

Evaluation and Management:

Selecting and Documenting Appropriate Levels for Office or Other Outpatient Services

Code Selection Based on Medical Decision Making (MDM) or Time					
Code	Time	Level of MDM	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	Minimal	<i>Office or other outpatient visit for the E/M of an established patient, that may not require the presence of a physician or other qualified health care professional.</i>	N/A
99202 99212	15-29 minutes 10-19 minutes	Straightforward <i>1 self-limited or minor problem</i>	Minimal	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	30-44 minutes 20-29 minutes	Low	Low <i>2 or more self-limited or minor problems;</i> <i>or</i> <i>1 stable chronic illness;</i> <i>or</i> <i>1 acute, uncomplicated illness or injury</i>	Limited (requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test; <i>or</i> Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high.)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	45-59 minutes 30-39 minutes	Moderate	Moderate <i>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</i> <i>or</i> <i>2 or more stable chronic illnesses;</i> <i>or</i> <i>1 undiagnosed new problem with uncertain prognosis;</i> <i>or</i> <i>1 acute illness with systemic symptoms;</i> <i>or</i> <i>1 acute complicated injury</i>	Moderate (Must meet the requirements of at least 1 out of 3 categories.) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source* • Review of the result(s) of each unique test* • Ordering of each unique test* • Assessment requiring an independent historian(s) <i>or</i> Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <i>or</i> Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment
99205 99215	60-74 minutes 40-54 minutes	High	High <i>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</i> <i>or</i> <i>1 acute or chronic illness or injury that poses a threat to life or bodily function</i>	Extensive (Must meet the requirements of at least 2 out of 3 categories.) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test* • Ordering of each unique test* • Assessment requiring an independent historian(s); <i>or</i> Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <i>or</i> Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source	High risk of morbidity from additional diagnostic testing or treatment

Advance Care Planning (ACP) Codes

Code	Descriptor
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Each additional 30 minutes

Note: There are no limits on the number of times you can report ACP for a given patient in a given time period.

Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

Code	Descriptor	Labeler Name	Vaccine/Procedure Name	Payment Allowance
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer	Pfizer-Biontech Covid-19 Vaccine	\$0.010*
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration - First Dose	\$16.940**
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration - Second Dose	\$28.390**
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna	Moderna Covid-19 Vaccine	\$0.010*
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Moderna	Moderna Covid-19 Vaccine Administration - First Dose	\$16.940**
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Moderna	Moderna Covid-19 Vaccine Administration - Second Dose	\$28.390**

*Since providers initially will not incur a cost for the product, CMS will update the payment allowance at a later date. Providers should not bill for the product if they received it for free.

**These rates will be geographically adjusted.

Prolonged Services Code

Prolonged Visits With Direct Patient Contact

99354	Outpatient setting requiring direct patient contact beyond the usual time of service; first hour
99355	Each additional 30 minutes

Prolonged Visits Without Direct Patient Contact

99358	Prolonged E/M service before and/or after direct patient care; first hour
99359	Each additional 30 minutes

Prolonged Clinical Staff Services With Physician/Qualified Health Care Professional Supervision

99415	Service during an E/M service in the office or outpatient setting, direct patient contact with physician supervision; first hour
99416	Each additional 30 minutes

Prolonged Service With or Without Direct Patient Contact on the Date of an Office/Other Outpatient Service

99417	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)
G2212	Each additional 15 minutes