

TIME-BASED CODING GUIDELINES

CPT 2003 offers a number of guidelines for time-based coding. The average time and prolonged service guidelines are summarized here.

Average time guidelines

CPT lists average time guidelines for a variety of services, shown below. While time spent does not determine the level of coding in most cases, the averages can assist physicians in recognizing prolonged services and coding appropriately.

For visits that involve more than 50 percent counseling or coordination of care, time can determine the level of coding. For example, if a 30-minute office visit with an established patient involved more than 15 minutes of counseling and coordination of care, you could automatically code the visit as a 99214.

OFFICE VISITS		
Avg. minutes spent (face-to-face)	New patient code	Established patient code
5		99211
10	99201	99212
15		99213
20	99202	
25		99214
30	99203	
40		99215
45	99204	
60	99205	

INPATIENT CARE		
Avg. minutes spent (floor/unit)	Initial care code	Subsequent care code
15		99231
25		99232
30	99221	
35		99233
50	99222	
70	99223	

OUTPATIENT CONSULTATIONS, NEW OR ESTABLISHED	
Avg. minutes spent face-to-face	Consultation code
15	99241
30	99242
40	99243
60	99244
80	99245

INPATIENT CONSULTATIONS, NEW OR ESTABLISHED		
Avg. minutes spent (floor/unit)	Initial consultation code	Follow-up consultation code
10		99261
20	99251	99262
30		99263
40	99252	
55	99253	
80	99254	

continued 

NURSING FACILITY VISITS, NEW OR ESTABLISHED		
Avg. minutes spent (floor/unit)	Annual assessment code	Subsequent visit code
15		99311
25		99312
30	99301	
35		99313
40	99302	
50	99303	

HOME SERVICES		
Avg. minutes spent (face-to-face)	New patient code	Established patient code
15		99347
20	99341	
25		99348
30	99342	
40		99349
45	99343	
60	99344	99350
75	99345	

Prolonged service guidelines

When physicians provide services that require more time than what is typical, they can submit prolonged service codes in addition to the appropriate evaluation and management (E/M) code. When calculating the number of minutes spent in prolonged service, do not include the average time allotted by CPT for that E/M code; count only the minutes spent beyond the typical service.

OUTPATIENT CARE	
Minutes of prolonged service (face-to-face)	Code
Less than 30 minutes	Not reported separately
30-74	99354
75-104	99354 plus 99355
105-134	99354 plus 99355 x 2
135-164	99354 plus 99355 x 3
165-194	99354 plus 99355 x 4

INPATIENT CARE	
Minutes of prolonged service (floor/unit)	Code
Less than 60 minutes	Not reported separately
60	99356
61-90	99356 plus 99357
91-120	99356 plus 99357 x 2
121-150	99356 plus 99357 x 3
151-180	99356 plus 99357 x 4