

HOW TO USE THE TEMPLATE PROLONGED E/M SERVICE BEFORE OR AFTER PROVISION OF DIRECT (FACE TO FACE) PATIENT CARE (99358)

Effective January 1, 2017, Medicare will provide reimbursement for CPT Code 99358. This code is to be used to bill evaluation and management services when the patient is NOT present in the office either before or after a direct (i.e., face to face visit). Previously, Medicare considered the time spent in providing 99358 services to be “bundled” with the direct/face to face service and thus, not separately reimbursable.

This change will permit psychiatrists to submit claims and receive reimbursement for time spent on the telephone with patients, family members, caregivers, other health care professionals, pharmacies and most important, health plans and PBMs regarding coverage and medical necessity issues. Current Medicare participating fee in NYS for 99358 is approximately \$120 depending on locality. We anticipate that Medicare C (Medicare managed care) plans will likely also cover this service and commercial plans as well. You can contact the plans or submit claims. NYSPA would appreciate feedback on reimbursement by commercial health plans for this service now that Medicare has agreed to provide coverage.

A Prolonged Service (99358) rendered before or after a face-to-face visit may include a variety of services: medical decisions making (prescription changes), counseling, coordination of care and review of records and reports, any one or a combination of several of these services. However, Code 99358 (as all E/M codes) excludes by definition the provision of psychotherapy. For CPT purposes, psychotherapy is a separate and distinct service from counseling and counseling is never psychotherapy. CPT-defined counseling can be provided by any physician (or nurse practitioner) for the treatment of any medical illness or condition. Coordination of care may include conversations with family members, other professionals, pharmacies and health plans including PBMs regarding the care and treatment of the patient and coverage and medical necessity issues.

However, there are special requirements. First, the minimum time spent providing this service must be at least 31 minutes and must be provided on a single day. Prolonged service date may be either before or after a regular face-to-face service provided to the patient. Thus, if a patient is seen on Monday, January 9, 2017, the Prolonged Visit may be provided on Tuesday, January 10, 2017, or thereafter. The Prolonged Visit also may take place prior to a scheduled appointment. Multiple interactions on the same day can be added up to reach the 31 minute minimum.

This service can be provided for both outpatients and inpatients. For outpatient care, the service would be provided before or after the patient was seen in the office or outpatient program and would typically be provided on the telephone. For inpatient care, the service would be provided after the physician has left the hospital floor and also would be provided primarily on the telephone.

There are two options when completing the template. You can print the template version of the form and complete your note by hand or, if you prefer to enter your information directly into the form, you can download the fill-in version of the form. After entering the information into the designated spaces on the form, you can print the form to be included in the patient’s chart and/or save the completed form directly to your computer.

When billing for Code 99358, it is imperative that the actual duration of the total service time must be included in the progress note. The templates include a specific section to enter the total time.

The elements of the templates include:

Date of Prolonged Service: Insert the date on which the prolonged services were provided.

Date of Related Patient Care Service: Insert the date of a patient visit or service date immediately preceding or following the date of the Prolonged Service. Typically, for patients seen on a regular basis, this date will be most recent previous face-to-face visit with patient. However, in the case of a patient who is not being seen regularly, but calls to schedule an appointment, the related patient care service date can be the date of the next scheduled appointment.

Current Diagnosis: Note the current diagnoses.

Counseling Provided: If counseling was provided, circle whether counseling was provided to patient, family and/or caregivers. Check off one or more focuses of counseling and include a description of the specific counseling provided for the counseling topics that were checked off.

Coordination of Care Provided: If coordination of care was provided, check off one or more individuals with whom coordination of care was provided and then include a description of specific coordination of care activities checked off.

Medication Changes: If there were medication changes ordered, update medication and note any changes. A box is included to permit a check off to indicate that no side effects or adverse reactions were noted by the psychiatrist or reported by the patient. If there are side effects or adverse reactions noted or reported, include documentation.

I-STOP Review: If I-STOP review was required and performed for any medication changes for controlled substances, check off the box and enter any other pertinent information.

Lab Tests: Check off if lab tests were ordered or reviewed and include documentation of tests ordered/test results reviewed.

Review of Reports/Records: This service can also include time spent in reviewing prior treatment records of the patient and reports prepared by other professionals and caregivers. If reports or records were reviewed, list the reports or records reviewed.

Total Duration of All Prolonged Services (Code 99358) Provided: Insert the combined duration of all Prolonged Services provided on the Prolonged Services delivery date. Add together time spent in providing any counseling of care, coordination of care, medication adjustment, lab tests ordered or results reviewed and records/reports reviewed. Code 99358 requires a minimum of 31 minutes and covers such services up to 75 minutes on a single day. Prolonged service codes are the only E/M codes that have a specific duration of service and are not selected based upon elements (history, exam, medical decision-making). Code 99358

was assigned as a 60 minute code. However, under the CPT rules for time, "A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes has elapsed (more than midway between zero and sixty minutes). Therefore, the minimum time is 31 minutes to meet requirements of the service.

© Seth P. Stein, Esq. 2017