

Billing for Prolonged Services: An Untapped Opportunity?



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Medical coders have incredible insight into their own way of doing things, but they may be less aware of how others in the industry work. Dean Dorton provides medical billing audits to providers of all shapes and sizes, so we have a unique perspective into how *multiple* offices operate. We can see trends and anomalies that others can't—and we can call attention to opportunities and issues that may be overlooked.

A perfect example is billing for prolonged services.

One of our new clients was not in the habit of billing for prolonged services (e.g., services extending beyond the required time), and after some digging, we found that some of our current clients are not either. They told us that payers do not reimburse for these codes, so they see no urgency in including them.

That's understandable. From working with so many medical offices, however, we know that these codes are worth including and potentially an untapped source of significant revenue.

Why Bill for Prolonged Services?

Some payers don't reimburse these codes, the most notable being Medicare, but others certainly do. They may be secondary payers, but whatever the source, they will only reimburse what has been coded into the bill. Omitting codes for prolonged services makes reimbursement impossible, while including the codes leaves the door open.

Furthermore, if more coders start including these codes, payers will begin to understand the extent to which prolonged services affect the time and revenues of providers. Reimbursement could eventually become more common—but only if medical billers push the issue by including the codes.

How to Bill for Prolonged Services?

First, keep in mind that if you bill for prolonged services, you must bill the primary e/m code based on time. For reference:

- Use 99417 for each 15 minutes beyond the required time of the primary outpatient service level. So use 99417 in conjunction with 99205, 99215, 99245, 99345, 99350, and 99483.
- Use 99418 for each 15 minutes beyond the required time of the primary inpatient or observation service level. So use 99418 in conjunction with 99223, 99233, 99236, 99255, 99306, and 99310.

One exception is G2212, which designates a prolonged office or outpatient e/m service beyond the MAXIMUM required time of the primary procedure. It's only for Medicare claims unless otherwise directed.

Find the Other Untapped Opportunities

There's no doubt that coders are leaving revenue on the table by not billing for prolonged services. This is one of the most common untapped opportunities, but it's certainly not the only example.

What if increasing revenue, sometimes quite significantly, was as simple as making a few adjustments to billing and coding practices? Our audits regularly uncover exactly such opportunities while providing an objective analysis from coding experts with years of experience making billing better.

Arrange your audit with Dean Dorton. [Contact us](#).