

The following codes, medium descriptors, and abbreviated guidelines are a subset of the AMA's Current Procedural Terminology (CPT®) code set. For unabbreviated code descriptors and complete guidelines, please refer to the CPT 2023 codebook or data file.

EVALUATION AND MANAGEMENT (E/M)

Evaluation and Management (E/M) Services Guidelines
 The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of work varies by type of service, place of service, and the patient's status.

Safety for the purposes of distinguishing between new and established patients, **professional services** are those face-to-face services rendered by physicians and other qualified health-care professionals who may report evaluation and management services reported by a specific CPT code(s). A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

In the instance where a physician/qualified health care professional is on-call for or covering for another physician/qualified health care professional, the patient's encounter will be classified as it would have been by the physician/qualified health care professional who is not available. When advanced practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialty as the physician.

Continuum care is the provision of similar services (eg, hospital visits) to the same patient by more than one physician or other qualified health-care professional on the same day. When continuum care is provided, no special reporting is required. Transfer of care is the process whereby a physician or other qualified health care professional who is providing management for some or all of a patient's problems relinquishes this responsibility to another physician or other qualified health care professional who explicitly agrees to accept this responsibility and who, from the initial encounter, is not providing/consultative services. The physician or other qualified health care professional transferring care is then no longer providing care for these problems through face-to-face or may continue providing care for other conditions where appropriate. Consultation codes should not be reported by the physician or other qualified health care professional who has agreed to accept transfer of care before an initial evaluation but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial consultation evaluation, regardless of site of service.

Office or Other Outpatient Services

The following codes are used to report evaluation and management services provided in the office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a health-care facility occurs.

- 99201 Office outpatient visit 10 minutes
- 99202 Office outpatient visit 20 minutes
- 99203 Office outpatient visit 30 minutes
- 99204 Office outpatient visit 45 minutes
- 99205 Office outpatient visit 60 minutes
- 99201 Office outpatient visit 1-minute
- 99202 Office outpatient visit 30 minutes
- 99203 Office outpatient visit 15 minutes
- 99204 Office outpatient visit 25 minutes
- 99205 Office outpatient visit 40 minutes

Hospital Observation Services

The following codes are used to report evaluation and management services provided to patients hospitalized/admitted as "observation status" in a hospital. It is not necessary that the patient be located in an observation area designated by the hospital.

If each an area does exist in a hospital (ie, a separate unit) in the hospital, in the emergency department, etc.), these codes are to be utilized if the patient is placed in such an area.

- 99207 Observation care/discharge management
- 99208 Initial observation care/day 10 minutes
- 99209 Initial observation care/day 30 minutes
- 99209 Initial observation care/day 70 minutes
- 99209 Observation care/day 15 minutes
- 99209 Observation care/day 25 minutes
- 99209 Observation care/day 35 minutes

Hospital Inpatient Services

The following codes are used to report evaluation and management services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report their partial hospitalization services. See also psychiatric notes in the full text of the CPT code set.

- 99220 Initial hospital care/day 30 minutes
- 99220 Initial hospital care/day 50 minutes
- 99220 Initial hospital care/day 70 minutes
- 99220 Subq hospital care/day 15 minutes
- 99220 Subq hospital care/day 25 minutes
- 99220 Subq hospital care/day 35 minutes
- 99224 Observation/inpatient hospital care 40 minutes
- 99225 Observation/inpatient hospital care 50 minutes
- 99226 Observation/inpatient hospital care 60 minutes
- 99226 Hospital discharge day management 30 min <
- 99226 Hospital discharge day management > 30 min

Consultations

- 99241 Office consultation new/initial patient 15 min
- 99242 Office consultation new/initial patient 30 min
- 99243 Office consultation new/initial patient 45 min
- 99244 Office consultation new/initial patient 60 min
- 99245 Office consultation new/initial patient 90 min

- 99251 Initial inpatient consult new/initial pt 20 min
- 99252 Initial inpatient consult new/initial pt 40 min
- 99253 Initial inpatient consult new/initial pt 55 min
- 99254 Initial inpatient consult new/initial pt 80 min
- 99255 Initial inpatient consult new/initial pt 110 min

Emergency Department Services

- 99281 Emergency department visit limited/minor severity
- 99282 Emergency department visit low/moderate severity
- 99283 Emergency department visit moderate/severity
- 99284 Emergency department visit high/severe severity
- 99285 Emergency dept visit high severity/differential [new]

Critical Care Services

- 99291 Critical care (discharged patient) int 30-74 min
- 99292 Critical care (discharged patient) add 30 min

Nursing Facility Services

The following codes are used to report evaluation and management services to patients in nursing facilities (formerly called skilled nursing facilities (SNF)), intermediate care facilities (ICF), or long-term care facilities (LTCF).

- 99304 Initial nursing facility care/day 23 minutes
- 99305 Initial nursing facility care/day 33 minutes
- 99306 Initial nursing facility care/day 43 minutes
- 99307 Subq nursing facility care/day w/in stable 10 min
- 99308 Subq nursing facility care/day minor comp 15 min
- 99309 Subq nursing facility care/day new problem 25 min
- 99310 Subq nursing facility care/day unstable/new prob 35 min
- 99315 Nursing facility discharge management 30 minutes
- 99316 Nursing facility discharge management 30 minutes
- 99318 U/R annual nursing facility status stable 30 min

Domestic, Best Home (eg, Boarding Home), or Custodial Care Services

The following codes are used to report evaluation and management services in a facility which provides room, board and other personal assistance services, generally on a long-term basis. They also are used to report evaluation and management services in an assisted living facility.

- 99124 Domestic best home care visit low severity 30 min
- 99125 Domestic best home care visit mod/severe 30 min
- 99126 Domestic best home care visit hi severe 45 min
- 99127 Domestic best home care visit hi severe 60 min
- 99128 Domestic home w/in new pt signed new prob 75 min
- 99129 Domestic home w/in not pt w/in limited/severe 15 min
- 99130 Domestic home w/in not pt at stand severity 25 min
- 99131 Domestic home w/in not pt mod hi severity 40 min
- 99132 Domestic home w/in not pt sev hi severity 60 min
- 99133 Domestic home w/in not pt sev hi severity 60 min

Domestic, Best Home (eg, Assisted Living Facility), or Home Care Plus Overnight Services

- 99134 Initial (phys rep) home/best home visit 15-29 min
- 99135 Initial (phys rep) home/best home visit 30 min/1+

Cpt Coding Guidelines

Ying Liu



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