Codify
BY AAPC

Pain Management Coding Alert

Reader Question: Know What It Takes to Report Prolonged Services

Question: During a scheduled office visit of a new patient, our physician spent additional office time evaluating the patient on top of the specified time for the primary visit. The visit was face-to-face for 30 minutes and then up to 74 minutes of additional face-to-face time later. How do I code this?

West Virginia Subscriber

Answer: You could use 99354 (Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour [List separately in addition to code for office or other outpatient Evaluation and Management service]) for the first hour of the additional time. But because 99354 is an add-on code, payers will not reimburse you unless you report it with an appropriate primary code. A primary code such as 99201-99215 (Office or other outpatient visit for the evaluation and management of a new patient ...) or 99241-99245 (Office consultation for a new or established patient ...).

Note: The time used to report the total duration of face-to-face time spent by a physician or other qualified health care professional on a given date providing prolonged service in the office or other outpatient setting, even if the time spent by the physician or other qualified health care professional on that date is not continuous. The documentation should clearly indicate the total time and why it was needed.

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