Society for Maternal•Fetal Medicine

Coding Committee

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Coding Tip: Billing for Non-face Prolonged Services

The following codes are used to report Prolonged non-to-face visits for both inpatient and outpatient encounters:

99358--Prolonged evaluation and management service before and/or after direct patient care; **first hour (30-74 mins).**

+99359-- Prolonged evaluation and management service before and/or after direct patient care; **each additional 30 minutes (>74 mins)** (List separately in addition to code for prolonged service)

These codes are used to report extended work (>30-74 mins, and any additional 30 minutes after the first hour) and must relate to services for a patient where (face-to-face) care has occurred or will occur and relate to patient management. Medical records must support the medical necessity of the service, the time spent and the fact that the service was not duplicated by other billed services, (e.g., E&M services or as part of a global surgical service).

To qualify for billing time doesn't have to be continuous, but all work must happen on the same day.

If prolonged service happens on the same day as the E/M, it is ok to addend note explaining extra work and Time.

Below are some scenarios on how to report these services:

Example 1: You saw a new consult patient on 10/30/17 and sent her for labs. The total face to face encounter time was 40 minutes dominated by counseling/coordination of care, and you billed 99243. Later that day results came back with concerning findings. You decide to review patient's chart, contact primary gyn provider, and call patient to explain results and treatment options. You spent a total of 35 minutes performing this extra work. You can now bill 99358 in addition to 99243 for this date of service.

Example 2: You saw a new consult patient on 10/30/17 and sent her for labs. The total encounter time was 40 minutes dominated by counseling/coordination of care, and you billed 99243. On 10/31/17, results came back with concerning findings. You decide to review patient's chart, contact primary gyn provider, and call patient to explain results and treatment options. You spent a total of 35 minutes performing this extra work. You can now bill 99358 for 10/31/17 date of service.

Example 3: You saw a new consult patient on 10/30/17 and sent her for labs. The total encounter time was 40 minutes dominated by counseling/coordination of care, and you billed 99243. On 10/31/17, you spent 20 minutes reviewing labs and talking to primary gyn provider. You cannot bill 99358 for 10/31/17 since you did not meet minimum time to bill non-face to face prolonged service.

Example 4: You saw a new consult patient on 10/30/17 and sent her for labs. The total encounter time was 40 minutes dominated by counseling/coordination of care, and you billed 99243. On 10/31/17, you spent 20 minutes reviewing labs and talking to primary gyn provider. On 11/1, you spent 20 more minutes talking to patient over the phone to discuss finding and treatment options. In this scenario you cannot bill 99358 because extra work was performed on different dates and time on a single day did not meet prolonged non-face to face guidelines.

Example 5: A new consult is schedule to see you on 10/31/17 and decided to drop off medical records a week before her appointment. On 10/27/17, in preparation for this visit, you spent 30 minutes reviewing documentation and discussing case with referring provider. You can bill 99358 for 10/27/17.