

Telehealth Services

e-Consults/Consultant Codes	
99446	Interprofessional telephone/internet/EHR assessment and management, including a verbal and written report, 5-10 minutes of medical consultative discussion and review
99447	...11-20 minutes
99448	...21-30 minutes
99449	...31 minutes or more
99451	Interprofessional telephone/internet/EHR assessment and management, 5 or more minutes of medical consultative time, written report only
99452	Interprofessional telephone/internet/EHR referral service(s) provided by treating/requesting clinician, 30 minutes (<i>requesting physician code</i>)
Virtual Check-ins*	
G2010	Remote evaluation of recorded video/images by established patient (e.g., store and forward), including interpretation with follow-up with patient within 24 business hours
G2012	Brief communication technology-based service by physician to an established patient; 5-10 minutes of medical discussion**
G2252	Brief communication technology-based service by physician/other qualified health care professional to an established patient; 11-20 minutes of medical discussion**
Telehealth Consult Services	
G0508	Initial consultation, critical care, physicians typically spend 60 minutes communicating with patient
G0509	Subsequent consultation, critical care, typically 50 minutes communicating with patient

*Unrelated to an E/M service in the prior 7 days or next 24 hours or soonest available appointment

** Can also be reported by qualified health professionals who can report E/M services

Psychiatric Collaborative Care Management*

99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care management activities, in consultation with a psychiatric consultant
99493	First 60 minutes in a subsequent month
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant

*Directed by the treating physician or qualified professional

Psychiatric Evaluation

90792	Psychiatric diagnostic evaluation with medical services
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Care Planning

G0506	Comprehensive assessment of and care planning by the physician/other qualified health care professional for patients requiring chronic care management services, including assessment during the provision of a face-to-face service
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Behavioral Health Management

99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician/other qualified health care professional, per calendar month
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Cognitive Impairment

99483	Cognitive and functional assessment using standardized instruments with development, updating, or revising of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, by the physician/other qualified health professional in office or other outpatient setting or home, domiciliary, or rest home
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Mobility-Assistive Technology

G0501	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (e.g., adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office or outpatient E/M visit
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Remote Patient Monitoring (RPM)

99453	Initial set-up and patient education on use of equipment
99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	RPM treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
99458	Each additional 20 minutes (add on code)
99091	Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician/other qualified health care professional, requiring a minimum of 30 minutes of time, each 30 days
99473	Self-measured blood pressure patient education/training and device calibration
99474	Separate self-measurements of 2 readings 1 minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician/other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of treatment plan to patient

Outpatient Service Codes

Selecting and Documenting
Clinical Services

For more detailed instruction and coding guidance, visit the American College of Physicians' Coding for Clinicians hub at www.acponline.org/coding

Reasonable efforts have been made to ensure the accuracy of this document, but it is no substitute for the original guidelines. Refer to federal and CPT® guidance for official terms and guidance.

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Code	Time (mins)	Level of MDM	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data Reviewed and Analyzed	Risk from patient management
99202	15-29	Straight-forward	1 self-limited or minor problem	Minimal or none	Minimal
99203	30-44	Low	2+ self limited or minor problems; 1 stable chronic illness; 1 acute, uncomplicated illness or injury	Tests and documents: any 2 • Review of prior external note(s) from each unique source; • Ordering of each unique test, or; • Review of the results of each unique test or Independent historian required	Low
99204	45-59	Moderate	1+ chronic illness(es) with exacerbation, progression, or side effects from treatment; 2+ stable chronic illnesses; or 1 undiagnosed new problem with uncertain prognosis; or 1 acute complicated injury; or 1 acute illness with systemic symptoms	1. Tests, documents, or independent historian: any 3 • Review of prior external notes from each unique source • Review of results of each unique test • Ordering of each unique test • Assessment requiring independent historian 2. Independent interpretation of tests* 3. Discussion of management or test interpretation with external physician/qualified health care professional/appropriate source* * Not separately reported	Moderate
99215	60-74	High	1+ chronic illness(es) with severe exacerbation, progression, or side effects of treatment; or 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (2 of 3)	High

Transitional Care Management

99496	99495	Face-to-Face	MDM	Communication
	Within 8-14 days	Moderate complexity	With patient and/or caregiver within 2 business days of discharge	

Advance Care Planning*

99497	First 16-30 minutes, explanation and discussion with patient, family member(s), and/or surrogate
99498	Each additional 16-30 minutes (add on code)

*Using modifier -33, these codes may be billed along with the annual wellness visit without additional patient cost

Medicare Preventive Services

G0402	IPE; face-to-face visit; only once during first 12 months of Medicare enrollment
G0403	ECG with 12 leads, screening, performed during the IPE, with interpretation and report
G0404	ECG with 12 leads, screening, performed during the IPE; tracing only, without interpretation and report
G0405	ECG with 12 leads; screening, performed during the IPE; interpretation and report only
G0438	Annual wellness visit, initial*
G0439	Annual wellness visit, subsequent*

* Includes a personalized prevention plan of services (PPS)

Prolonged Services (Add-on to the highest-level standard E/M code for the service provided)

99354	99355	99358	99359	99415	99416
First 30-60 minutes of prolonged face-to-face care for outpatient services other than office visits	Each additional 15-30 minutes of prolonged face-to-face care (add on to 99354)	Prolonged Service Without Direct Patient Contact	First 30-60 minutes of prolonged non-face-to-face outpatient care	First 30-60 minutes of prolonged clinical staff services with physician/qualified health care professional supervision in the office or outpatient setting, direct patient contact with physician supervision	Each additional 15-30 minutes of prolonged clinical staff services (add on to 99415)
15 minutes of additional service time provided beyond the minimum time for the highest-level outpatient office visit E/M code (can be added on multiple times) [e.g., 75-89 minutes for a new patient, 55-69 minutes for an established patient]	15 minutes or more of prolonged office or other outpatient E/M services for patients with Medicare or other insurers that require use of G2212 rather than 99417 [e.g., 89-103 minutes for a new patient, 69-83 minutes for an established patient]	Prolonged Service With Direct Patient Contact	Each additional 15-30 minutes of prolonged non-face-to-face care (add on to 99358)	Prolonged Clinical Staff Services With Physician/Qualified Health Care Professional Supervision	Each additional 20 minutes of clinical staff time per calendar month

Chronic Care Management*

99490	Non-complex CCM, at least 20 minutes of clinical staff time per calendar month
99487	Complex CCM, at least 60 minutes, moderate- or high-complexity MDM, with the following required elements: 2 + chronic conditions expected to last at least 12 months (or until death) or that place patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored
99489	Complex CCM, each additional 30 minutes of clinical staff time; add on to 99487
99491	CCM provided personally by a physician or other qualified health professional, first 30 minutes, per calendar month
99439	Each additional 20 minutes of clinical staff time per calendar month

*Directed by a physician/other qualified health care professional