TO: Compliance Alert Distribution List

FROM: Maryann C. Palmeter, CPC, CENTC, CPCO, CHC
Director, Office of Physician Billing Compliance

SUBJECT: Compliance Educational Article

DATE: December 22, 2016

RE: Prolonged Services without Direct Face-to-Face Contact

Prior to 2017, CPT codes 99358 and 99359 (prolonged services without face-to-face contact) were not separately payable under Medicare Part B (traditional Medicare), and were included in payment for the related face-to-face Evaluation and Management (E/M) service code.

Beginning in CY 2017, CPT codes 99358 and 99359 are separately payable under the Medicare physician fee schedule. The CPT language and reporting rules for these codes also apply for Medicare billing.

These codes provide a means to recognize the additional resource costs of physicians and other billing practitioners, when they spend an extraordinary amount of time outside of an E/M visit performing work that is related to that visit and does not involve direct patient contact (such as extensive medical record review, extensive review of diagnostic test results or other ongoing care management work).

Code Descriptions

99358 Prolonged evaluation and management service before and/or after direct patient care; first hour

+99359 each additional 30 minutes (List separately in addition to code for prolonged service)
Work RVUs

99358  2.10
99359  1.00 (per unit)

2017 Medicare Part B Allowed Amounts (both facility and non-facility rates the same)

<table>
<thead>
<tr>
<th>Locality</th>
<th>Code</th>
<th>Allowed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL Locality 99</td>
<td>99358</td>
<td>$113.79</td>
</tr>
<tr>
<td>FL Locality 99</td>
<td>99359</td>
<td>$54.69</td>
</tr>
<tr>
<td>GA Locality 99</td>
<td>99358</td>
<td>$110.02</td>
</tr>
<tr>
<td>GA Locality 99</td>
<td>99359</td>
<td>$52.89</td>
</tr>
</tbody>
</table>

These codes 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 and is beyond the usual physician or other qualified health care professional (not clinical staff) service time. Another important restriction is that these codes are intended to be used to report extended non-face-to-face time that is not within the scope of practice of clinical staff, and that is not adequately identified or valued under existing codes or the new codes finalized for 2017.

In order to report one of these codes, the time thresholds must be met. To assist with identifying typical times of companion codes, CMS published a table of typical times for procedures covered under the Medicare physician fee schedule which may be reported as companion procedures to codes 99358 and 99359. Use the time listed in the “Total Time” column to determine the typical time for the companion code that would be reported in addition to the prolonged service code(s). CMS notes that while the typical times listed in the table are not required to bill the codes included on the table, they expect that only time spent in excess of the total times listed on the table would be reported under CPT codes 99358 and/or 99359.

CPT codes 99358 and 99359 are used to report the total duration of non-face-to-face time spent by a physician or other qualified health care practitioner on a given date providing prolonged service, even if the time spent by the physician or other qualified health care professional (not clinical staff) on that date is not continuous. In fact, these prolonged service codes may be reported on a different date than the companion service to which they are related. For example, extensive record review may relate to a previous E/M service performed earlier and commences upon receipt of past records. However, it must relate to a service or patient where (face-to-face) patient care has occurred or will occur and relate to ongoing patient management.
Code 99358 is used to report the first hour of prolonged service on a given date regardless of the place of service. Use procedure code 99358 only once per date. Prolonged service of less than 30 minutes total duration on a given date is not separately reported. The minimum time of 30 minutes would be in addition to the typical time listed in the referenced CMS Table for the companion procedure code rendered in addition to the prolonged service.

Examples:

A new patient office/other outpatient visit code 99204 is performed. This procedure carries a total time of 45 minutes. In order to bill prolonged service without direct face-to-face contact code 99358, at least 30 minutes beyond the 45 minutes assigned to code 99204 would need to be spent engaged in non-face-to-face activities. In order to bill both 99358 and one unit of 99359, at least 45 minutes beyond the 45 minutes assigned to 99204 would need to be spent engaged in non-face-to-face activities.

A neurosurgeon performs an established patient office/other outpatient visit (code 99213) on 01/03/17. During this visit, the neurosurgeon orders past medical records. On 01/04/17 the medical records are received and the neurosurgeon spends 60 minutes reviewing the old records.

Per the CMS time table, the total time associated with procedure code 99213 is 23 minutes. The neurosurgeon would need to spend at least 53 minutes in non-face-to-face activities in order to bill 99358. Since the neurosurgeon spent 60 minutes in non-face-to-face activities, procedure code 99358 could be billed on 01/04/17. Note that the prolonged service was not performed on the same day as the related face-to-face service. As such, it will be very important to link these two services together. Compliance recommends adding a note to the 01/04/17 documentation, tying it back to the 01/03/17 E/M visit.

CPT codes 99358 and 99359 can only be used to report extended qualifying time of the billing physician or other qualified health care practitioner (not clinical staff). Prolonged services cannot be reported in association with a companion E/M code that also qualifies as the initiating visit for Chronic Care Management (CCM) services. Practitioners should instead report the add-on code for CCM initiation, if applicable.

Do's

- Codes 99358 and 99359 may be reported when related to other non-face-to-face services codes that have a published maximum time (e.g., telephone services).
• Remember to link the documentation for the prolonged service to the documentation for the initial service that necessitated the prolonged service when on separate dates.

• Be sure to document how much additional time was spent and how the time was spent.

• Be sure that the time counted towards the prolonged service time is separate from the initial service that necessitated the prolonged service.

Don’ts

• Do not report 99358 and/or 99359 during the same month with 99487-99489 (Complex Chronic Care Management Services).

• Do not report 99358 and/or 99359 when performed during the service time of codes 99495 or 99496 (Transitional Care Management Services).

• Do not report for time spent in care plan oversight services (99339, 99340, 99374-99380), anticoagulant management (99363, 99364), medical team conferences (99366-99368), on-line medical evaluations (99444), or other non-face-to-face services that have more specific codes and a designated time limit in the CPT code.

• Do not report prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes.

• Do not count time more than once towards CPT codes 99358 or 99359.

The “CMS Time Table for Use with Prolonged Services Without Direct Face-to-Face Contact” spreadsheet is over 350 pages so it will be posted on the Compliance Website as a separate file.

Link: http://www.hscj.ufl.edu/college-of-medicine/compliance/edu.aspx