



## **Direct Prolonged Services: Inpatient/Outpatient Coding**

The direct prolonged service Current Procedural Terminology (CPT®) codes (**99354-99357**) are used when a physician or other qualified healthcare professional provides direct prolonged service in an inpatient or outpatient setting, which goes beyond the usual service duration described for the E/M code.

- The prolonged services codes may only be reported with those E/M services that include typical times as part of their descriptors, meaning that CPT guidelines have stipulated a “typical service time” for the code set.
- Intraservice times are defined as face-to-face time for office and other outpatient visits and as unit/floor time for hospital and other inpatient visits. This distinction is necessary because most of the work of typical office visits takes place during the face-to-face time with the patient, while most of the work of typical hospital visits takes place during the time spent on the patient’s floor or unit.
- When prolonged time occurs in either the office or the observation/inpatient areas, the appropriate add-on code (ie, prolonged service codes) should be reported in addition to the E/M service.
- Prolonged services of 30 minutes or less beyond the typical time is not separately reported.
- When coding based on time because counseling/coordination of care dominates the service (ie, greater than 50% of the total time), prolonged services only applies when the provider has reached 30 minutes beyond the typical time listed in the highest code in the appropriate code set (eg, 99205, 99215, 99220, 99223)

### **Direct Prolonged Services: Outpatient Setting**

For coding purposes, face-to-face time for these services is defined as only that time spent face-to-face with the patient and/or family. This includes the time spent performing such tasks as obtaining a history, examination, and counseling the patient.

- + **99354** Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour
- +**99355** each additional 30 minutes (list in addition to **99354**)

### Codes **99354-99355**

- Must always be reported in addition to an appropriate office/outpatient E/M service (ie, **90837**, **99201-99215**, **99241-99245**, **99324-99337**, **99341-99350**)
- Can never be reported with a code without a listed typical time as part of the descriptor (eg, preventive medicine services, 99381-99397) *See Table 1.*
- Requires a minimum of 30 minutes spent *beyond the typical time* of the E/M service code being reported.
- Can only take into account face-to-face time that the reporting provider (not clinical staff – see **99415-99416**) spends with the patient and/or family and not the time the patient is simply in the office/exam room.
- May not be reported in addition to prolonged clinical staff services (**99415-99416**).

**Table 1 - Some Outpatient E/M Codes with Their Listed “Typical Times”**

Code	Time	Code	Time	Code	Time
99201	10 min	99211	5 min	99241	15 min
99202	20 min	99212	10 min	99242	30 min
99203	30 min	99213	15 min	99243	40 min
99204	45 min	99214	25 min	99244	60 min
99205	60 min	99215	40 min	99245	80 min

**Direct Prolonged Services: Inpatient/Observation Setting**

For reporting purposes, intraservice time for these services (ie, inpatient/observation) is defined as unit/floor time, which includes the time present on the patient’s hospital unit and at the bedside rendering services for that patient. This includes the time to establish and/or review the patient’s chart, examine the patient, write notes, and communicate with other professionals and the patient’s family.

+99356 – Prolonged Services; *inpatient or observation setting*; first hour

+99357 – each additional 30 minutes (list in addition to 99356)

## Codes 99356-99357

- Must always be reported in addition to an appropriate E/M service (ie, 90837, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310)
- Can never be reported with an inpatient code without a listed typical time as part of the descriptor (eg, neonatal critical care, time-based critical care 99291-99292) *See Table 2.*
- Requires a *minimum of 30 minutes* spent *beyond* the typical time of the E/M service code being reported.
- Take into account both face-to-face time that the reporting provider spends with the patient and/or family as well as unit/floor time spent on one particular patient.

**Table 2 - Some Inpatient/Observation E/M Codes with Their Listed “Typical Times”**

Code	Time	Code	Time	Code	Time	Code	Time
99218	30 min	99221	30 min	99234	40 min	99254	80 min
99219	50 min	99222	50 min	99235	50 min	99255	110 min
99220	70 min	99223	70 min	99236	55 min		
99224	15 min	99231	15min	99251	20 min		
99225	25 min	99232	25 min	99252	40 min		
99226	35 min	99233	35 min	99253	55 min		

**Table 3 – Appropriate Application of Prolonged Services**

Total Duration of Prolonged Services	Outpatient Code(s)*	Inpatient/Observation Code(s)*
less than 30 min	Not reported separately	Not reported separately
30-74 min (30 min - 1 hr 14 min)	<b>99354</b> X 1	<b>99356</b> X 1
75-104 min (1 hr 15 min - 1 hr 44 min)	<b>99354</b> X 1 AND <b>99355</b> X 1	<b>99356</b> X 1 AND <b>99357</b> X 1
105 -134 min (1 hr 45 min – 2hr 14 min)	<b>99354</b> X 1 AND <b>99355</b> X 2	<b>99356</b> X 1 AND <b>99357</b> X 2
135-164 (2hr 15 min – 2 hr 44 min)	<b>99354</b> X 1 AND <b>99355</b> X 3	<b>99356</b> X 1 AND <b>99357</b> X 3

### **Prolonged Clinical Staff Services with Physician or Other Qualified Health Care Professional Supervision**

Codes **99415**, **99416** are used when a prolonged E/M service is provided in the office or outpatient setting that involves *prolonged clinical staff* face-to-face time beyond the typical face-to-face time of the E/M service, as stated in the code description.

- + **99415** Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour
- + **99416** each additional 30 minutes

#### Codes **99415-99416**

- Must always be reported in addition to an appropriate office/outpatient E/M service (ie, **99201-99215**)
- Require that the physician or qualified health care professional is present to provide *direct supervision* of the clinical staff.
- Are used to report the total duration of face-to-face time spent by clinical staff on a given date providing prolonged services, even if the time spent by the clinical staff on that date is not continuous.
- Are not reported for time spent performing separately reported services other than the E/M service is not counted toward the prolonged services time.
- Requires a minimum of *45 minutes spent beyond the typical time* of the E/M service code being reported. May require that the clinical staff spend more time if the physician does not meet the criteria of the E/M service being reported (see vignette # 5)
- May not be reported in addition to **99354** or **99355**.

Total Duration of Prolonged Services	Clinical Staff Prolonged Service Coding
less than 45 min	Not reported separately
45-74 min (45 min - 1 hr. 14 min)	<b>99415</b> x 1
75-104 min (1 hr. 15 min - 1 hr. 44 min)	<b>99415</b> x 1 and <b>99416</b> x1
105 minutes or more (1hr. 45 min or more)	<b>99415</b> X 1 AND <b>99416</b> X 2 or more for each additional 30 min

## Vignettes

### Outpatient Coding Vignettes

#### Vignette #1

A mom and her 9 year-old son, who is new to this practice, present with concerns about his diagnosis of ADHD and current medication regiment. The physician spends about 20 minutes in exam and history taking and going over the previous medical records with the mom. He then spends another 30 minutes talking with the mom about the current situation and observing the patient. After gathering the information he then spends another 45 minutes going over the new treatment regiment and answering the mom's question.

- ▶ Total time spent is 95 minutes of which 75 minutes were spent in counseling/coordination of care. Therefore you would report **99205** (new patient, typical time 60 minutes) and **99354** (additional 35 minutes of face-to-face time).

#### Vignette #2

A 15-year-old established patient with a history of asthma presents to the physician office with acute bronchospasm and moderate respiratory distress. Initial E/M shows respiratory rate 30, labored breathing and wheezing heard in all lung fields. Office treatment is initiated with intermittent inhaled bronchodilators and subcutaneous epinephrine. The patient's treatments require intermittent physician face-to-face time totaling two hours after the primary office visit. The patient is subsequently sent home after clinical stabilization is achieved. Physician documents a total of 80 minutes of total face-to-face time, but only 30 minutes is considered counseling/coordination of care, so time is not the key factor.

- ▶ Based on the key components report, E/M code **99215** (established patient, high complexity, 40 minutes) and **99354** (additional 40 minutes of face-to-face time).

#### Vignette #3

A 7-year-old established patient presents to the office with her dad. The patient has been anxious about her mom's recent military deployment. A history is taken and brief exam is done. The physician then spends 35 minutes counseling the dad and daughter and also provides the dad with the name of a local child psychologist if needed. The E/M service level obtained by key components is a level 3. The total time spent with the patient and dad is 45 minutes.

- ▶ Because time spent counseling is greater than 50% of the total time, you will code based on time and not key components.
  - ∅ Do not code 99213 and 99354 (typical time in 99213 is 15 minutes plus 30 mins of prolonged services)

✓ Code **99215** based on time spent counseling (typical time in **99215** is 40 mins).

**Vignette #4**

A 14-year-old presents to the office with chronic debilitating headaches. The total office visit lasts 60 minutes. The key components are a level 4. However, counseling and coordination of care lasts 40 minutes.

- ▶ Because time spent counseling is greater than 50% of the total time, you will code based on time and not key components.

∅ Do not code 99214 and 99354 (typical time in 99213 is 25 minutes plus 35 mins of prolonged services)

✓ Code **99215** based on time spent counseling (typical time in **99215** is 40 mins).

Remember that you cannot add on prolonged services because the time spent is not a minimum of 30 mins beyond the typical time in the code level.

**Vignette #5**

A 2 year old presents with vomiting and diarrhea. Mom states no wet diapers in several hours and is not drinking well. The physician examines the patient and determines that they baby is dehydrated and makes the clinical decision to have the child stay in the office for oral rehydration therapy. He orders the therapy and his clinical staff sits with the patient during the process. The key components led to a 99214 and the total time spent by the physician is 20 minutes (documented). The total time spent by the nurse is 60 minutes.

- The total time spent by the physician was actually 5 minutes less than the typical time in the code reported (ie, 99214). That means that the time must still be met by the clinical staff in order to begin adding on clinical staff prolonged services. Therefore the difference of 5 min + the 45 min minimal threshold would require that 50 min of time be spent by the clinical staff in order to report prolonged services by the clinical staff. Since the time was met, but only exceeded by 10 minutes, report **99214** and **99415**. Note that there is no code for oral rehydration therapy.

**Vignette #6**

A 12-year old presents for a follow up check and a therapeutic medication injection. Protocol is that the nurse sit with the patient for 15 minutes to check for any complications. During that time, the patient states she feels faint and dizzy. The nurse checks the vitals. She talks with the doctor and the doctor instructs the nurse to stay with the patient for another 30 minutes to monitor vitals. After the 30 minutes are up, vitals are good and patient feels better. She is given instructions by the nurse when to call back and what else to look for. The physician reports a 99212 and documents 10 minutes with the patient and parent. The nurse documents 45 minutes of time with the patient performing vitals and monitoring for reactions.

- The typical time in a 99212 is 10 minutes. Therefore the time is met for the reporting code. Since an additional 45 minutes of time is spent by the clinical staff performing services that do not have a separate CPT code, all the time can be counted. Report codes **99212** and **99415**.

## Inpatient Coding Vignettes

### Vignette #1

A 2-month-old is admitted for possible rotavirus and dehydration. The physician completes the history and physical and orders some labs and IV therapy. The mom is very worried because the baby's fever was high and he is quite lethargic. The pediatrician spends about 45 minutes on the admission, including 20 minutes face-to-face with the mom. Later that day the physician returns and spends about 20 minutes on the unit reviewing the tests and talking with the nurses. While better, the baby still seems very lethargic. The physician goes back to see the baby and spends another 30 minutes with the patient and mom, of which 15 minutes is pure counseling. He then goes over all orders with the nursing staff which takes another 15 minutes.

- ▶ The total face-to-face time and unit/floor time is one hour and 50 mins (110 mins). Because of the baby's condition and the concern for the extreme lethargy, the E/M level based on the key components is a **99223**. Therefore the physician would report **99223** (typical time of 70 mins) and a **99356** (additional 40 mins).

### Vignette #2

A 4 year-old is admitted after a fall onto concrete. She was brought in by ambulance and was initially rendered unconscious by the fall. The pediatrician saw her in the emergency department and subsequently admitted her. Between the work in the emergency department and the work on the unit/floor the total time spent with this patient was 120 minutes. Of which only 30 minutes was counseling the family.

- ▶ The total face-to-face time and unit/floor time 2 hours (120 mins). The E/M level based on the key components is a **99223**. Therefore the physician would report **99223** (typical time of 70 mins) and a **99356** (additional 50 mins).

### Vignette #3

Same patient as in #2. On day two of admission the patient suffers a fairly serious complication. The pediatrician comes and sees the patient and spends a lot of time on the unit/floor coordinating services and getting a specialty consult. She performs an interval history, does an exam, orders some further radiologic studies and orders the consult. Overall the total face-to-face and unit floor time is 125 minutes.

- ▶ The total face-to-face time and unit/floor time 2 hours (120 mins). The E/M level based on the key components is a **99233**. Therefore the physician would report **99233** (typical time of 35 mins), a **99356** (additional 74 mins) and a **99357** (additional 16 minutes).