Prolonged Service Guide

Last revised: 02/08/2024

Scope/Purpose

This guide applies to all providers, non-physician providers and subcontractors who submit prolonged service claims, including but not limited to; CPT add on codes, HCPCS codes and/or proper use of psychotherapy codes, when prolonged service is being provided.

The purpose of this guide is to provide direction on CareOregon policy for prolonged services billed by those serving the CareOregon community.

Background & History

CPT 2024 has removed the time ranges from both the new and established office/outpatient Evaluation and Management codes and replace them with a single total time amount, which is the lowest number of minutes in the current range for each code. This time "must be met or exceeded".

CMS created HCPCS codes when billing Medicare for prolonged Evaluation and Management services which exceeds the **maximum** time for the highest level (99205, 99215, 99223, etc.) E/M visit in each category by at least 15 minutes on the date of service. CMS prolonged service guidelines are different from the American Medical Association (AMA). CareOregon adheres to both AMA and CMS guidelines.

2024 Updates:

- Deletion of direct patient contact prolonged service codes (99354-99357). These services will now be reported through either the code created in 2021, office prolonged service code (99417) or the new inpatient or observation or nursing facility service code (993X0).
    - 99417 is also used for Home or Residence prolonged services.
- Creation of a new code (993X0) to be analogous to the office visit prolonged services code (99417). This new code is to be used with the inpatient or observation or nursing facility services.
- Retention of 99358, 99359 for use on dates other than the date of any reported 'total time on the date of the encounter" service.

Policy/Guidelines

Key points:

- Prolonged services codes are add-on codes to E/M services.
- In order to use prolonged care, the primary code must be selected based on time. This is in the CPT and HCPCS definition of prolonged services.
- Prolonged services codes may only be added to the highest-level code in the category.
- The full 15 minutes of prolonged services must be met. These do not follow the CPT mid-point time rule.

- The work of the prolonged care may include both face-to-face and non-face-to-face time.
- Prolonged care services can no longer be used on psychotherapy codes. There is no replacement code.
- CPT still has non-face-to-face prolonged care in the CPT® book, codes 99358, +99359 which can be used on days that do not include a face-to-face visit.
    - Because 99358, +99359 do not include patient contact, these codes are not allowable when billed as a telehealth encounter. (eg. not allowable when billed POS 02 or 10, not allowable with modifiers 95, GT, 93, FQ)
- A decision for surgery modifier may be appended to the Evaluation and Management code when the decision is made for major surgeries. A decision for surgery modifier cannot be appended to represent the decision for minor surgeries. Definition of Major/Minor Surgeries can be found via CMS: https://www.cms.gov/files/document/r11287cp.pdf

Codes	Time	CPT: times to add on 99417	CMS: times to add on G2212
99205	60 minutes	75	89
99215	40 minutes	55	69

Cognitive assessment planning			
CPT 99417		**HCPCS code G2212**	
Add to	Time on date of service	Add to	Notes
99483	Typical time is 60 minutes; use 99417 for 75 minutes or more	99483	Use time three days before visit, date of visit and 7 days after visit

Coding prolonged services in a home or residence

Home and residence services			
CPT 99417		**HCPCS code G0318: 15 minutes**	
Add to	Time on date of service	Add to	Notes
99345, 99350	For 99345 use at 90 minutes; for 99350 use at 75 minutes	99345, 99350	Use time three days before visit, date of visit and seven days after visit

Coding prolonged services in the hospital: CPT and HCPCS codes

Inpatient and observation services			
CPT 99418: 15 minutes		**HCPCS code G0316: 15 minutes**	
Add to	Time on date of service	Add to	Notes
99223, 99233, 99236, 99255	99223 use at 90 minutes; 99233 use at 65 minutes; 99236 use at 100 minutes 99255 use at 95 minutes	99223, 99233, 99236	99223, 99233 use time only on date of visit. For 99236, use time on date of visit to three days after. CMS does not recognize consult codes

Coding prolonged services in a nursing facility

Prolonged services in a nursing facility: CPT code 99418/HCPCS code for Medicare G0317

Nursing facility care			
CPT 99418: 15 minutes		**HCPCS code G0317: 15 minutes**	
Add to	Time on date of service	Add to	Notes
99306, 99310	Use with 99306 at 65 minutes; use with 99310 at 60 minutes	99306, 99310	Use time one day before visit, date of visit and three days after visit

Psychotherapy Prolonged Service

Prolonged service codes 99354 and 99355 were previously used to report outpatient psychotherapy services. Beginning January 2023, deletion of the prolonged service codes became problematic for practitioners who used them to report trauma related services requiring 90 minutes or more.

To report prolonged services, providers may now report two units of 90834, individual psychotherapy for 45 minutes, for a total of 90 minutes. If a session needs to be extended due to a crisis, then the psychotherapy crisis codes 90839 and 90840 should be reported.

When providing prolonged services beyond 50 minutes for 90847, family therapy with the patient present, report two units as well. If the family psychotherapy session requires an extension due to a crisis, then the psychotherapy crisis codes would be appropriate to report.

Definitions

E/M: Evaluation and Management
CMS: Center for Medicare and Medicaid Services
AMA: American Medical Association
CPT: Current Procedural Terminology

References

FY 2024 IPPS Final Rule Home Page | CMS
CPT® Evaluation and Management | American Medical Association (ama-assn.org)
Coding for prolonged services: CPT and HCPCS codes - CodingIntel

MED-24747001-0403