2021 E/M Guidelines for Office and Outpatient Visits When Coding Based on Time

Effective January 1, 2021, CPT® codes 99202-99215 can be billed based on Time or Medical Decision Making (MDM). This page summarizes the information related to coding based on Time.

TIME = Total Time spent by the **Billing Provider** on the **Date of Encounter**, including face-to-face and non-face-to-face time

- Time must be documented; does not have to be in and out times, but must be accurate and demonstrate actual times spent
- Includes prep and visit time, writing orders, sending scripts, referrals and communication w/other providers, documentation, coordinating care
- Time spent performing other billable services cannot be counted in the total time – no double dipping
- **New Patient Visits** start in **15-minute** increments; **Established Patient Visits** start in **10-minute** increments

CODE	MINUTES
99202	15 – 29
99203	30 – 44
99204	45 – 59
99205	60 – 74
99212	10 – 19
99213	20 – 29
99214	30 – 39
99215	40 – 54

NEW CODES effective 1/1/2021

★+●99417 Prolonged Services

- Add on code used only when E/M code is selected based on time; not when coding based on MDM
- Only used with codes 99205 and 99215 when at least 15 minutes of additional time is spent with the patient
- Less than 15 minutes of prolonged service is not separately reported

★+●G2212 Prolonged Services for Medicare patients

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)

(Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes).

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	Code(s)	*Medicare* Total Time Required for Reporting
Less than 75 minutes	99205	60-74 minutes
75-89 minutes	99205 X 1 and 99417** X 1	89-103 minutes
90-104 minutes	99205 X 1 and 99417** X 2	104-118 minutes
105 minutes r more	99205 X 1 and 99417** X 3 or more for each additional 15 minutes	119 minutes or more **for Medicare use G2212

Total Duration of Established Office or Other Outpatient Services (use with 99215)	Code(s)	*Medicare* Total Time Required for Reporting
Less than 55 minutes	99215	40-54 minutes
55-69 minutes	99215 X 1 and 99417** X 1	69-83 minutes
70-84 minutes	99215 X 1 and 99417** X 2	84-98 minutes
85 minutes or more	99215 X 1 and 99417** X 3 or more for each additional 15 minutes	99 minutes or more **for Medicare use G2212

+●G2211 Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management (E/M)

Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition (Add-on code, listed separately in addition to office/outpatient evaluation and management visit, new or established)

Best reported with modifier **X1 - Continuous/Broad services** = For reporting services by clinicians who provide the principal care for a patient, with no planned endpoint of the relationship, or **X2 - Continuous/Focused services** = For reporting services by clinicians whose expertise is needed for the ongoing management of a chronic disease or a condition that needs to be managed and followed for a long time.

For more info, see the 2021 Final Rule @ https://www.cms.gov/files/document/12120-pfs-final-rule.pdf (Search for G2211 to find more information)

2021 E/M Guidelines for Office and Outpatient Visits When Coding Based on MDM

Effective January 1, 2021, CPT® codes 99202-99215 can be billed based on Time or Medical Decision Making (MDM). This page describes components of calculating code levels based on MDM.

Code	Level of MDM Based on 2 out of 3 Elements to the right ➔	Elements of MDM		
		1) Number and Complexity of Problems Addressed	**2) 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.	**3) Risk of Complications and/or Morbidity or Mortality of Patient Management**
99211	**N/A**	**N/A**	**N/A**	**N/A**
99202 **99212**	**Straightforward**	**Minimal** • **1** self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 **99213**	**Low**	**Low** • **2** or more self-limited or minor problems; **or** • **1** stable chronic illness; **or** • **1** acute, uncomplicated illness or injury	**Limited** *(Must meet the 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**	**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** *Examples only:* • Prescription drug management • Decision regarding minor surgery w/ identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 **99215**	**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** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis