Many physicians spend a significant amount of time engaged in counseling patients or coordinating patient care. However, many physicians do not take full advantage of this option and miss out on the opportunity to use a less onerous method to support the work that they perform. Often, you may find that higher levels of E/M services can be legitimately supported and consequently, higher reimbursement dollars may be received.

In the CPT manual, descriptors for the levels of E/M services recognize 7 components, 6 of which are used in defining the levels of services. These components are:

- history;
- examination;
- medical decision-making;
- counseling;
- coordination of care;
- nature of presenting problem; and
- time.

The first 3 of these components are considered the key components in selecting the level of service. However, when counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter, then time may be considered the key or controlling factor to qualify for a particular level of service. When this occurs, the physician may bill an appropriate level of service based on the total encounter time.

The total time spent includes time spent with people who have assumed responsibility for the care of the patient or the decisions made on the patient’s behalf even if the time spent is with individuals who are not family members (e.g., foster parents, persons acting in locum parentis, legal guardians).
Documentation

Although CPT advises that the extent of counseling and/or coordination of care must be documented in the medical record, no more specific guidance is provided. The following documentation must be notated:

1. Counseling topics and/or how time was spent coordinating the patient’s care
2. Total encounter time***
3. Total counseling and/or coordination of care time

Start and stop times are not necessary.

***Keep in mind that time is calculated differently based on the location of service. In an office or outpatient setting, time is based on face-to-face time between the physician and patient or the physician and the family members. In a hospital or nursing facility time is based on floor or unit time and not necessarily time at bedside or face-to-face time with the patient or patient’s family members.

Selecting a Code

In the CPT manual, certain categories of E/M services have a time listed that represents the typical time a physician spends either face-to-face with the patient and/or family or the typical time spent at the patient’s bedside and on the patient’s hospital floor or unit.

Start by finding the correct category of E/M service the physician is performing (e.g., office/outpatient visit, subsequent hospital visit, inpatient consultation, etc.). Next, use the typical time listed for each E/M service code as a guide. If the time spent engaged in counseling and/or coordination of care is more than 50% of the typical time listed for a particular E/M service code, then that code can be billed if the 3 documentation requirements listed above are satisfied.

Common Practice Examples

✓ Initial Outpatient Consultation: After evaluation, a surgeon decides that the patient requires a surgical procedure and spends a considerable amount of time discussing with the patient the risks and possible complications, alternative treatments, and possible lifestyle accommodations that may be necessary as a result of the surgery.

<table>
<thead>
<tr>
<th>Total Face-to-Face Time</th>
<th>40 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Counseling Time</td>
<td>25 minutes</td>
</tr>
<tr>
<td>Level of Care</td>
<td>99243</td>
</tr>
</tbody>
</table>

***Surgeon meets other requirements for consultation.
In an outpatient clinic setting, an oncologist discusses the various treatment options and/or clinical studies that may be available for a new patient referred for treatment of a recently diagnosed cancer.

Total Face-to-Face Time  60 Minutes
Total Counseling Time  30 Minutes
Level of Care Bill based on history, exam, and medical decision-making.

In this situation the E/M service could not be selected based on counseling/coordination of care time because the counseling time did not dominate the encounter. Remember, counseling or coordination of care time must be greater than 50% of the total encounter time. In this example, the counseling time was equal to 50%, but not greater than 50% of the total encounter time. 31 minutes of counseling time would have sufficed to bill based on counseling time.

Established Patient Office Visit: A primary care physician or internist treating a patient for malignant hypertension counsels the patient on the ramifications of non-compliance with medication and/or the risks of smoking and obesity in light of their condition.

Total Face-to-Face Time  25 Minutes
Total Counseling Time  15 Minutes
Level of Care  99214

Subsequent Hospital Visit: A neurologist spends considerable time coordinating with the hospital's rehabilitation services personnel to develop an appropriate physical therapy plan to aid the patient in recovery from a stroke.

Total Bedside/Floor/Unit Time  30 Minutes
Total Coordination of Care Time  20 Minutes
Level of Care  99232

With reimbursement dollars continuing to decline, it would be advantageous to utilize counseling and/or coordination of care time if clinically appropriate when documenting and selecting an E/M service.