

CODING CORNER

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In the world of coding, time is perplexing. On one hand, time is built into the evaluation and management (E/M) codes and providers are told to base their E/M code selection on the history, exam and medical decision making elements, not on time spent. Times are listed in the CPT manual only as a guideline. On the other hand, CPT lists a variety of codes that are strictly time dependent and even has codes for prolonged services.

It is not unusual for a provider to spend a considerable amount of time with a patient reviewing problems, adjusting medications, and counseling or coordinating care only to find that you do not have enough history, exam or medical decision making to support a code that would otherwise be appropriate for a visit of that duration. This is when the “**greater than 50% rule**” applies.

If more than 50% of your face-to-face visit with the patient is devoted to counseling or coordination of care, time may be considered the key or controlling factor in selecting a level of service. For example, if you spent 25 minutes face-to-face with an established patient in the office, and more than half of the time was spent counseling the patient or coordinating his/her care, you could use the 99214 code even if you lack the history, exam or medical decision making elements. Just be sure to document that more than 50% of the 25 minute visit was spent counseling the patient. The extent of counseling and/or coordination of care must be documented in the medical record.