

# Socioeconomic tips of the month

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**Q.** Is time still a factor in securing the appropriate visit code?

**A.** Understanding the time component, particularly when a majority of time is given to counseling patients, is a factor in securing the appropriate visit code. Distinct times expressed in the Evaluation and Management (E/M) "visit" code descriptors are averages.\* Coding for E/M levels of service can include a time factor. Intra-service times are defined as *face-to-face* time for office and other outpatient visits and as *unit/floor* time for hospital and other inpatient visits. This distinction is necessary because most of the work of typical office visits takes place during the face-to-face time with the patient, while most of the work of typical hospital visits takes place during the time spent on the patient's floor or unit.

## **Evaluation and management services**

Select the appropriate level of E/M services. When counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then *time* may be considered the key or controlling factor to qualify for a particular level of E/M services. Included is time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (for example, foster parents, person acting in locum parentis, legal guardian, and so on). The extent of counseling and/or coordination of care must be documented in the medical records.

Time cannot be a component for emergency levels of E/M services, because emergency department services are provided at variable degrees, often involving numerous encounters with patients over an extended period of time. In such cases, it is difficult for physicians to provide the exact time spent face-to-face with a patient.

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## **Documentation**

According to *CPT 2000*, face-to-face time (office and other outpatient visits and office consultations) for coding purposes, is defined as only that time that the physician spends face-to-face with the patient and/or family. This includes the time in which the physician performs such tasks as obtaining a history, performing an examination, and counseling the patient. Coding cannot be time-based for hospital observation services.

If the level of service selected is based on time, it is important to document within the chart note itself the total visit time spent by the physician, in addition to the counseling time. In addition, a concise summary of the extent of the counseling and documentation of medical necessity should be included in the patient chart note.

An example of the documentation that needs to be included in the chart note would read: "Physician/patient time: 45 minutes face-to-face (office setting). Counseling: Office visit for 60-year-old female, established patient, with biopsy proven breast carcinoma. Counseled patient with regard to risk and benefit of undergoing mastectomy. Answered numerous questions from patient and family regarding surgery, anesthesia, prognosis, recovery period, and so on. The total time physician spent with patient was 45 minutes; 35 minutes of this time were spent counseling patient and her family."

## **Counseling**

Counseling is time spent by the physician with a patient and/or family discussing their concerns about one or more of the following areas:

- diagnostic results, impressions, 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.
- patient and family education.

The documentation of a conversation between the physician, patient, and family member(s) does not have to be recorded verbatim. It is rec-

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ommended that surgeons develop an office policy that families should appoint one family member to see the doctor when the patient is being seen. Communicate your counseling policy in your patient brochure(s), which is given to all new patients, or through a letter to established patients.

Keep in mind that Medicare does not cover family education. Discussions with family members when patients are not present will not, in most cases, be covered by other payors. The patient must be present when family members want an update from the physician in order to be considered as a time factor and reimbursable by insurance carriers.

### **Telephone counseling**

Medicare will not pay for phone consultations. Some insurance carriers may. Calls should be billed only in extreme situations. An example of this situation is when a patient calls the surgeon in the middle of the night and a considerable amount of time is spent counseling the patient. The physician should document the call, and this documentation should be included in the patient's chart at the time of the patient's next visit (that is, seven days or so); the telephone discussion should be referenced into the E/M visit's history component and well documented (that is, describe conversation held with patient during phone call, date of call, duration of call, and so on).

If a physician calls the patient to discuss the results of diagnostic testing, coordination of medical management, or to initiate new treatment, this type of call should be coded with one of the following three codes: 99371 Simple or brief...; 99372 Intermediate...; or 99373 Complex or lengthy.... For more information on telephone calls and applicable codes, please refer to *AMA CPT 2000*, page 32.

It is strongly recommended that physicians review their managed care contracts and provider manuals to see if their contracts prohibit them from billing patients for these services. Also, physicians should develop a weekly routine of

reviewing Explanation of Benefits to track insurance carrier payments for services. [Q](#)

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"Socioeconomic tips of the month" responds to questions from Fellows and their staffs, and provides useful tips for surgical practices. Developed by College staff and consultants, this information will be accessible on our Web site for easy retrieval and future access. If there are topics you would like to see addressed in future columns, please contact the Chicago staff of the Socioeconomic Affairs Department, tel. 312/202-5150, fax 312/202-5021, or e-mail [socioecon@facs.org](mailto:socioecon@facs.org).

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