**

- Two cessation attempts per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual benefit covering up to **8 sessions per year**

**Reminders:**

- If reporting any time-based service codes, along with a Preventive Medicine Service/Annual Wellness Visit (99381-99397; G0402, G0438, G0439), please include modifier 25 to the Evaluation and Management (E/M) code
- Please see the Medical Decision-Making coding corner for additional coding options  
[https://shcconnect.stanfordmed.org/depts/uha/cdr/Documents/UHA%20Coding%20Corners/Charting%20for%20Medical%20Decision%20Making%202020\\_07%20Final.pdf](https://shcconnect.stanfordmed.org/depts/uha/cdr/Documents/UHA%20Coding%20Corners/Charting%20for%20Medical%20Decision%20Making%202020_07%20Final.pdf)

**Reference:**

[https://www.encoderpro.com/epr/baseSearchHandler.do?mainsearchtype=code&searchContextOption=49167&searchTerms=&a=search&searchResultsOrder=0&forwardURL=%2FcptHandler.do%3FsearchTerms%3D90832%26\\_mrad%3Dtrue%26\\_a%3Dview%26\\_k%3D101\\*90832&org.apache.struts.taglib.html.TOKEN=088b3692-a002-415f-8e9b-be9f0e0ce80c&btn\\_search.x=32&btn\\_search.y=13](https://www.encoderpro.com/epr/baseSearchHandler.do?mainsearchtype=code&searchContextOption=49167&searchTerms=&a=search&searchResultsOrder=0&forwardURL=%2FcptHandler.do%3FsearchTerms%3D90832%26_mrad%3Dtrue%26_a%3Dview%26_k%3D101*90832&org.apache.struts.taglib.html.TOKEN=088b3692-a002-415f-8e9b-be9f0e0ce80c&btn_search.x=32&btn_search.y=13)

<https://www.apaservices.org/practice/reimbursement/health-codes/psychotherapy>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3848CP.pdf>