

# What Counts as Time for an Encounter and Where Time is Tracked

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Version 20.15

## ! Important Note about the Development of these Features

It is important to note that the details of what "should" and "should not" count are evolving and the developments in OP can only align with what we know to be true at the time of development. We expect that there will be modifications to the enhancements as more is learned from both the industry and our practices. All coding recommendations are **suggested** based on information that can be tracked in OP.

*"A reminder that time tracking is **guidance** only. It's meant to assist you and offer guidance. It should **not** be taken as gospel and absolutely accurate. It should be used as your **sanity checker**. It uses time tracking to offer coding **recommendations** but it is up to the Rendering Provider to confirm the accuracy and choose a code based on what actually happened." - Sue Kressly, MD, FAAP*

## Global Preferences to Consider with Time-Tracking

Time-tracking starts and stops depending on where in the system the Provider is working with the **patient focused, on the date of the patient's Encounter** (from 12:01AM - 11:59PM). Because of this fluid tracking, there are a couple of OP setup items that your practice may already have in place that will impact the accuracy of time-tracking for your providers. These settings are located in the Security tab of Global Preferences (**Admin tab Global Preferences > Security tab**) and can be changed by a Practice Administrator, if necessary:

**IF** your practice's OP is set up to log a user out of OP after a specific amount of time, **THEN** time-tracking will stop when the logout occurs.

**What this means:** This is an important security feature and should not be disabled. However, this may lead to untracked-time spent with the patient. The provider will just need to be aware of this when confirming their Total Time during visit coding. Or, the practice can make a decision to increase the amount of time before the logout occurs.

### Timed Logout:

Set the number of minutes of inactivity before the user is logged out.  
All forms remain open.  
Encounter or Preventive exam forms that are open will be auto-saved,  
(not closed - but saved) after 15 minutes.  
Office Practicum will be automatically closed after 3 hours of inactivity.  
Inactivity is time since last key stroke or mouse click.  
0 = disabled.

20

**IF** your practice's OP is set up to allow users to be logged-in on multiple workstations, **THEN** time-tracking will not be accurate for the visit.

OP cannot keep track of time for a Provider logged-in on multiple workstations.

**Do This:** Navigate to the Security tab of Global Preferences and **select the checkbox to disallow** simultaneous login on multiple workstations.

### Auto Logout:

Do not allow simultaneous login on multiple workstations  
If enabled, every workstation must have a unique designation. See  
Utilities-> System Administration-> Workgroup-> Administration.

Apply

Click the bullets below to learn more about Time-Tracking in the following sections:



## Categorization of Time

Tracked-time is categorized into 3 buckets that are displayed for the provider during Encounter coding so that he or she can recall where their time was spent for the visit.

Pre-visit Preparation	Intra-visit Work*	Post-visit Work*
Preparation before the patient is seen.	Work done by the Provider during the visit.	Work done by the Provider after the visit.

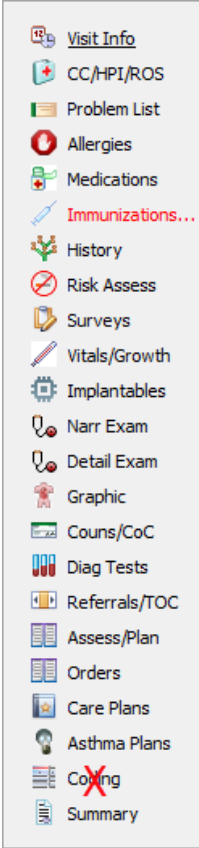
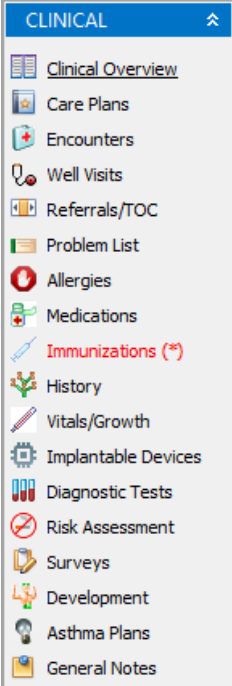
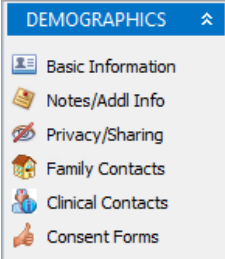
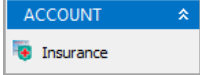
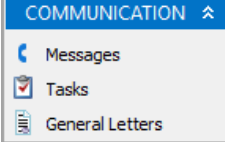

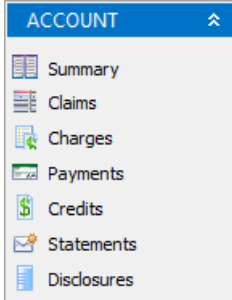
\* Your practice can decide the Visit Stage that categorizes the time-tracking into this bucket and make that setting in Global Preferences. [Click here to learn how to set your practice's Intra-visit Work and Post-visit Work Visit Stages.](#) If no setting is made, all time-tracking is displayed as Total Time, without categorization. This **does not** mean that time is not tracked. It simply means that it is not divided into buckets. The audit trail tracks when work is done and who is logged in doing it. It is now standard for legal teams to request audit trails as well as Medical Records when doing malpractice or other forensic investigations.

## What Does and Does Not Count as Time for an Encounter

 <b>Counts</b>	 <b>Doesn't Count</b>
<ul style="list-style-type: none"> <li>• Provider time spent logged into OP on the date of the patient's Encounter. Anyone who does clinical work and is considered a Provider that can independently bill an E/M visit can use Time. This is inclusive of NPs and PAs. This does not include Nurse time.</li> <li>• Reviewing tests in preparation for seeing the patient</li> <li>• Obtaining and/or reviewing separately obtained History</li> <li>• Performing a medically appropriate examination and/or evaluation</li> <li>• Counseling and educating the patient/parent/caregiver</li> <li>• Ordering Medications, Tests, or Procedures</li> <li>• Referring and communication with other healthcare professionals (when not separately reported)</li> <li>• Documenting clinical information in the electronic or another health record</li> <li>• Independently interpreting results (not separately reported) and communicating results to the patient/parent/caregiver</li> <li>• Care coordination (not separately reported)</li> <li>• Documented technical difficulties when trying to connect with a patient for a Telehealth visit</li> </ul> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p><b>🔗 Frequently Asked Question</b></p> <p><i>If a Provider who takes an after-hours call differs from the Provider who saw the patient in the office that day, can that time be included in the total time? Yes, as long as the time is spent on the same day. It's an internal decision on</i></p> </div>	<ul style="list-style-type: none"> <li>• Documentation that is done by clinical, non-provider staff (MAs, Nurses)</li> <li>• Scribe time</li> <li>• Chart/visit preparation done prior to the date of the actual visit</li> <li>• Documentation that is done on days after the visit</li> </ul> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p><b>Suggestions</b></p> <ul style="list-style-type: none"> <li>- Give Providers "<b>prep time</b>" in the morning before patient appointments begin for the day.</li> <li>- Give Providers "<b>catch-up time</b>" throughout the day to catch up on their documentation so that their work does not extend outside of the date of the visit.</li> <li>- <b>Delay choosing E/M code</b> until later in the day in case more time is spent on the patient's Encounter after the patient leaves the office.</li> </ul> </div> <ul style="list-style-type: none"> <li>• Time spent doing work that is separately billable with its own CPT code, such as reviewing Vanderbilts or performing procedures</li> <li>• Time of a "non-qualified" other healthcare professional that you supervise</li> <li>• Time spent doing non-clinical work, such as scheduling an appointment</li> </ul>

how to bill it out as this is not addressed by CPT.

## Where in OP Time is Tracked

<b>Tracked in the Encounter</b> <b>Note:</b> All sections of an Encounter are time-tracked except for <b>Coding</b> .	<b>Tracked in the Patient Chart</b>		<b>Not Tracked in the Patient Chart</b>
		    <p><b>Note:</b> Patient Messages created using the <b>Send Message</b> button in the Clinical and Practice Management tab are also counted time-tracked.</p>	 <ul style="list-style-type: none"> <li>- <b>Schedule</b> (Calendar or Tracking)*</li> <li>- <b>Message Center</b>*</li> <li>- <b>Clinical Work window</b>*</li> <li>- <b>Billing Center</b>*</li> </ul> <p><i>*While these areas can be used to navigate to a Patient Chart, the act of viewing these windows does not trigger time-tracking. It is not until you actually go to a time-tracked area that time-tracking begins.</i></p>