

## Fast Facts: Prolonged Service 99417 and 99418

Prolonged service codes 99417 and 99418 are used when the **minimum** time required to report the highest-level service of a service type (ex. 99205, 99215, 99245, 99223, 99233, and 99255) has been exceeded by a full **15 minutes**. Increments less than 15 minutes cannot be billed.

### Outpatient Example:

For a new patient encounter (99205; 60-74 minutes of total time), **60 minutes of base time are required to report the service**. To report code 99417 for a new patient encounter (99205), **75 minutes** of total time must first be reached.

### Inpatient Example:

For a subsequent hospital encounter (99233; 50-64 minutes of total time), **50 minutes of base time are required to report the service**. To report code 99418 for a subsequent hospital encounter (99233), **65 minutes** of total time must first be reached.

Outpatient Prolonged Service 99417			
Service Type	Time Range	99417 x 1 Time Range	99417 x 2 Time Range
New Patient	60-74	75-89	90-104
Established Patient	40-54	55-69	70-84
OP Consultation	55-69	70-84	85-99
Inpatient Prolonged Service 99418			
Service Type	Time Range	99418 x 1 Time Range	99418 x 2 Time Range
Initial Hospital Care	75-89	90-104	105-119
Subsequent Hospital Care	50-64	65-79	80-94
IP Consultation	80-94	95-109	110-124

**Q:** Is it true that this does not align with time reporting for time-based critical care?

**A:** Correct. The guidelines above do not apply to time-based critical care. Report critical care code 99291 for the first 30-74 minutes. Report add-on code 99292 for additional block(s) of time, of up to **30 minutes** each beyond the first 74 minutes. Guidelines for reporting critical care did not change with other E/M changes in 2021 and 2023.

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