PROLONGED SERVICES

Problem

What specific criteria that must be met to use prolonged service codes?

Clarification

- Prolonged service codes 99354-99357 are used when a physician or other qualified health provider performs a prolonged service involving direct (face-to-face) patient contact that goes beyond the usual service in either an outpatient or inpatient setting.

- Depending on the place of service, 99354 or 99356 is used to report the first hour of prolonged service on a given date. Either of these codes is used only once per date of service. To report either of these codes, the service must extend at least 30 minutes beyond the normal time of the E&M code. Do not bill separately prolonged services of less than 30 minutes beyond the typical E&M code.

- Depending on the place of service, 99355 or 99357 is used to report each additional 30 minutes beyond the first hour. To report either of these codes, the prolonged service must extend at least 15 minutes beyond the first hour of prolonged service. Do not bill separately prolonged services of less than 15 minutes beyond the first hour.

- Prolonged services require documented start and stop times in the medical record.

- Resident/Fellow time does not count as prolonged services unless the teaching physician is present for the entire time. The teaching physician should document his/her presence in the teaching physician attestation which should match the resident's/fellow's doceumentation.

Sample Prolonged Services Requirements

Prolonged Services Examples			
Outpatient (OP Visit Codes 99201-99205 and OP Consultation Codes 99241-99245)			
	Typical Time for Code	Threshold time to bill 99354	Threshold time to bill 99354 and 99355
99205	60	90	135
99215	40	70	115
99245	80	110	155

Inpatient (Initial Hospital Care 99221-99223 and Subsequent Hospital Care 99231-99233)			
	Typical Time for Code	Threshold time to bill 99356	Threshold time to bill 99356 and 99357
99223	70	100	145
99233	35	65	110
99255	110	140	185

Outpatient Coding Examples[1]

Outpatient Example 1	A mother and her 9-year-old son, who is a new patient, present with concerns about his ADHD diagnosis and medication regimen. The physician spends about 20 minutes for the exam and history and going over the previous medical records with mom. He then spends another 30 minutes with mom talking about the current situation and observing the patient. After gathering the information, he spends another 45 minutes going over the new treatment regimen and answering mom's questions.
	▶ Total time spent is 95 minutes of which 75 minutes were spent in counseling/coordination of care. Report **99205** (new patient, typical time 60 minutes) and **99354** (additional 35 minutes of face-to-face time).

Outpatient Example 2	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 a brief exam is done. They physician spends 35 minutes counseling the dad and the 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 the dad is 45 minutes.
	▶ Because time spent counseling is greater than 50% of the total time, code based on time and not key components. Do not code 99213 and 99354 (typical time in 99213 is 15 mins plus 30 mins of prolonged services). Code **99215** based on time spent counseling (typical time in 99215 is 40 minutes).

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[1] https://www.aap.org/en-us/Documents/coding_prolonged_services.pdf
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Outpatient Example 3	A 15-year-old established patient with a history of asthma presents to the office with acute bronchospasm and moderate respiratory distress. Initial E/M should respiratory rate 30, labored breathing and wheezing 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 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 reports, E/M code **99215** (established patient, high complexity, 40 minutes) and **99354** (additional 40 minutes of face-to-face time).

Inpatient Coding Examples[2]

Inpatient Example 1	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. She was seen in the emergency department and subsequently admitted. Between work in the emergency department and the work on the unit/floor the total time spent with the patient was 120 minutes, only 30 minutes was spent counseling the family.
	▶ The total face-to-face time and unit/floor time is 2 hours (120 mins). The E/M level based on key components is **99223**. The physician would report **99223** (typical time of 70 mins) and a **99356** (additional 50 mins).

Inpatient Example 2	On Day 2 of the admission, the same patient as above suffers a 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 further radiological studies and orders the consult. The total face-to-face and unit floor time is 125 minutes.
	▶ The total face-to-face time and unit/floor time is 125 mins. The E/M level based on key components is **99233**. The physician would report **99233** (typical time of 35 mins) and a **99356** (additional 74 mins) and a **99357** (additional 16 mins).

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[2] https://www.aap.org/en-us/Documents/coding_prolonged_services.pdf
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