Medical Coders: Are You Using Total Time?

ARTICLE 10.10.24 BRANDY MONTGOMERY

Our medical coding audits routinely reveal ways for practices to save more time, generate more revenue, and avoid more risk. In our previous blog, we explored an opportunity many practices overlook: using prolonged services codes. For this blog, we will look at a similar situation where small changes could potentially boost revenue in big ways.

A Quick Introduction to Total Time

As of January 2021, practices can determine the level of office visits based on medical decision-making or the total time spent on the day of service. Since most coders were already accustomed to following medical decision-making, and the possible upsides of total time were not obvious, many haven't made the switch. They do things now the same as before—and that may be a lost opportunity.

Let's first highlight what activities count towards total time:

- Preparing to see the patient: reviewing tests, old records, etc.
- Getting or reviewing separately obtained history
- Doing the exam
- Counseling or educating the patient or the caregivers
- Ordering meds, tests, procedures
- Referring and communicating with other healthcare professionals (only when it's not reported separately)
- Documenting in the medical record
- Independently interpreting results & giving those results to the patient or caregivers
- Care coordination (when it's not separately reported)

Now, let's cover what *cannot* be included:

- Staff time – Only the provider's time counts, not any support staff.
- Day after – Only the day of service counts, so complete all notes on the same day.
- Medically unnecessary – Only justifiable time counts—a simple bug bite shouldn't take an hour to examine.

Why Use Total Time?

Provided you follow these guidelines and get a little practice, coding by total time becomes second nature. So why haven't more practices switched to this method yet?

In our experience, they see too much risk and not enough reward. Coders assume they will record the time incorrectly and cause problems with payers. And even if they got it right, this line of thinking goes, the revenue gains are minimal.

We have actually seen the opposite at practices that use total time. Rarely does it cause problems for providers or payers—or coders for that matter—and the extra revenue can be significant. We have seen practices make, on average, $20 more on each patient visit. If they average 30 visits each day, that's an extra $600 per day, $3,000 per week, or $156,000 per year.

Should You Adopt Total Time?

The numbers above are hypothetical, but practices can get real estimates of how much total time would generate, along with plans to put those practices in place, by working with the coding experts at Dean Dorton. Let our team turn a change in process into an increase in profits. Contact us to learn more.