

TIME BASED CODES

COUNSELING AND COORDINATION OF CARE

Attending

- Time is considered the key or controlling factor when more than 50% of the service is spent in counseling the patient and/or family regarding a medical condition and/or coordinating the patient's care. The total length of face-to-face time (office and outpatient) or unit/floor time (inpatient) must be documented and the amount of time spent or percentage of the visit spent counseling or coordinating. The documentation must support the medically necessary reason for the counseling or coordinating of care.
- Discussions with a patient and/or family concerning one or more of the following are to be indicated in the note:
 - diagnostic results, impression, and/or recommended diagnostic studies;
 - prognosis;
 - risks and benefits of management (treatment) options;
 - instructions for management (treatment) and/or follow-up;
 - importance of compliance with chosen management (treatment) options;
 - risk factor reduction; and
 - patient and family education
- The total length of face-to-face time (office and outpatient) or unit/floor time (inpatient) must be documented.

Teaching Physician Rule

- The teaching physician must document his/her presence for the time that is being billed. Only the time spent by the attending can be used to support the E&M service level when based on time.
- The resident's time may **not** be added to the teaching physician's time.

Nurse Practitioners

- Medicare documentation requirements and reimbursement varies depending on "direct", "shared" or "incident to" services.
- The time spent by an RN or other staff is not counted when billing based on time.

See next page for definitions and references.

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DEFINITIONS AND REFERENCES

Counseling and Coordination of Care:

“In the case where counseling and/or coordination of care dominates (more than 50% of the total time) of the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting, floor/unit time in the hospital or nursing facility), time is considered the key or controlling factor to qualify for a particular level of E/M service.”

(Source: 1995 HCFA/AMA Documentation Guidelines, p. 15 and 1997 HCFA/AMA Documentation Guidelines, p. 50)

Face-to-face time (office and other outpatient visits and office consultations):

For coding purposes, face-to-face time for these services is defined as only that time that the physician spends face-to-face with the patient and/or family.”

(Source: 2004 CPT, p. 4)

Unit/floor time (hospital observation services, inpatient hospital care, initial and follow-up hospital consultations, nursing facility):

For reporting purposes, intra-service time for these services is defined as unit/floor time, which includes the time that the physician or NPP is present on the patient’s hospital unit and at the bedside rendering services for that patient.”

(Source: 2004 CPT, p. 4)

Time-Based Codes per the Teaching Physician Guidelines:

“For procedure codes determined on the basis of time, the teaching physician must be present for the period of time for which the claim is made....Do not add time spent by the resident in the absence of the teaching physician to time spent by the resident and the teaching physician with the beneficiary or time spent by the teaching physician alone with the beneficiary.”

(Source: Medicare Carriers Manual, Transmittal 1780, November 22, 2002)