

Inpatient Prolonged Services Threshold Times

CPT	Visit Type	Typical Time Associated with Code	Threshold Time to Support 99356	Threshold Time to Support 99356 & 99357
99221	Initial Hospital Care Level 1	30	60	105
99222	Initial Hospital Care Level 2	50	80	125
99223	Initial Hospital Care Level 3	70	100	145
99231	Subsequent Visit Level 1	15	45	90
99232	Subsequent Visit Level 2	25	55	100
99233	Subsequent Visit Level 3	35	65	110
99251	Inpatient Consultation Level 1	20	50	95
99252	Inpatient Consultation Level 2	40	70	115
99253	Inpatient Consultation Level 3	55	85	130
99254	Inpatient Consultation Level 4	80	110	155
99255	Inpatient Consultation Level 5	110	140	185

Prolonged services are billed *in addition* to the CPT code for the visit.

Example – 105 minutes of prolonged service for an Initial Hospital Care Level 1 visit is billed as 99221, 99356 and 99357.