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Outpatient Evaluation and Management Codes

Selecting and Documenting Appropriate Levels of Service

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	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	N/A
99202 99212	15-29 minutes 10-19 minutes	Straightforward 1 self-limited or minor problem	Minimal	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	30-44 minutes 20-29 minutes	Low	Low 2 or more self-limited or minor problems; or 1 stable chronic illness; or 1 acute, uncomplicated illness or injury	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*; or 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 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or 2 or more stable chronic illnesses; or 1 undiagnosed new problem with uncertain prognosis; or 1 acute illness with systemic symptoms; or 1 acute, complicated injury	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) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or 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 1 or more chronic illnesses 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 (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); or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or 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)	High risk of morbidity from additional diagnostic testing or treatment

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Transitional Care Management Services (TCM)

	99495	99496
Face-to-Face	Within 8 to 14 days	Within 7 days
Medical Decision Making	Moderate Complexity	High complexity
Communication	With patient and/or caregiver within two business days of discharge	With patient and/or caregiver within two business days of discharge

Chronic Care Management Codes

CPT/HCPCS	Description
	Chronic Care Management
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
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 directed by a physician or other qualified health care professional, per calendar month
	Complex Chronic Care Management
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
99489	Complex chronic care management services, each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)

Preventive Services for Medicare Patients Only*

G0402	Initial preventive physical examination (IPPE); face-to-face visit; only once during first 12 months of Medicare enrollment
G0403	Electrocardiogram with 12 leads, screening, performed during the IPPE, with interpretation and report
G0404	Electrocardiogram, routine ecg with 12 leads; tracing only, without interpretation and report, performed as a screening for the IPPE
G0405	Electrocardiogram, routine ecg with 12 leads; interpretation and report only, performed as a screening for the IPPE
G0438	Annual wellness visit, initial*
G0439	Annual wellness visit, subsequent*

* Includes a personalized prevention plan of service (PPS)

Advance Care Planning*

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 professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate
99498	Each additional 30 minutes. (List separately in addition to code for primary procedure)

* Using modifier -33, these codes may be billed along with the Annual Wellness Visit without additional patient cost.

Office & Other Outpatient Visits										
	New Patient Codes					Established Patient Codes				
	99202	99203	99204	99205	99211	99212	99213	99214	99215	
Medical Decision Making	SF	Low	Moderate	High	*	SF	Low	Moderate	High	
Time (minutes)	15-29	30-44	45-59	60-74	*	10-19	20-29	30-39	40-54	

*Each code requires a medically appropriate history and/or examination

	Office & Other Outpatient Consultations New or Established Patients					Initial Inpatient Consultations New or Established Patients To be used only once by consultant per admission.				
	99241	99242	99243	99244	99245	99251	99252	99253	99254	99255
History Examination	PF	EPF	D	C	C	PF	EPF	D	C	C
Medical Decision Making	SF	SF	LC	MC	HC	SF	SF	LC	MC	HC
Time (minutes)	15	30	40	60	80	20	40	55	80	110
	All 3 Key Components					All 3 Key Components				

Telehealth Services--Remote Monitoring

e-Consults/Consultant Codes	
99446	Interprofessional telephone/internet/EHR assessment & mgmt service including a verbal and written report, 5-10 minutes of medical consultative discussion and review
99447	...11-20 minutes of medical consultative discussion and review
99448	...21-30 minute of medical consultative discussion and review
99449	...31 min or more medical consultative discussion and review
99451	Interprofessional telephone/internet/EHR assessment & mgmt service provided including a written report, 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. (Requesting physician code.)
Remote Monitoring	
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), 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	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
99458	Each additional 20 minutes
99091	Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation requiring a minimum of 30 minutes of time, each 30 days
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	Separate self-measurements of two readings one 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 or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
Virtual Check-ins	
G2010	Remote evaluation of recorded video/images by established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, separate from a related E/M service within the prior 7 days or coming 24 hrs or soonest available appointment
G2012	Brief communication technology-based service, e.g. virtual check-in, by physician who can report E/M services, provided to an established patient, not related to an E/M service provided within the previous 7 days or the next 24 hours; 5-10 minutes of medical discussion
G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

Other Codes For Use In Primary Care Practices

Psychiatric Collaborative Care Management Services	
CPT/HCPCS	Description
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.
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, and directed by the treating physician or other qualified health care professional.
Cognitive Impairment	
CPT/HCPCS	Description
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 or other qualified health care professional in office or other outpatient setting or home or domiciliary or rest home.
Care Planning	
CPT/HCPCS	Description
G0506	Comprehensive assessment of and care planning by the physician or other qualified health care professional for patients requiring chronic care management services, including assessment during the provision of a face-to-face service
Behavioral Health Management	
CPT/HCPCS	Description
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month
Psychiatric Evaluation	
CPT/HCPCS	Description
90792	Psychiatric diagnostic evaluation with medical services
Telehealth Consult Services	
CPT/HCPCS	Description
G0508	Initial telehealth consultation, critical care, physicians typically spend 60 minutes communicating with the patient via telehealth
G0509	Subsequent telehealth consultation, critical care, physicians typically spend 50 minutes communicating with the patient via telehealth
Mobility-Assistive Technology	
CPT/HCPCS	Description
G0501	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient evaluation and management visit

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

*Code to the highest specificity