

COUNSELING and COORDINATION of CARE

Counseling and Coordination of Care – If time dominates the encounter (more than 50%) it may be used for code selection. This is also known as the counseling override option. Time is very explicit and is divided into two categories:

1. Pre- and post- encounter time: Activities before and after the doctor-patient face-to-face time. This time does not count in the code selection process
2. Intra-Service face-to-face doctor/patient time: Doctor time doing the History, Exam, Clinical Decision Making, Counseling and Coordination of Care

Examples of Coding Options

In a typical office visit, the three KEY components of History, Examination, and Clinical Decision Making are usually the dominant components and counseling time is nominal. The initial or second office visit is often used as a counseling session (such as the Report of Findings) in which time COULD be the overriding component.

*“When counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), **then time shall be considered the key or controlling factor** to qualify for a particular level of E/M services. This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (e.g., foster parents, person acting in locum parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the record.” –CPT 2011*

Counseling and Time

Counseling is a discussion with the patient and/or family concerning one or more of the following areas;

- Diagnostic results, impressions, and/or recommended diagnostic studies (*aka “Report of Findings”*)
- Prognosis
- Risks and benefits of management (treatment) options
- Instructions for management (treatment) and/or follow up
- Importance of compliance with chosen management (treatment) options
- Risk factor reduction
- Patient and family education

Selecting the Code

When “time” in counseling and coordination of care becomes the controlling factor, match the total face-to-face time with the closest Average Intra-Service Time listed in the following charts. This gives you the proper code.

| CODE | Avg. Intra-Service Time COUNSELING OVERRIDE |
|-------|--|
| 99201 | 10 mins. |
| 99202 | 20 mins. |
| 99203 | 30 mins. |
| 99204 | 45 mins. |
| 99205 | 60 mins. |

| CODE | Avg. Intra-Service Time COUNSELING OVERRIDE |
|-------|--|
| 99211 | 5 mins. |
| 99212 | 10 mins. |
| 99213 | 15 mins. |
| 99214 | 25 mins. |
| 99215 | 40 mins. |

****NOTE: Append the Modifier (-25) for a significant, separately identifiable E/M service if performed on the same day as a CMT service.**

Example of Time Override Option for Established Patient

| | |
|------------------------------|---|
| E/M Beginning Time: | 3:00 p.m. |
| Start Counseling: | 3:10 p.m. |
| E/M Ending Time: | 3:25 p.m. |
| Counseling/Total Time Ratio: | 15/25 min. (15 minutes is more than 50%) |

| TIME | CODE |
|---------|-------|
| 40 min. | 99215 |
| 25 min. | 99214 |
| 15 min. | 99213 |
| 10 min. | 99212 |
| 5 min. | 99211 |

Counseling/ Coordination of Care and its associated time must be identified and documented. In Document Plus generate the Patient Report of Findings and use it as a guideline for your counseling/ coordination of care session. On the report, document the beginning and end times along with the doctor’s signature. Use the Document Plus Image Center to scan the signed report back into the patient file. Bill the appropriate established patient E&M code (with a modifier -25 if treatment was also performed that day).