

# Detroit Wayne Integrated Health Network

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**ISSUED/REVISED**: 2/14/2024

**EFFECTIVE:** 10/1/2023

SUBJECT: Use of Add-on Code 99417

**SERVICE AFFECTED:** 99205, 99215 & 99417 - Evaluation & Management

for Behavioral Health and Substance Abuse services.

#### **BACKGROUND**

Historically, the MDHHS description of the code 99417 for prolonged evaluation and management (E & M) services was unclear. See description, below.

"Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary services when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service) ..."

Specifically, the phrase "...each 15 minutes of total time..." was confusing, given that the unit type for 99417 is "Encounter." Some providers were unclear as to how to submit claims for 99417.

PROCEDURE (Note: 99205 and 99215 will be collectively known as 992x5)

- Code 99417 is only used when the office or other outpatient service has been selected using time alone as the basis and only after the minimum time required to report the highest-level service (i.e., 99205, 99215) has been exceeded by 15 minutes.
- The duration of "99205 E & M of New Patient" encounters must be between 60 74 minutes. The 99205 encounters must reach 75 minutes or more in order to bill one (1) encounter of the add-on code 99417. (Note: 60 minutes exceeded by 15 minutes equals 75 minutes.)

#### **Board of Directors**



• The duration of "99215 – E & M of Established Patient" encounters must be between 40 and 54 minutes. The 99215 encounters must reach 55 minutes or more in order to bill one (1) encounter of the add-on code 99417. (Note: 40 minutes exceeded by 15 minutes equals 55 minutes.)

#### **BILLING**

- The provider should submit the claim for the primary E & M code 992x5 as usual, with the appropriate start and stop times.
- If the duration of the of the primary E & M code meets the requirements above, then the provider may also report the prolonged E & M add-on code 99417.
- The start time for the 99417 encounters must immediately follow the stop time for the 992x5 E & M code.
- Providers may only report one 99417 add-on code per E&M service; the unit type for 99417 is not "15-minutes", the unit type is "encounter."

## **CHARTS**

Code	Service Description	Reporting Code Description	Unit Type / Duration	Staff Credential Modifiers
99205	Evaluation and	Office or other outpatient visit for the	Encounter: 60-74 Minutes	AF - Psychiatrist;
1	Management of New	evaluation and management of a new		AG - Physician;
1	Patient	patient, which requires a medically		SA - Physician Assistant, Nures
1		appropriate history and/or examination and		Practitioner or Certified Nursing
1		high level of medical decision making.		Speciaist.
1		When using time for code selection, 60-74		
1		minutes of total time is spent on the date of		
		the encounter.		
99215	Evaluation and	Office or other outpatient visit for the	Encounter: 40-54 Minutes	AF - Psychiatrist;
1	Management of	evaluation and management of an		AG - Physician;
1	Established Patient	established patient, which requires a		SA - Physician Assistant, Nures
1		medically appropriate history and/or		Practitioner or Certified Nursing
1		examination and high level of medical		Speciaist.
1		decision making. When using time for code		
1		selection, 40-54 minutes of total time is		
		spent on the date of the encounter.		
99417	Medication Review	Prolonged outpatient evaluation and	Encounter	AF - Psychiatrist;
1		management service(s) time with or without		AG - Physician;
1		direct patient contact beyond the required		SA - Physician Assistant, Nures
1		time of the primary service when the primary		Practitioner or Certified Nursing
1		service level has been selected using total		Speciaist.
1		time, each 15 minutes of total time (List		
1		separately in addition to the code of the		
1		outpatient Evaluation and Management		
		service) E/M 99205, 99215		

## **REFERENCES:**

## **Michigan Medicaid Provider Manual**

http://www.michigan.gov/mdhhs/0,5885,7-339-71551 2945 42542 42543 42546 42553-87572--,00.html

MDHHS Website: SFY 2024 Behavioral Health and Provider Qualifications https://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_38765---,00.html

## **DWIHN Rate Charts**

https://www.dwihn.org/rate-charts

If there are any additional questions and or concerns, please contact: <a href="mailto:procedure.coding@dwihn.org">procedure.coding@dwihn.org</a>