

CMS ALLOWS PROLONGED NON-FACE-TO-FACE E&M CODES

E&M Coding Education Questions?
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CMS typically does not allow separate payment for physician services that do not require face-to-face time with a patient. As of Jan. 1, 2017, CMS has made an exception and will now allow Medicare coverage for non face-to-face prolonged service codes 99358 *Prolonged evaluation and management service before and/or after direct patient care; first hour* and +99359 *...each additional 30 minutes*, in compliance with CPT guidelines.

Non-Face-to-Face Prolonged Services

Codes 99358 and 99359 are used when a prolonged service is provided that is neither face-to-face time in the office or outpatient setting, nor additional unit/floor time in the hospital or nursing facility setting during the same session of an evaluation and management service and is beyond the usual physician or other qualified health care professional service time.

care has occurred or will occur and relate to ongoing patient management.

In keeping with CPT requirements, CMS stresses, "Codes 99358 and 99359 cannot be reported during the same service period as complex chronic care management (CCM) services or transitional care management services." CMS further stipulates, "99358 and 99359 can only be used to report extended qualifying time of the billing physician or other practitioner (not clinical staff)."

Codes 99358 and 99359 are time-based and include "the total duration of non-face-to-face time spent by a physician or other qualified health care profession on a given date providing prolonged services, even if the time... is not continuous," according to CPT.

Prolonged Service Codes and Time Values:

| | |
|-----------------|-------------------------|
| < 30 minutes | not reported separately |
| 30-74 minutes | 99358 |
| 75-104 minutes | 99358, 99359 |
| 105-134 minutes | 99358, 99359 x 2 |

Documentation must support the necessity and specific content of the prolonged services.

CMS Reference: Source: [CMS Transmittal 3678, Change Request 9905](#) (Dec. 16, 2016)

IMPORTANT FACTORS

- When coding and billing for these codes, make sure that the E&M level times (99201-99215) are not factored into this non-face-to-face time.
- You would continue to code your E&M level based on History, Exam and Medical Decision Making.
- The documentation for your 99358-99359 code needs to be clear in the time factor and information reviewed.
- These codes support services that are beyond the usual non face-to-face component of the provider's service time.
- You may report these codes on a different date of the primary E&M service.

Examples of Non-Face-to-Face Prolonged Service:

- Records are received prior to a new patient or after a new patient encounter (Pre- and Post-encounter time). The provider takes more the 31 minutes to extensively review the records and document a detailed summary of his/her findings within the new patient chart. This summary will/can be discussed with the patient upon the new patient encounter.
- Extensive review can include reviewing records and test results, arranging for further services and communicating with other health care providers and the patient outside of the face-to-face encounter.
- Time needs to be carefully documented

Remember, these prolonged non face-to-face codes are time based codes and if non-face-to-face services does not exceed more than 31 minutes, these codes can not be supported.

DOCUMENTATION EXAMPLE:

Began review of extensive medical records for John Doe at 11:30am. Reviewed patients long term stay at ABD Medical Center due to COPD and Uncontrolled DM. Also called and spoke to Dr. Johnson who was the hospitalist who treated the patient while inpatient. Review and consultation with hospitalist ended at 12:25pm.

Do not report these codes with time spent with:

- Medical Team Conferences
- On-line Medical Evaluations
- Complex Chronic Care Management
- Transitional Care Management
- Care Plan Oversight services
- Anticoagulation management
- Or any other E&M code that has a particular code to support services.

Key to These Codes:

- Extensive record review **must** relate to a service or patient where (face-to-face) patient care has occurred or will occur and relate to ongoing patient management.
- Documentation to support time and context of your review.

CMS Official Reference:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3678CP.pdf>