

Time Well Spent: A Guide to Time-Based Codes



When time is the controlling factor in a patient's visit, be sure to capture the appropriate time-based service code.

Per CPT®, unless there are code or code-range-specific guidelines, parenthetical instructions, or code descriptors to the contrary, the following standards apply to time measurement: A unit of time is attained when the midpoint is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and 60 minutes). A second hour is attained when 91 minutes have elapsed.

When codes are ranked in sequential typical times, and the actual time is between two typical times, use the code with the typical time closest to the actual time.



Queue A Sequential Scenario!

90832 Psychotherapy, 30 minutes with patient

90834 Psychotherapy, 45 minutes with patient

In this example, the actual psychotherapy time with the patient is **37 minutes**.

Only 16 minutes is needed to report 90832 (past the midpoint of zero and 30 minutes); however, do not fall into the trap of thinking that 23 minutes is needed to report 90834 (because 23 minutes is the midpoint between zero and 45 minutes). Per CPT® instructions, when codes are ranked in sequential typical times, and the actual time is between two typical times, use the code with the typical time closest to the actual time.

Here's how to do the math:

90832: 30 minutes

Actual Time: 37 minutes

Difference: 7 minutes

90834: 45 minutes

Actual Time: 37 minutes

Difference: 8 minutes

In this example, the actual time is closer to 90832 (7-minute difference) than 90834 (8-minute difference); making 90832 the more appropriate code.

Meet Thresholds for Time-based E/M Services

Example 1: Office or Other Outpatient Services (CPT 99215)

- **Scenario:** A 45-year-old patient presents with uncontrolled diabetes and hypertension requiring a thorough evaluation and management.
- **Time Spent:** 40 minutes face-to-face with the patient.
- **Threshold:** For CPT code **99215**, the total time spent must meet or exceed **40 minutes** on the encounter date.
- **Key Activities:** Reviewing history, counseling the patient on lifestyle changes, discussing treatment options, and coordinating care.

Example 2: Prolonged Services (CPT 99417)

- **Scenario:** A physician spends 75 minutes with a patient addressing multiple chronic conditions during an outpatient visit.
- **Time Spent:** 60 minutes qualifies for **99215**, and the additional 15 minutes qualifies for **99417** (prolonged services).
- **Threshold:** Prolonged services are billed in **15-minute increments** beyond the primary E/M service time.
- **Key Activities:** Extensive documentation, patient education, and medication adjustments.

Example 3: Inpatient Services (CPT 99233)

- **Scenario:** A 70-year-old patient with pneumonia and heart failure is seen in the hospital.
- **Time Spent:** 35 minutes spent reviewing labs, examining the patient, and discussing treatment plans with the care team and family.
- **Threshold:** CPT **99233** requires **35 minutes or more** per day on the unit/floor.
- **Key Activities:** Reviewing diagnostics, bedside care, and counseling family.