



Prolonged Services Tip Sheet



Prolonged Services with Direct Patient Contact

Codes 99354-99357 are used when a physician or other qualified health care professional provides prolonged service(s) involving direct patient contact that is provided beyond the usual evaluation and management (E/M) service in either the inpatient or outpatient setting.

- **Definition of Direct Patient Contact**

- **Inpatient Setting**

- Direct patient contact is face-to-face and includes additional non-face-to-face services on the patient's floor/unit in the hospital or nursing facility during the same service.
 - Report these services in addition to the primary E/M service.
 - You should not separately report prolonged service of less than 30 minutes total duration on a given date, because the work involved is included in the total work of the evaluation & management (E&M) codes.

- **Office or Outpatient Setting**

- Direct patient contact is face-to-face and includes additional non-face-to-face services on the patient's floor/unit in the hospital or nursing facility during the same service.
 - Report these services in addition to the primary E/M service.
 - In the office setting, time spent by office staff with the patient, or time the patient remains unaccompanied in the office cannot be billed as prolonged service time.

Procedure codes

Procedure Code	Definition
99354	Prolonged E/M in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour
99355	Each additional 30 minutes (list separately in addition to code for prolonged service)
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour
99357	Each additional 30 minutes (list separately in addition to code for prolonged service)

Prolonged Services without Direct Face-to-Face Patient Contact

Codes 99358-99359 are used when a prolonged service is provided that is neither face-to-face time in the office or outpatient setting, nor additional unit/floor time in the hospital or nursing facility setting during the same session of an E/M and is beyond the usual physician or other qualified health care professional service time.

- Report these codes in relation to other physician or other qualified health care professional services, including E/M at any level. These may be reported on a different date than the primary service to which it is related.
- Cannot be reported during the same service period as complex chronic care management (CCM) services or transitional care management services.
- They are not reported for time spent in non-face-to-face care described by more specific codes having no upper time limit in the CPT code set.
- Can only be used to report extended qualifying time of the billing physician or other practitioner (not clinical staff).
- Cannot be reported in association with a companion E/M code that also qualifies as the initiating visit for CCM services. Practitioners should instead report the add-on code for CCM initiation, if applicable.
- If time is not continuous, add the total times together and ensure the following requirements are met:
 - Documentation must be created for each non-FTF service

Procedure codes

Procedure Code	Definition
99358	Prolonged E/M before and/or after direct patient care; first hour
99359	Each additional 30 minutes (list separately in addition to code for prolonged service)

Required Companion Codes

Prolonged services codes 99354 – 99357 are not paid unless they are accompanied by the companion codes as described here.

- **Inpatient Setting**
 - The companion E&M codes for 99356 are:
 - The companion E&M codes for 99356 are the Initial Hospital Care and Subsequent Hospital Care codes (99221 - 99223, 99231 – 99233)
 - Inpatient Consultation codes (99251 – 99255)
 - Nursing Facility Services codes (99304 -99318)
 - The companion codes for 99357 are 99356 and one of its required E&M codes.
- **Office or Outpatient Setting**
 - The companion E&M codes for 99354 are:
 - Office or Other Outpatient visit codes (99201 - 99205, 99212 – 99215)
 - Office or Other Outpatient Consultation codes (99241 – 99245)
 - Domiciliary, Rest Home, or Custodial Care Services codes (99324 – 99328, 99334 – 99337)
 - Home Services codes (99341 - 99345, 99347 – 99350)
 - The companion E&M codes for 99355 are 99354 and one of its required E&M codes

Documentation

Documentation is required to be in the medical record in regards to the duration and content of the medically necessary evaluation and management service and prolonged services that you bill.

- You must appropriately and sufficiently document in the medical record that you personally furnished the direct face-to-face time with the patient (as specified in definitions above)
- The start and end times of the visit should be documented in the medical record along with the date of service.

Threshold Times

You can only bill the prolonged services codes if the total duration of all physician or qualified NPP direct face-to-face service (including the visit) equals or exceeds the threshold time for the evaluation and management service the physician or qualified NPP provided (typical/average time associated with the CPT E/M code plus 30 minutes).

- **Inpatient Setting**
 - If the total direct face-to-face time equals or exceeds the threshold time for code 99356, but is less than the threshold time for code 99357, you should bill the visit and code 99356. Medicare contractors will not accept more than one unit of code 99356.
 - If the total direct face-to-face time equals or exceeds the threshold time for code 99356 by no more than 29 minutes, you should bill the visit code 99356 and one unit of code 99357. One additional unit of code 99357 is billed for each additional increment of 30 minutes extended duration.

Code	Typical Time for Code	Threshold Time to Bill Code 99356	Threshold Time to Bill Codes 99356 and 99357
99221	30	60	105
99222	50	80	125
99223	70	100	145
99231	15	45	90
99232	25	55	100
99233	35	65	110
99251	20	50	95
99252	40	70	115
99253	55	85	130
99254	80	110	155
99255	110	140	185
99304	25	55	100
99305	35	65	110
99306	45	75	120
99307	10	40	85
99308	15	45	90
99309	25	55	100
99310	35	65	110
99318	30	60	105

- **Office or Outpatient Setting**

- If the total direct face-to-face time equals or exceeds the threshold time for code 99354, but is less than the threshold time for code 99355, you should bill the E&M visit code and code 99354. No more than one unit of 99354 is acceptable.
- If the total direct face-to-face time equals or exceeds the threshold time for code 99355 by no more than 29 minutes, you should bill the visit code 99354 and one unit of code 99355. One additional unit of code 99355 is billed for each additional increment of 30 minutes extended duration.

Code	Typical Time for Code	Threshold Time to Bill Code 99354	Threshold Time to Bill Codes 99354 and 99355
99201	10	40	85
99202	20	50	95
99203	30	60	105
99204	45	75	120
99205	60	90	135
99212	10	40	85
99213	15	45	90
99214	25	55	100
99215	40	70	115
99241	15	45	90
99242	30	60	105
99243	40	70	115
99244	60	90	135
99245	80	110	155
99324	20	50	95

Code	Typical Time for Code	Threshold Time to Bill Code 99354	Threshold Time to Bill Codes 99354 and 99355
99325	30	60	105
99326	45	75	120
99327	60	90	135
99328	75	105	150
99334	15	45	90
99335	25	55	100
99336	40	70	115
99337	60	90	135
99341	20	50	95
99342	30	60	105
99343	45	75	120
99344	60	90	135
99345	75	105	150
99347	15	45	90
99348	25	55	100
99349	40	70	115
99350	60	90	135

Multiple Providers Billing on Same DOS from Same Specialty

Can the time for two providers under the same Tax ID be combined for Prolonged Services Codes?

Answer: No

While these codes technically are E&M services – and other E&M services codes can have the times combined – this specific rule for Prolonged Services prohibits combining times.

According to CMS *Prolonged physician services (code 99356) in the inpatient setting, with direct face-to-face patient contact which require 1 hour beyond the usual service are payable when they are billed on the same day **by the same physician or qualified NPP as the companion evaluation and management codes.***

NPP Medical Team Conference 99366/99367/99368

Team Conference Services are reportable and reimbursable, but have specific criteria that must be met:

- Three disciplines must be involved

Case Management Services

Procedure Code	Definition
99366 (not reported separately)	Medical team conference without direct patient/family contact; <30 minutes
99366	30 minutes or more
99367 (not reported separately)	Medical team conference without direct patient/family contact; < 30 minutes
99367	30 minutes or more

Medicare Claims Processing Manual: 30.6.1 to include references to E&M code selection based on time and prolonged services

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>

Novitas Preventive Services:

<https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00008244>

Novitas ACP Checklist:

<https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00184313>

Novitas Time Based E&M:

[https://www.novitas-](https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid;jsessionid=UE1hMEA0oAW41pgzLmEzykz2NuDJOfg3DoZBn50CDVuRxc6A-Ve!-926806779!-1348949029?contentId=00005056&_afLoop=171851681964400#!%40%40%3F_afLoop%3D171851681964400%26centerWidth%3D100%2525%26contentId%3D00005056%26leftWidth%3D0%2525%26rightWidth%3D0%2525%26showFooter%3Dfalse%26showHeader%3Dfalse%26_adf.ctrl-state%3Dczo1v22j_4)

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