# G0316

## Documentation Requirements

**Intent of Service**
- Extended evaluation and management of a patient's specific problem

**Presence of Patient**
- Includes direct face-to-face contact and non-face-to-face activities

**Time Spent on Prolonged Service**
- Each additional 15 minutes

**Special Coding and Documentation Considerations**
- This code is used to report time spent on the date of the encounter, with or without direct patient contact, that extends beyond the total time designated in the primary code description.
- Document the total time (with and without direct patient contact) spent on the patient's case. Time does not have to be continuous but should reflect the total time spent on the day of the visit providing the prolonged service.
- Never report this code alone—it should be reported with 99223, 99233, and 99236.
- Do not report with 99358, 99359, 99415, 99416, or 99418 for the same date of service.
- The prolonged service starts 15 minutes after the total time for the primary service, and the entire 15-minutes increment must be completed. See table below.
- Codes 99223 and 99233 are based on time spent on the date of the encounter. Code 99236 is based on time spent on the same date or within three subsequent calendar days.

## Prolonged Services Time Threshold Table

| Primary E/M Service Prolonged | Code | Time Threshold to Report One Unit of Prolonged Service | Count physician/NPP time spent within this time period |
|---|---|---|---|
| 99223  Initial Inpatient/ Observation visit | G0316 | **90**  ~~105~~ | Date of visit |
| 99233  Subsequent Inpatient/ Observation visit | G0316 | **65**  ~~80~~ | Date of visit |
| 99236  Initial/Discharge same date | G0316 | **110**  ~~125~~ | Date of visit to 3 days after |

CMS published a table in the CY2023 Physician Rule indicating the time thresholds that need to be documented to report one additional unit of prolonged services. This table reflects the total physician time used to determine the work RVU for the indicated code plus the 15 minutes of prolonged services. Note that the times vary from code to code and are in excess of the time listed in the CPT code description. For additional information and reporting guidelines for G0316, G0317, and G0318, refer to the CY 2023 physician final rule at:

https://www.cms.gov/files/document/cy2023-physician-fee-schedule-final-rule-cms-1770f.pdf.

Additional information regarding the correction posted March 15, 2023 can be found at:
https://www.federalregister.gov/documents/2023/03/15/2023-04961/medicare-and-medicaid-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other

☞ **CMS CORRECTION**

The Centers for Medicare and Medicaid Services (CMS) published a correction in the *Federal Register* on March 15, 2023, regarding the time thresholds for reporting HCPCS code G0316 with CPT® codes 99223, 99233, and 99236.

As explained in the *Federal Register*, CMS uses a time threshold based upon the RUC recommended time. This results in a minimum time threshold for code 99236 of 95 minutes rather than 85 minutes as found in the CPT code description.

The corrected times for codes 99223, 99233, and 99236 are noted in the table on this page and include the additional 15 minutes required to report prolonged services.

Additional information regarding the correction can be found at:

https://www.federalregister.gov/documents/2023/03/15/2023-04961/medicare-and-medicaid-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other