

Billing and Coding: Time

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Disclosure

Member of the American Psychiatric Association,
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How to think about time spent

- Prior to seeing patient – reviewing records, labs, imaging, EKG, talking with the consultant
- Seeing patient – examination, discussion with patient/family
- After seeing patient - documentation, ordering medications, communication with medical team (liaison).

Billing by time

- Alternative to medical decision making (MDM)
- Need to specifically document in note time spent
- Total time, not just in the hospital and no longer "50% or more of the face-to-face time spent counseling or coordinating care"
- Time is attending time, does not include time by residents and medical students
- Can't include time if reported separately or travel time

Billing by time

- Billing by MDM more common. MDM or time, not both
- Time has now increased (e.g. 99233 is now 50 minutes instead of 35 minutes)
 - Extended time beyond 50 minutes – 99356/99357 deleted, new codes 99418 (15 min increments)
- Does not include general teaching. Unclear what kind of teaching specific to the patient can be included as part of the time.
 - Patient teaching clearly counts, unclear if resident teaching of specific patient management would be included