


Coding Brief: Reporting E/M Prolonged Services (99415-99417)

CPT® Assistant.

December 2024; Volume 34: Issue 12

The guidelines for office or other outpatient evaluation and management (E/M) services were revised in the CPT 2021 code set, including the definitions of medical decision making (MDM) and time. In addition to these changes, codes 99415 and 99416 were revised and new prolonged services code 99417 was added to the CPT 2021 code set. This article provides an overview of the intent and use of prolonged services codes 99415-99417, including the differences between prolonged services with or without direct patient contact provided by clinical staff under the supervision of a physician or other qualified health care professional (QHP) and prolonged services performed by physicians or other QHPs.

Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision

# **99415** **Prolonged clinical staff service** (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient **Evaluation and Management** service)

(Use 99415 in conjunction with 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215)

(Do not report 99415 in conjunction with 99417)

# **99416** each additional 30 minutes (List separately in addition to code for prolonged service)



(Use 99416 in conjunction with 99415)

(Do not report 99416 in conjunction with 99417)

Prolonged Service With or Without Direct Patient Contact on the Date of an Evaluation and Management Service

99417 **Prolonged outpatient evaluation and management service(s)** time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient **Evaluation and Management** service)

(Use 99417 in conjunction with 98003, 98007, 98011, 98015, 99205, 99215, 99245, 99345, 99350, 99483)

(Use 99417 in conjunction with 99483, when the total time on the date of the encounter exceeds the typical time of 99483 by 15 minutes or more)
 (Do not report 99417 on the same date of service as 90833, 90836, 90838, 99358, 99359, 99415, 99416)
 (Do not report 99417 for any time unit less than 15 minutes)

For a summary of the appropriate reporting of prolonged services for office or other outpatient services, whether they are prolonged services provided by clinical staff under supervision or those provided by a physician or other QHP, refer to Table 1.

Table 1. Reporting Prolonged Services with Office or Other Outpatient Services

Prolonged Services Code	Prolonged Services Time Provided By	Report With Office or Other Outpatient Services Code(s)	Total Duration of Face-to-Face Time	Prolonged Services Time (Increment) Begins After
99415	Clinical staff	99202-99205, 99212-99215	First hour	30 min
99416	Clinical staff	99415	Each 30 min beyond the first hour	15 min



99417	Physician or other QHP	99205, 99215	Only after the minimum time required to report the highest-level service (ie, 99205 or 99215) has exceeded by 15 minutes
-------	------------------------	--------------	--

When time is used for code selection and it exceeds 15 minutes beyond the specified time in the E/M office or other outpatient code descriptors (99205, 99215, 99245), the appropriate prolonged services code may be reported. As noted in the Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision subsection guidelines, “[c]odes 99415, 99416 are used to report the total duration of face-to-face time with the patient and/or family/caregiver spent by clinical staff on a given date providing prolonged service in the office or other outpatient setting, even if the time spent by the clinical staff on that date is not continuous.” Note that codes 99415 and 99416 may be reported for a maximum of only two patients simultaneously, which means that the clinical staff cannot report their prolonged services for more than two patients at the same time. In addition, the time reported for each prolonged service encounter for both patients should be the dedicated time devoted to each patient. Report code 99415 for the first hour of prolonged clinical staff face-to-face time if prolonged time has exceeded at least 30 minutes of the required time of the primary E/M code. In contrast, report code 99416 for each additional 30 minutes of prolonged clinical staff face-to-face time beyond the first hour (ie, when the prolonged services time is at least 15 minutes beyond the first hour). In other words, code 99416 may only be reported if at least 75 minutes of additional clinical staff time is spent providing prolonged services beyond the time required for the primary E/M code. Therefore, for code 99416, prolonged services of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes should not be reported separately.

Prolonged services code 99417 may be reported whether it is with or without direct patient contact if the physician or other QHP provides at least an additional 15 minutes of time beyond the time required for the primary E/M services code. Note that the Prolonged Service With or Without Direct Patient Contact on the Date of an Evaluation and Management Service subsection guidelines state that “[c]ode 99417 is used to report prolonged total time (ie, combined time with and without direct patient contact) provided by the physician or other qualified health care professional on the date of office or other outpatient services, office consultation, or other outpatient evaluation and management services (ie, 99205, 99215, 99245, 99345, 99350, 99483).”

As an example, if a patient presents to the physician’s or other QHP’s office for a scheduled office visit and the total time meets or exceeds 40 minutes, it would be appropriate to report code 99215, **Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. However, because the patient’s living conditions have drastically changed and they now have



multiple issues that need to be addressed during the visit, the physician or other QHP spends a total of 58 minutes with the patient. Therefore, it would be appropriate to additionally report prolonged services code 99417 with code 99215.

Coding Tip

Codes 99415 and 99416 may not be reported in conjunction with code 99417.

The following question and answer provides further clarification regarding the appropriate reporting of codes 99415-99417.

Question and Answer

Question: Would it be appropriate to report code 99417 if a physician documents their presence in the office for patient monitoring following the administration of ketamine nasal spray (intranasal esketamine) after performing an evaluation and management (E/M) office visit (ie, with blocks of face-to-face and non-face-to-face time)? Or would it be appropriate to report code 99415 or 99416 for the prolonged clinical staff face-to-face time that exceeds the required time of code 99215?

Answer: The appropriate code(s) to report for this scenario depends on the time spent by the physician compared to the time spent by the clinical staff. Physician supervision by being on standby is not considered “non-face-to-face time.” Therefore, it would **not** be appropriate to report code 99417,

Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service), for standby services provided by the physician. Instead, report code 99415, **Prolonged clinical staff service** (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service), for the first hour of prolonged clinical staff time (ie, 60 minutes) performed under the physician’s supervision. According to the CPT 2025 code set, “[c]odes 99415, 99416 are used to report the total duration of face-to-face time with the patient and/or family/caregiver spent by clinical staff on a given date providing prolonged service in the office or other outpatient setting, even if the time spent by the clinical staff on that date is not



continuous.” Note that codes 99415 and 99416 are reported using the CPT midpoint rule, ie, one unit of time is attained when the midpoint is passed. In contrast, code 99417 is reported based on 15-minute intervals, ie, when 15 minutes of time has been attained (ie, exceeded a code’s designated time). Prolonged clinical staff services codes may be reported with any level of E/M office or other outpatient visits. However, code 99417 is only reported when the primary E/M office or other outpatient service level is selected using time and after 15 minutes of total time beyond the threshold time of the highest level of E/M visit has been attained. If the physician or other QHP were involved in reassessing the patient or discussing patient care with the clinical staff on the date of the office visit, it would be appropriate to include that time in determining the level of the office visit and whether a prolonged services code may be reported.

Note that individual payers may have specific reporting rules for esketamine. For an office or other outpatient visit that includes a nasal self-administration of esketamine for a labeled indication and the required post-administration observation for an established Medicare or Medicaid patient, report the appropriate Healthcare Common Procedure Coding System Level II code (G2082, G2083) depending on the amount of esketamine administered.