

TOTAL TIME PLUS PROLONGED SERVICES TEMPLATE

Visit level*	Established patient visit	New patient visit
Level 2	99212 10-19 minutes	99202 15-29 minutes
Level 3	99213 20-29 minutes	99203 30-44 minutes
Level 4	99214 30-39 minutes	99204 45-59 minutes
Level 5	99215 40-54 minutes	99205 60-74 minutes
99417 x 1	+ 99215 55-69 minutes	+ 99205 75-89 minutes
99417 x 2	+ 99215 70-84 minutes	+ 99205 90-104 minutes
99417 x 3 (or more for each additional 15 minutes)	+ 99215 >84 minutes	+ 99205 >104 minutes

*Level 1 office/outpatient visits cannot be based solely on medical decision making or time.

Note: These thresholds are based on CPT guidelines. Some payers may differ (e.g. Medicare has proposed not paying for 99417 until clinicians have exceeded the maximum time for a level 5 visit by 15 minutes or more, rather than the minimum).

Office Visit Coding Guide

Elsevier

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the Elsevier logo.

Office Visit Coding Guide:

The Essential Guide to Coding in Otolaryngology Seth M. Brown, Kimberley J. Pollock, Michael Setzen, Abtin Tabaei, 2021-09-07 The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is a comprehensive manual on how to properly and compliantly code for both surgical and non surgical services It is a practical guide for all otolaryngology providers in the United States including physicians early in their career requiring a working knowledge of the basics experienced providers looking to understand the latest updates with ICD 10 CM and CPT changes related specialists audiology speech pathology and physician extenders providing otolaryngologic health care and office administrative teams managing coding and billing Included are sections on how to approach otolaryngology coding for all subspecialties in both the office and operating room Foundational topics such as understanding the CPT and ICD 10 CM systems use of modifiers managing claim submissions and appeals legal implications for the provider coding for physician extenders and strategies to optimize billing are presented by experts in the field Focused on a practical approach to coding billing and practice management this text is user friendly and written for the practicing physician audiologist speech pathologist physician extender and coder The income and integrity of a medical practice is tied to the effectiveness of coding and billing management As profit margins are squeezed the ability to optimize revenue by compliant coding is of the utmost importance The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is vital not only for new physicians but for experienced otolaryngologists New to the Second Edition Strategies for integrating revised guidelines for coding and documenting office visits New and evolving office and surgical procedures including Eustachian tube dilation and lateral nasal wall implants Updated coding for endoscopic sinus surgery and sinus dilation Billing for telehealth visits Revision of all sub specialty topics reflecting changes in coding and new technologies New and revised audiologic diagnostic testing codes Key Features All chapters written by practicing otolaryngologists health care providers practice managers legal experts and coding experts Discussion of the foundations of coding billing and practice management as well as advanced and complex topics Otolaryngology subspecialty focused discussion of office based and surgical coding Tips on how to code correctly in controversial areas including the use of unlisted codes A robust index for easy reference

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[ICD-10-CM: Official Guidelines for Coding and Reporting - FY 2019 \(October 1, 2018 - September 30, 2019\)](#) Centers for Medicare and Medicaid Services (CMS), National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services (DHHS), 2018-08 These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD 10 CM the American Hospital Association AHA the American Health Information

Management Association AHIMA CMS and NCHS These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD 10 CM itself The instructions and conventions of the classification take precedence over guidelines These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD 10 CM but provide additional instruction Adherence to these guidelines when assigning ICD 10 CM diagnosis codes is required under the Health Insurance Portability and Accountability Act HIPAA The diagnosis codes Tabular List and Alphabetic Index have been adopted under HIPAA for all healthcare settings

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