

CPT Code	2021 Code Total Time (Minutes)	CPT Code	2021 Code Total Time (Minutes)
NEW PATIENT VISITS		EST PATIENT VISITS	
99201	Code Deleted	99211	N/A
99202	15 - 29	99212	10 – 19
99203	30 - 44	99213	20 – 29
99204	45 - 59	99214	30 – 39
99205	60 - 74	99215	40 – 54

*Time spent by clinical staff is not included and cannot be counted towards billable time

Total Physician/other qualified health care professional time on the day of the encounter includes the following:

- Both face to face and non-face to face time personally spent by the physician and/or other QHP
- Preparing to see the patient (example: review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, test, procedures
- Referring and communicating with other health care professionals(when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results(not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

Prolonged Service Code (Outpatient Services ONLY)

99417	Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205,99215,for office or other outpatient evaluation and management service)
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- This code can ONLY be used with 99205 and 99215
- Prolonged service of less than 15 min should not be reported
- 99417 is an add on code and may be used more than once either by listing the code twice or reporting multiple units

1. PROBLEMS ADDRESSED		
Problem	Minimal – May not require (MD)	
	Self-Limited/Minor (ID all being evaluated)	
	Undiagnosed new problem with uncertain prognosis	
Illness	Acute	Uncomplicated
		With systemic symptoms
	Chronic	Stable (ID all being evaluated) (Pt at tx goal)
		With exacerbation, progression or side effects of tx
		With <u>severe</u> exacerbation, progression or side effects of tx
	Acute or Chronic that poses a threat to life or bodily function	
Injury	Acute	Uncomplicated
		Complicated
	Acute or Chronic that poses a threat to life or bodily function	

2. DATA ANALYZED	
Independent Interpretation	Images or Tests (not reported separately)
Reviewed +/- Ordered	Tests (unique by name)
Reviewed	Notes (external by source)
Independent Historian Required	Why (unable or unreliable because)
	Who (is giving the info Mom, Dad, Sibling, Social Worker ...)
	What information
Discussion of <u>management or test</u> with external MD/QHP (not separately reported)	Why
	Who
	What information

3. Risk		
Decision for	Proc/ Surgery	PROCEDURE: Risk(s) itemized
		PT risk factors (co-morbidities linked) to MDM
Decision	Regarding hospitalization	
	To de-escalate care or DNR due to poor prognosis	
Diagnosis or Tx	Significantly limited by social determinants of health	
	Impacted by co-morbidities (and why)	
	Testing/tx discussed with pt/family NOT elected	
RX drug management - dose, how taken, risks, side effects		
Drug therapy requiring intensive monitoring for toxicity		

Important Definitions:

- **External:** External records, communication and/or test results are from an external physician, other qualified healthcare professional, facility or healthcare organization
- **External physician or other qualified healthcare professional:** An external physician or other qualified healthcare professional is an individual who is not in the same group practice or is a different specialty or subspecialty. It includes the licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.
- **Independent historian(s):** An individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met. ***an interpreter does not qualify as an independent historian**
- **Independent Interpretation:** The interpretation of a test for which there is a CPT code and an interpretation or report is customary. This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.
- **Appropriate Source:** For the purpose of the discussion of management data element, an appropriate source includes professionals who are not health care professionals, but may be involved in the management of the patient (e.g., lawyer, parole officer, case manager, teacher) it does NOT include discussion with family or informal caregivers.
- **Social Determinants of Health:** Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.
- **Drug therapy requiring intensive monitoring for toxicity:** A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for the assessment of therapeutic efficacy. The monitoring should be that which is general accepted practice for the agent, but may be patient specific in some cases. Examples of monitoring that does not qualify include monitoring for glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.