

# Prolonged Non-Face-to-Face E/M Services in 2023 (99358 – 99359, G2212, G0316-G0318)

---

## Table of Contents

Introduction .....	1
CPT® Guidelines (99358, +99359) .....	2
CMS Guidelines (G2212, G0316-G0318) .....	3
RAC Audit for Prolonged Services .....	5
Commercial Payers .....	6
Conclusion .....	6

## Introduction

A variety of significant changes to CPT® coding for Evaluation and Management (E/M) services took effect on January 1, 2023. Many of these changes impact coding for prolonged services. Prolonged services refer to additional care given to a patient that extends beyond the typical service time for an evaluation and management code. In general, physicians may submit prolonged service codes when they exceed the typical time spent on a companion E/M service.

Effective January 1, 2023, the American Medical Association (AMA) deleted the *Prolonged Services with Direct Patient Contact* codes (99354-99357) from CPT® due to overlap with other existing prolonged service codes (e.g., 99417, 99418).

Although CPT® codes **99358 and +99359** still exist to represent **prolonged services provided on a *different day than the primary E/M service (non-face-to-face)***, the Centers for Medicare and Medicaid Services (CMS) has assigned these codes to status indicator “I” under the Medicare Physician Fee Schedule (MPFS), making them ineligible to submit on Medicare professional fee claims:

**I = Not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services. (Code NOT subject to a 90-day grace period.)**

Instead, CMS has developed HCPCS “G” codes which are required to be submitted to Medicare when reporting the professional fee for these services.

For facility fees reported on an OPPS claim, codes 99358 and +99359 have been assigned OPPS status indicator “N,” indicating that payment is packaged into payment for other services under Medicare’s OPPS reimbursement methodology. Therefore, there is no separate APC reimbursement from Medicare for these codes.

## Prolonged Non-Face-to-Face E/M Services in 2023 (99358 – 99359, G2212, G0316-G0318)

---

### CPT® Guidelines (99358, +99359)

According to 2023 CPT® guidance, codes 99358 and +99359 represent prolonged services **on a date other than the date of a face-to-face E/M encounter with the patient and/or family/caregiver**. These codes may be reported for prolonged services in relation to any E/M service on a date other than the face-to-face service, whether or not time was used to select the level of the companion service. CPT® *Assistant* November 2022 clarifies that **codes 99358 and +99359 are not intended to be reported on the same date as the E/M face-to-face encounter**.

From a CPT® perspective, these codes represent the total duration of non-face-to-face time spent by a physician or other qualified health care professional (QHP) on a given date providing prolonged service, even if the time spent by the provider on that date is not continuous.

Code 99358 reports the first hour of prolonged service on a given date regardless of the place of service. It may only be reported once per date. Prolonged services totaling less than 30 minutes duration on a given date are not reported separately.

Code +99359 reports additional 30 minutes of prolonged service beyond the first hour, or the final 15-30 minutes of prolonged service on a given date. ***It must be reported in addition to code 99358.***

Prolonged services of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes may not be separately reported.

Codes 99358 and +99359 cannot be reported for time without direct patient contact that is included in/reported with other services, such as:

- Care plan oversight services (99374-99380)
- Chronic care management by a physician or other QHP (99437, 99491)
- Principal care management by a physician or other qualified health care professional (99424-99427)
- Home and outpatient INR monitoring (93792, 93793)
- Medical team conferences (99366-99368)
- Interprofessional telephone/Internet/electronic health record consultations (99446- 99449, 99451, 99452)
- Online digital evaluation and management services (99421-99423)

Parenthetical notes in CPT® instruct not to report codes 99358, +99359 with:

- Office or outpatient visits (99202-99205, 99212-99215)
- Initial or subsequent hospital inpatient or observation care/discharge services (99221-99223, 99231-99236)
- Office or outpatient consultations (99242-99245)
- Inpatient or observation consultations (99252-99255)
- Emergency department visits (99281-99285)
- Initial or subsequent nursing facility care/discharge services (99304- 99310)

## Prolonged Non-Face-to-Face E/M Services in 2023 (99358 – 99359, G2212, G0316-G0318)

- Home or residence visits (99341- 99345, 99347- 99350)
- Prolonged E/M service with or without direct patient contact on the date of an E/M service (99417, 99418)
- Assessment & care planning for patients with cognitive impairment (99483)

### CMS Guidelines (G2212, G0316-G0318)

In 2022, codes 99358 and +99359 were assigned RVUs under the Medicare Physician Fee Schedule (MPFS) and the professional fees were reimbursed separately by Medicare. Under OPPS, these codes were status “N” and were not reimbursed separately under Medicare’s OPPS reimbursement methodology. This information can be viewed in the Calculator tab of the PARA Data Editor:

Current Descriptor	Fee Schedule	Initial APC	Payment
<input type="checkbox"/> <b>99358</b> - prolonged evaluation and management service before and/or after direct patient care; first hour <b>N - Items and Services packaged into APC rates</b>	GB (Physician Facility): GB (Physician Non-Facility):	\$118.86 \$118.86	
<input type="checkbox"/> <b>99359</b> - prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (list separately in addition to code for prolonged service) <b>N - Items and Services packaged into APC rates</b>	GB (Physician Facility): GB (Physician Non-Facility):	\$57.74 \$57.74	

CMS did not agree with the methodology developed by CPT® for calculating prolonged service time. Therefore, Medicare elected to develop their own HCPCS “G” codes to report professional fees for these services for Medicare beneficiaries.

On January 1, 2023, CMS changed the MPFS status indicator for CPT® codes 99358 and +99359 to “I,” which indicates that these codes are not valid for Medicare purposes, since Medicare uses another code for reporting of, and payment for, these services.

For 2023, Medicare requires reporting of HCPCS codes **G0316**, **G0317**, and **G0318** for reporting professional fees for prolonged services provided to patients in the hospital inpatient/observation, nursing facility, and home or residence settings, respectively:

## Prolonged Non-Face-to-Face E/M Services in 2023 (99358 – 99359, G2212, G0316-G0318)

Current Descriptor	Fee Schedule	Initial APC	Payment
<input type="checkbox"/> <a href="#">99358</a> - prolonged evaluation and management service before and/or after direct patient care; first hour <b>N - Items and Services packaged into APC rates</b>			
<input type="checkbox"/> <a href="#">99359</a> - prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (list separately in addition to code for prolonged service) <b>N - Items and Services packaged into APC rates</b>			
<input type="checkbox"/> <a href="#">G0316</a> - prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to cpt codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management service) <b>N - Items and Services packaged into APC rates</b>	GB (Physician Facility): GB (Physician Non-Facility):	\$29.90 \$31.12	
<input type="checkbox"/> <a href="#">G0317</a> - prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to cpt codes 99306, 99310 for nursing facility evaluation and management services). (do not report g0317 on the same date of service) <b>B - Non-allowed item or service for OPPS</b>	GB (Physician Facility): GB (Physician Non-Facility):	\$29.90 \$31.12	
<input type="checkbox"/> <a href="#">G0318</a> - prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to cpt codes 99345, 99350 for home or residence evaluation and management services). (do not report g0318 on the same date of service)	GB (Physician Facility): GB (Physician Non-Facility):	\$29.29 \$30.51	

Code G2212 was previously developed by CMS in 2021 to report prolonged services in the office and outpatient settings:

Current Descriptor	Fee Schedule	Initial APC	Payment
<input type="checkbox"/> <a href="#">G2212</a> - prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to cpt codes 99205, 99215, 99483 for office or other outpatient evaluation and management services) (do not report g2212 on the same date of service) <b>N - Items and Services packaged into APC rates</b>	GB (Physician Facility): GB (Physician Non-Facility):	\$33.42 \$34.63	

Codes G0316 and G2212 have an OPSS status indicator of “N”, indicating their payment is packaged into other services and is not separately reimbursed under Medicare’s OPSS reimbursement methodology. Codes G0317 and G0318 were assigned OPSS status indicator “B,” so OPSS payment for these codes is bundled into other services.

In the [Medicare Physician Fee Schedule \(MPFS\) Final Rule](#) released in the 4<sup>th</sup> quarter of 2022, CMS provided the following table to assist providers in determining the appropriate HCPCS code to report for prolonged E/M services not provided in the office or outpatient setting:

## Prolonged Non-Face-to-Face E/M Services in 2023 (99358 – 99359, G2212, G0316-G0318)

**TABLE 24: Required Time Thresholds to Report Other E/M Prolonged Services**

Primary E/M Service	Prolonged Code*	Time Threshold to Report Prolonged	Count physician/NPP time spent within this time period (surveyed timeframe)
Initial IP/Obs. Visit (99223)	G0316	105 minutes	Date of visit
Subsequent IP/Obs. Visit (99233)	G0316	80 minutes	Date of visit
IP/Obs. Same-Day Admission/Discharge (99236)	G0316	125 minutes	Date of visit to 3 days after
IP/Obs. Discharge Day Management (99238-9)	n/a	n/a	n/a
Emergency Department Visits	n/a	n/a	n/a
Initial NF Visit (99306)	G0317	95 minutes	1 day before visit + date of visit +3 days after
Subsequent NF Visit (99310)	G0317	85 minutes	1 day before visit + date of visit +3 days after
NF Discharge Day Management	n/a	n/a	n/a
Home/Residence Visit New Pt (99345)	G0318	140 minutes	3 days before visit + date of visit + 7 days after
Home/Residence Visit Estab. Pt (99350)	G0318	110 minutes	3 days before visit + date of visit + 7 days after
Cognitive Assessment and Care Planning (99483)	G2212	100 minutes	3 days before visit + date of visit + 7 days after
Consults	n/a	n/a	n/a

\* Time must be used to select visit level. Prolonged service time can be reported when furnished on any date within the primary visit's surveyed timeframe, and includes time with or without direct patient contact by the physician or NPP. Consistent with CPT's approach, we do not assign a frequency limitation.

### RAC Audit for Prolonged Services

On January 26, 2023, CMS approved a new nationwide Recovery Audit Contractor issue to examine whether unbundling of services has occurred when reporting codes 99358 and +99359. Specifically, 99358 and 99359 should not be reported during the same calendar month as CPT® codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, and 99494.

Below are a link and an excerpt from the approved issue announcement on the CMS website:

<https://www.cms.gov/node/1621306>

**Issue Name:** 0211-Prolonged Service Codes: Unbundling

**Date:** 2023-01-26

**Review Type:** Automated

**Provider Type:** Professional Services

**MAC Jurisdiction:** All A/B MACs

**Description:** Per the 2019 and 2020 AMA CPT® manuals, do not report CPT codes 99358 and/or 99359 during the same calendar month as CPT® codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494.

# Prolonged Non-Face-to-Face E/M Services in 2023 (99358 – 99359, G2212, G0316-G0318)

## Commercial Payers

At this time, because the HCPCS “G” codes for prolonged non-face-to-face services are new for 2023 and there is inadequate reimbursement data available, it is not known whether commercial payers will follow Medicare guidelines and coding requirements (HCPCS “G” codes) or CPT® coding guidelines (99358, +99359) when processing claims for prolonged non-face-to-face services. It is recommended that providers query individual payer policies for additional information about their billing requirements for these services. PARA Rev will continue to monitor reimbursement for these codes and will update this information as it becomes available.

## Conclusion

It is important to become familiar with the numerous coding updates and revisions for prolonged services provided on a date other than the face-to-face E/M encounter. Because Medicare and commercial payers may have different policies for reporting these services, it is critical to ensure claims are submitted accurately for proper reimbursement and to avoid denials or compliance concerns.

Additional information regarding E/M coding changes and reporting prolonged services can be found in the PARA Data Editor under the Advisor tab:

PARA Data Editor - Demonstration Hospital [DEMO] dbDemo | [Contact Support](#) | [Log Out](#)

Select [Charge Quote](#) [Charge Process](#) [Claim/RA](#) [Contracts](#) [Pricing Data](#) [Pricing](#) [Rx/Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Admin](#) [CMS](#) [PTT/NSA](#) [Tasks](#) [PARA](#)

Type	Summary	Supporting Docs	Filter Link	Audit Link	Issue Date	Bookmark
Filter By Type	<input type="text" value="evaluation and management"/>					
Coding Update	2023 Coding Update - Professional Evaluation and Management Codes	<a href="#">1 PDF</a>			09/27/2022	
Bulletin Board	CGS Administrators, LLC - New Part B Evaluation and Management Frequently ...	<a href="#">1 Post</a>			02/21/2021	
Bulletin Board	First Coast eNews: Part B - General - Evaluation and management (E/M) chang...	<a href="#">1 Post</a>			12/06/2020	
Professional Services	Professional Claim Evaluation and Management (E&M) Audits	<a href="#">1 PDF</a>			05/01/2019	

<https://apps.para-hcfs.com/pde/documents/2023 Coding Update - Professional Eval and Management.pdf>

<https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>

*The preceding materials are for instructional purposes only. The information is presented "as-is" and, to the best of ParaRev's knowledge, is accurate at the time of distribution. However, due to the ever-changing legal/regulatory landscape, this information is subject to modification as statutes, laws, regulations, and/or other updates become available. Nothing herein constitutes, is intended to constitute, or should be relied on as legal advice. ParaRev expressly disclaims any responsibility for any direct or consequential damages related in any way to anything contained in the materials, which are provided on an "as-is" basis and should be independently verified before being applied. You expressly accept and agree to this absolute and unqualified disclaimer of liability. The information in this document is confidential and proprietary to ParaRev and is intended only for the named recipient. No part of this document may be reproduced or distributed without express permission. Permission to reproduce or transmit in any form or by any means, electronic or mechanical, including presenting, photocopying, recording and broadcasting, or by any information storage and retrieval system must be obtained in writing from ParaRev. Request for permission should be directed to [info@corrohealth.com](mailto:info@corrohealth.com)*