

## Prolonged Service Codes

By billing with codes 99354 and 99355, your practice may be able to take advantage of additional reimbursement for the extra time you spend with your patients. Typically when billing for additional time, a modifier is used, for which Medicare and private payors do not make additional payments. Using prolonged service codes will allow for additional reimbursement. Medicare will allow up to an additional \$91.33 for the first 30 to 74 minutes of additional, and another \$90.58 for each 15 to 30 minutes thereafter.

Prolonged service codes are ideal when a physician needs to spend a significant amount of extra time with a patient. This is especially helpful when the service does not allow for billing higher-level E/M codes. Documentation is key when billing prolonged service codes. Careful attention will have to be paid to time, and sufficient documentation must be available as the additional time must be justified.

Guidelines for the use of prolonged service codes are clear. They are to be used to report additional time only. They cannot be used to bill for time spent on other billable services. If you should provide additional billable services, these services can be billed in addition to the prolonged service codes. The glitch is, the time spent on the additional services cannot be calculated in the total time used to bill prolonged service codes. Time spent must be in direct contact with the patient and must be medically related. For example, you cannot include time spent socializing with the patient, i.e. discussing the weather.