

How to Bill for Counseling and Coordination of Care

For many physicians, it just seems as though the entire system would be easier if they could just bill like attorneys or plumbers: by the hour. In some cases, evaluation and management codes can be determined by time. In order to select a code level based on time, the physician must spend at least 50% of the time counseling or coordinating care for the patient. The level is based on the typical times found in the CPT books (e.g. 50 minutes with 50% time counseling or coordinating care is considered to be a 99214). In this case, the documentation of history, exam, and medical decision-making is not relevant at all to the selection of the code. The physician should still be documenting for the purposes of patient care. In addition to this documentation, the physician should indicate in the record the total time spent with the patient and explicitly state that the time was spent on counseling or coordination of care. The visit would still have to be medically necessary, so the physician should document a chief complaint or reason for the counseling. Remember that the length of the visit does not directly drive the code unless that time was spent on counseling or coordination of care.