2021 E/M Changes for Prolonged Care

“Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services).”

If you select your E/M code based on time and patient care work on that day/date exceeds the limit for level five codes by at least 15 minutes, you can report a new add-on code.

**Decision point example:**  the add on code could be used for a new patient visit that last and additional 15 minutes. (89 minutes) See previous slide of proposed time 99205 of 74 max minutes and remember this is care time on the same day as encounter. Or for an established patient visit that lasted 69 minutes.

**Remember:** All this must be documented and if billing based on time one pitfall is every single patient can’t be 99205 or 99215. There won’t be enough minutes on the schedule that an auditor could support.

