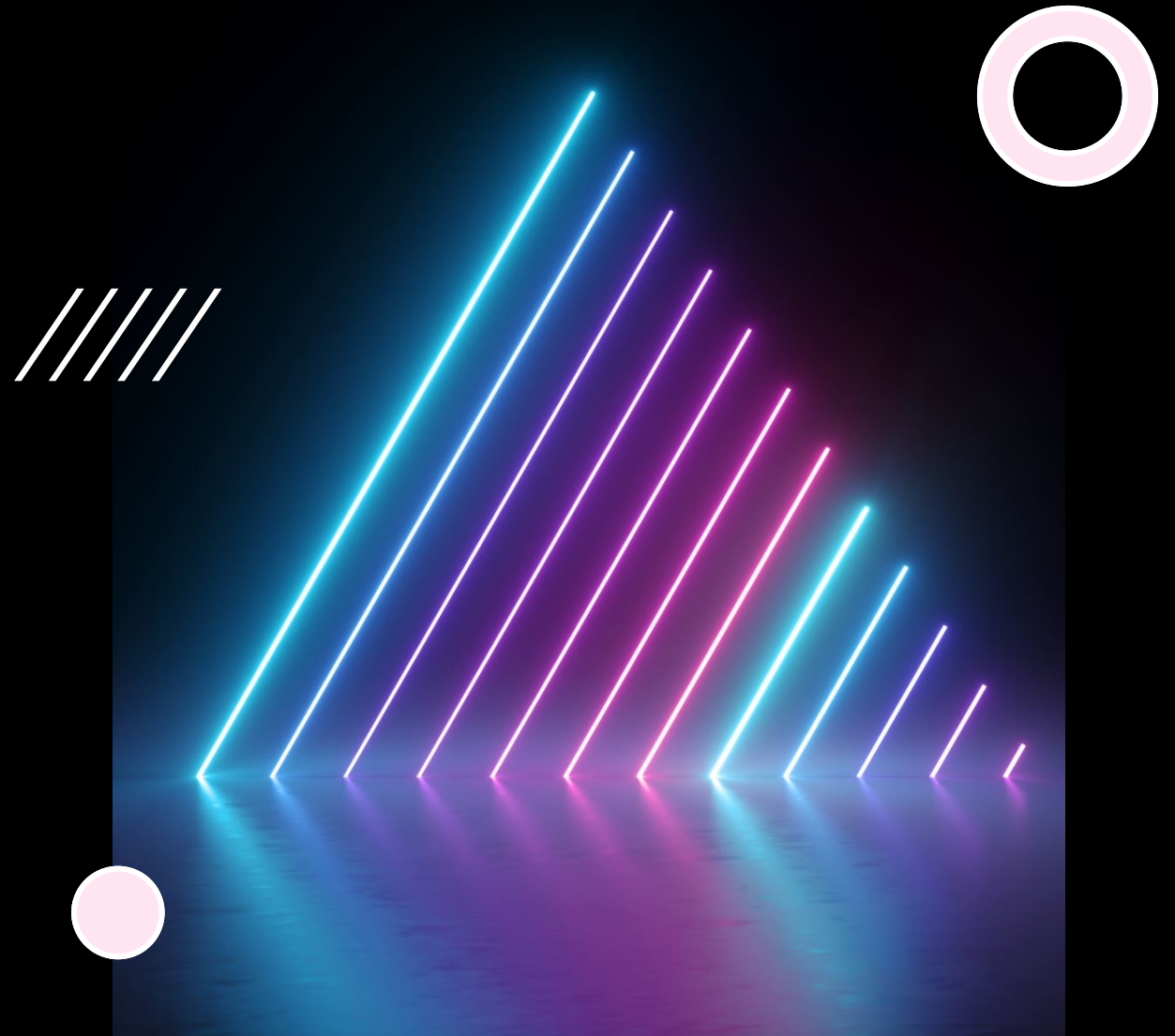


2023
PROLONGED
SERVICE
CODES

DON SELF &
ASSOCIATES, INC



WHAT ARE PROLONGED CODES???



Serve as procedure codes so you'll be paid for the time you spend **PAST** the time spent on an E&M code.

OK... HOW DO I USE THEM?



- When filling out your claim merely input the E&M code **PLUS** the appropriate prolonged-code **TIMES** the appropriate number of units
- Or, use the prolonged-code by itself in some situations

EASY?

OK... HOW DO I USE THEM?



- When using Prolonged Service codes, the level of E&M code must have been selected based on **total time** by the Medical Provider (Physician, NP or PA)
- E&M **Not** selected by MDM

WHAT ARE THE CODES?

THIS IS WHERE IT GETS CONFUSING

G2212

G0316

G0317

G0318

99358

99359

99417

99418



• Medicare

- Commercial
- Established vs New
- Which ones were deleted?
- Which ones does Medicare pay on?
- Place of Service
- Time Spent – DOS or Other?
- 15+ vs 1-15
- With an E&M code or stand-alone?





WHAT ARE THE CODES?

THIS IS WHERE IT MAY SEEM CONFUSING

G2212

\$32.92

Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or NPP.

Use G2212 only with the highest level of office visit code (99205 or 99215)

Requires a FULL 15 minute beyond the maximum time for the highest level of code.

99205:	60 to 88 Minutes	89 = 1 99205 + 1 G2212
99215:	40 to 68 Minutes	69 = 1 99215 + 1 G2212

- Medicare

**OUT-PATIENT
OFFICE (11 OR 22)
(Date of Visit Only)**

No limit on number of units of
Prolonged Codes billed





G0316



\$32.56

WHAT ARE THE CODES?

THIS IS A BIT LESS CONFUSING

Prolonged hospital inpatient or observation evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or NPP.

Use G0316 only with the highest level of hospital visit code (99223, 99233 or 99236)

Requires a FULL 15 minute beyond the maximum time for the highest level of code.

99223:	75 to 104 Minutes	105 = 1 99223 + 1 G0316
99233:	50 to 79 Minutes	80 = 1 99233 + 1 G0316
99236:	85 - 124 Minutes	125 = 1 99236 + 1 G0316

• Medicare

HOSPITAL

(21, 22, 23)

(Date of Visit Only)

No limit on number of units of Prolonged Codes billed





WHAT ARE THE CODES?

THIS IS MAKING SENSE

G0317

\$32.56

Prolonged SNF evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or NPP.

Use G0317 only with the highest level of SNF visit code (99306 or 99310)

Requires a FULL 15 minute beyond the maximum time for the highest level of code.

99306: 45 - 94 Minutes 95 = 1 99306 + 1 G0317

99310: 45 - 84 Minutes 85 = 1 99310 + 1 G0317

(Table 24, CMS-1770F Fed Register - 10-28-22 ver 2)

- Medicare

SNF

(31)

1 Day Prior, DOV + 3 Days After

No limit on number of units of Prolonged Codes billed





G0318

\$31.86

WHAT ARE THE CODES?

THIS IS SLIGHTLY LESS CONFUSING

Prolonged Home/Residence evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or NPP.

Use G0318 only with the highest level of home visit code (99345 or 99350)

Requires a FULL 15 minute beyond the maximum time for the highest level of code.

99345: 75 - 139 Minutes 140 = 1 99345 + 1 G0318

99350: 60 - 109 Minutes 110 = 1 99350 + 1 G0318

(Table 24, CMS-1770F Fed Register - 10-28-22 ver 2)

• Medicare

Home or Residence
(12)

3 Days Prior, DOV + 7 Days After

No limit on number of units of
Prolonged Codes billed



WHAT ARE THE CODES?

THIS IS STARTING TO GET EASIER

G2212

G3016

G3017

G3018

99358

99359

99417

99418



• Commercial





WHAT ARE THE CODES?

THE DIFFERENCES SEEM CONFUSING

99417

Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or NPP.

Use 99417 only with the highest level of office visit code (99205 or 99215)

Allowed to bill when 1 to 15 minutes beyond the maximum time for the highest level of code.

99205:	60 to 74 Minutes	75 = 1 99205 + 1 99417
99215:	40 to 54 Minutes	55 = 1 99215 + 1 99417

• **COMMERCIAL**

**OUT-PATIENT
OFFICE (11 OR 22)
(Date of Visit Only)**

No limit on number of units of
Prolonged Codes billed





WHAT ARE THE CODES?

THIS IS A BIT LESS CONFUSING

99418

Prolonged hospital inpatient or observation evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or NPP.

Use 99418 only with the highest level of hospital visit code (99223, 99233 or 99236)

Allowed to bill when 1 to 15 minutes beyond the maximum time for the highest level of code.

99223:	75 to 89 Minutes	90 = 1 99223 + 1 99418
99233:	50 to 64 Minutes	65 = 1 99233 + 1 99418
99236:	85 to 99 Minutes	100 = 1 99236 + 1 99418

• **COMMERCIAL**

HOSPITAL
(21, 22, 23)
(Date of Visit Only)

No limit on number of units of
Prolonged Codes billed





WHAT ARE THE CODES?

THIS IS MAKING SENSE

99418

Prolonged SNF evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or NPP.

Use 99418 only with the highest level of SNF visit code (99306 or 99310)

Allowed to bill when 1 to 15 minutes beyond the maximum time for the highest level of code.

99306: 45 - 59 Minutes 60 = 1 99306 + 1 99418

99310: 45 - 59 Minutes 60 = 1 99310 + 1 99418

• **COMMERCIAL**

SNF

(31)

(Date of Visit only)

No limit on number of units of Prolonged Codes billed





WHAT ARE THE CODES?

NOT AT ALL CONFUSING ANYMORE

99417

Prolonged HOME or Residence evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or NPP.

Use 99417 only with the highest level of home visit code (99345 or 99350)

Allowed to bill when 1 to 15 minutes beyond the maximum time for the highest level of code.

99345:	75 - 89 Minutes	90 = 1 99345 + 1 99417
99350:	60 - 74 Minutes	75 = 1 99350 + 1 99417

- **COMMERCIAL**

Home or Residence
(12)
Date of Visit only

No limit on number of units of
Prolonged Codes billed





WHAT ARE THE CODES?

NOT AT ALL CONFUSING ANYMORE

99358 & 99359

99358: Prolonged evaluation and management service before and/or after direct patient care; first hour
+99359: Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)

- Mid Point Codes (30 & 15 minutes or more)
- Not billed on same day as E&M
- Medicare classifies as “invalid code” in 2023
- Can be billed in addition to any E&M code

Feb 1: Provider sees patient , bills a 99347 orders lab, records, etc.

Feb 5: Lab results come in, previous records arrive, provider reviews, changes medication, etc. - Provider time only

99358: 30-74 MINUTES, 99358 & 99359: 75-90 MINUTES

• **COMMERCIAL ONLY**

ANY PLACE





PROLONGED CODES

99454

99455

99456

99457



• Which ones were deleted?





ANY OTHER USES FOR PROLONGED??
THIS IS GETTING TO BE FUN



- **COGNITIVE CARE PLAN ASSESSMENT**
- **99483 60 Minute Code**
- **Mid Point Code**
- **Average MPFS \$280.59**
- **Allows Prolonged Code Use**

MEDICARE 30 - 74 75 = 99483 + 1 G2212 3 Days Prior, DOV + 7 Days \$32.92

COMMERCIAL 30 -60 61 = 99483 + 1 99417 Date of visit only





WHAT OTHER CODES?

NOT AT ALL CONFUSING ANYMORE

- **99358**: Prolonged evaluation and management service before and/or after direct patient care; first hour
- **+99359**: Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
- Mid Point Codes (30 & 15 minutes or more)
- Not billed on same day as E&M
- Medicare classifies as “invalid code” in 2023
- Can be billed in addition to any E&M code

• **COMMERCIAL ONLY**

ANY PLACE

Feb 1: Provider sees patient , bills a 99213, orders lab, records, etc.

Feb 5: Lab results come in, previous records arrive, provider reviews, changes medication, etc. - Provider time only



PROLONGED CODES



- **SINCE 99454 - 99457 ARE DELETED - WHAT ABOUT PSYCH CODES**

- 90837: 60 Min
- 90839: 60 Min
- And others?

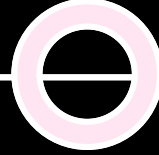


THE AMA & CMS WILL NEED TO ADDRESS THIS



PROLONGED CODES?

MAKE IT SUPER EASY FOR US



NEW		ESTABLISHED			
Office (Date of Visit)	<div>MEDICARE</div> <div></div> <div>Scan Here to Learn How to Use This Tool</div> <div>Don Self & Associates 903.871.1172 www.donself.com</div>	Office (Date of Visit)	84-99 (99215) x1 + (G2212) x2	69-83 (99215) x1 + (G2212) x1	40-68 (99215) x1
Hospital (Date of Visit)		Hospital (Date of Visit)	95-109 (99233) x1 + (G0316) x2	80-94 (99233) x1 + (G0316) x1	50-79 (99233) x1
Skilled Nursing Facility (1 Day Before+Date of Visit+3 Days After)		Skilled Nursing Facility (1 Day Before+Date of Visit+3 Days After)	100-114 (99310) x1 + (G0317) x2	85-99 (99310) x1 + (G0317) x1	45-84 (99310) x1
Home (3 Days Before+Date of Visit+7 Days After)		Home (3 Days Before+Date of Visit+7 Days After)	125-139 (99350) x1 + (G0318) x2	110-124 (99350) x1 + (G0318) x1	60-109 (99350) x1
Admit/Discharge (Date of Visit+3 Days After)		Cognitive Assessment Planning (3 Days Before+Date of Visit+7 Days After)	115-129 (99483) x1 + (G2212) x2	100-114 (99483) x1 + (G2212) x1	60-99 (99483) x1
Cognitive Assessment Planning (3 Days Before+Date of Visit+7 Days After)					

Medicare
Established

SLIDE RULE

PROLONGED SERVICE
SLIDE RULE



SOLUTION?

PROLONGED SLIDE RULE

Admit/Discharge

(Date of Visit+3 Days After)

Cognitive Assessment Planning

(3 Days Before+Date of Visit+7 Days After)

Don Self & Associates

903.871.1172

www.donself.com

**WE CREATED THIS TO MAKE IT
EASIEST FOR EVERYONE.**

ESTABLISHED

Office

(Date of Visit)

84-99

(**215**) x1 + (**G2212**) x2

69-83

(**99215**) x1 + (**G2212**) x1

Hospital

(Date of Visit)

95-109

(**233**) x1 + (**G0316**) x2

80-94

(**99233**) x1 + (**G0316**) x1

Skilled Nursing Facility

(1 Day Before+Date of Visit+3 Days After)

100-114

(**310**) x1 + (**G0317**) x2

85-99

(**99310**) x1 + (**G0317**) x1

Home

(3 Days Before+Date of Visit+7 Days After)

125-139

(**350**) x1 + (**G0318**) x2

110-124

(**99350**) x1 + (**G0318**) x1

Cognitive Assessment Planning

(3 Days Before+Date of Visit+7 Days After)

115-129

(**483**) x1 + (**G2212**) x2

100-114

(**99483**) x1 + (**G2212**) x1

SOLUTION

PROLONGED SLIDE RULE

KEEP IT SIMPLE

NEW

Office

Hospital

Skilled Nursing Facility

Home


Admit/Discharge

In Patient Consult

Out Patient Consult

Cognitive Assessment Planning

COMMERCIAL




Scan Here to Learn
How to Use This Tool

Don Self & Associates

903.871.1172

www.donself.com



Coding Advisor

(To See Allowed Amounts)

ESTABLISHED

Office

Hospital

Skilled Nursing Facility

Home

In Patient Consult

Out Patient Consult

Cognitive Assessment Planning

Commercial Established

4	55-69	40-54
99417) x2	(99215) x1 + (99417) x1	99215 x1
4	65-79	50-64
99418) x2	(99233) x1 + (99418) x1	99233 x1
9	60-74	45-59
99418) x2	(99310) x1 + (99418) x1	99310 x1
04	75-89	60-74
99417) x2	(99350) x1 + (99417) x1	99350 x1
24	95-109	80-94
99418) x2	(99255) x1 + (99418) x1	99255 x1
9	70-84	55-69
99417) x2	(99245) x1 + (99417) x1	99245 x1
9	61-75	30-60
99417) x2	(99483) x1 + (99417) x1	99483 x1



**BUT I STILL HAVE
QUESTIONS!**

**“MOST OF THESE ARE USED WITH E&M
VISITS - BUT WHAT HAS TO BE
DOCUMENTED?”**





1ST - MEDICAL NECESSITY

**GIVE THE PAYER A
REASON TO PAY
YOU. WHAT
BENEFIT TO THE
PATIENT'S
HEALTH IS THE
VISIT?**

- According to section 1862(a)(1)(A) of the Social Security Act, Medicare will not cover services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”
- Everyone else: “Uh - we have our own definition, I think”.



● **BTW**
(By the way)

**With Commercial
Carriers, it is
usually really easy
to win when they
deny for medical
necessity with a
simple letter**





DOCUMENTATION

IF USING PROLONGED CODES
(EXCEPT 99358 OR 99359),
USE TIME TO DETERMINE
THE LEVEL OF E&M

DOCUMENT THE REASON
FOR THE EXTRA TIME - THAT
IS MEDICALLY NECESSARY





**BUT I STILL HAVE
MORE QUESTIONS!**

**“DO WE STILL NEED TO DOCUMENT THE CHIEF
COMPLAINT AND HPI, IF THEY ARE NOT
COUNTED?”**



CHIEF COMPLAINT

**THIS IS WHAT DRIVES
MEDICAL NECESSITY!**

**CAN BE DOCUMENTED
BY ANYONE**

“WHAT ABOUT HPI?”

- For continuity of care and to protect the practice in case of future malpractice - some HPI needs to be documented (amount at discretion of provider)





CAN I ASK ANOTHER QUESTION?

**“DOES HALF OF THE VISIT HAVE TO BE
SPENT IN COUNSELING AND/OR
COORDINATION OF CARE IN 2023?”**



COUNT THE TIME!

- Preparing to see the patient (eg, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately billed)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately BILLING for INTERP) and communicating results to the patient/family/caregiver



MEDICAL PROVIDER (MD, DO, DPM, NP, PA) ONLY

DO NOT COUNT MA OR RN TIME!





ONE MORE QUESTION?

**“CAN WE USE SOME KIND OF APP OR
ONLINE PROGRAM TO HELP US IF WE
DON'T WANT A SLIDERULE?”**



(Currently) FREE ONLINE PROLONGED TOOL

<https://donsell.com/prolonged>

What type of insurance are you working with? *

☐ Medicare

☐ Commercial

Is The Patient A New Or An Established Patient? *

☐ New/Initial - This means a patient that has NOT received professional services w
Provider in the group that has the same subspecialty

☐ Established/Subsequent - This means a patient that HAS received professional s
another provider in the same group that has the same subspecialty

What Is The Place Of Service?

Office Visit

✓ Hospital Observation or Admit

Out/In Patient Consult

Skilled Nursing Facility

Home / Residence / Assisted Living Facility

Cognitive Assessment Planning

What was the total amount of time spent by the provider?

68

In this case, calculate the time as the DATE OF VISIT ONLY

Use Code (99233) x1 Unit + (G0316) x1 Unit

[Click Here To get the allowed amounts and RVUs](#)



PROLONGED CODES MAKE A DIFFERENCE!

CPT

☐ Favorites only

LA NEW ORLEANS

Date of Service 01/13/2023

99233

✓

99233

Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which date of the encounter for code selection, 50 minutes must be met or exceeded.

99233

View notes

Add to scrubber

Consumer friendly description

LCD Lookup

Pricing

Level of Service Advisor

CMS Direct Inputs

Diagnosis Crosswalk

CCI Edits

Copy

Level of Service Advisor

Edit my note

←

NCCI EDITS

ADDITIONAL CODES MEAN EXTRA \$

Signed in as donself@donself.com

Scrub

Search

Changed Codes

Preferences

LCD Lookup

Help

ICD-9 to ICD-10

Utilities

Admin

HCPCS

☐ Favorites only

LA NEW ORLEANS

Date of Service 01/13/2023

☐ Only match on description

☐ Part A

☒ Part B

G0316

Dismiss x

Showing pricing for Phys

Procedure G0316 priced for 01/13/2023

	Medicare Facility	Medicare Non Facility
Allowed	\$30.38	\$31.64
Reimbursement	\$24.30	\$25.31
After Sequest	\$23.82	\$24.81
Global RVUw	0.61	0.61
RVUpe	0.25	0.29
RVUm	0.04	0.04
RVU total	0.90	0.94

Global period: see other proc

←

RVU INFO

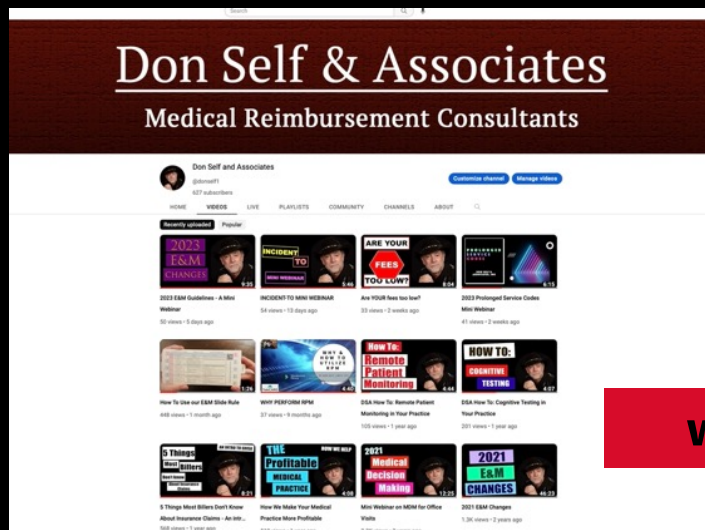


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