Extra time spent counseling, coordinating care billable

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(HealthDay)—Extra time spent counseling patients and coordinating care can be billed using evaluation and management (E/M) and prolonged service codes, according to an article published July 24 in *Medical Economics*.

In order to successfully bill for extra time spent with patients, the following must be well documented: (1) estimated total time of the visit; (2) time or percent of the visit spent in counseling/coordination of care; and (3) the nature of the counseling/coordination of care (e.g., changes in the patient's medical condition, lifestyle changes, referrals, and new medications or testing).

According to *Medical Economics*, prolonged service codes are another tool to use in billing for extra time, but at least one hour of face-to-face patient contact beyond the usual or average E/M service must have been

spent. Current Procedural Terminology (CPT) billing codes exist for direct face-to-face patient contact in the office or outpatient setting when billed on the same day as the companion E/M service (CPT code 99354) as well as for each additional 30 minutes following the first hour of prolonged service (99355). Prolonged service can also be billed in the inpatient or observation setting (first hour, 99356, and each additional 30 minutes, 99357).

Finally, according to the article, providers should "clearly differentiate in the documentation the amount of time spent on counseling or monitoring separately from the total length of the service."

  More information: More Information

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