

USING TIME IN 2021



Time for codes 99202–99215

2

- *“Different categories of services use time differently. It is important to review the instructions for each category.”*
- In 2021: may select 99202—99215 based on total time that date of service
- Counseling and/or coordination of care no longer have to dominate the visit
- Practitioner, not staff time

Activities

3

Physician/other qualified health care professional time includes the following activities, when performed:

- *Preparing to see the patient (eg: review of test results)*
- *Obtaining and/or reviewing separately obtained history*
- *Performing a medically appropriate examination and/or evaluation*

Activities

4

- *Counseling and educating the patient/family/caregiver*
- *Ordering medications, tests, or procedures*
- *Referring and communicating with other health care professionals (when not separately reported)*
- *Documenting clinical information in the electronic or other health record*

Activities

5

- *Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver*
- *Care coordination (not separately reported)*

Time ranges in your CPT book and on the site

Using time

6

- Billing practitioner time only
- Requires a face-to-face encounter
- Only use time done on the date of the encounter
- Don't double count time

“Can our providers sign the note the next day?”

7

- The providers can sign the note whenever they want, ***but if using time***, only count time on the date of service

“Should we document time for every visit?”

8

CPT doesn't say to do that or not to do that.

- I don't recommend it.
- Most visits will be selected based on MDM. If you document time, and a payer reviews it and the time is lower than the MDM, what will they select? CPT doesn't say one trumps the other.

“Can we still bill a code if we don’t meet the time thresholds?”

9

“That is, the time range for 99213 is 20-29 minutes. Can we bill 99213 based on MDM if the visit took 15 minutes?”

Yes. You don’t have to meet both MDM and time.

“What if both are documented? Which should we use”

10

- CPT doesn't say.
- Most visits will be selected based on MDM.

“How should it be documented?”

11

- Document “I spent xx minutes seeing the patient, coordinating care with the social worker at the community mental health center and documenting in the record.”

“Do we need a statement?”

12

- Document “I spent xx minutes seeing the patient, coordinating care with the social worker at the community mental health center and documenting in the record.”

“Do clinicians need to ...”

13

“Do they need to say they used time or MDM in the note?”

No.

“Can you I use resident time?”

14

No.

The E/M guidelines don't change the teaching physician rules. If selecting an E/M service based on time, use only the attending's time.