



Office or Other Outpatient Evaluation & Management Coding

Office or other outpatient E&M codes for a new (99202-99205) or established (99211-99215) patient may be used to report evaluation and management services provided in an office or other outpatient setting. 2021 CPT® code descriptions and guidelines for Office or Other Outpatient E&M codes have been revised and differ significantly from other E&M services. Code 99201 was deleted, and code 99211 is exempt from MDM or time criteria and may be used when physician supervision but not presence is required.

Prior to 01/01/2021, the level of office or other outpatient E&M service is based on the three key components of history, examination and MDM with time *only* used as the determining factor if counseling and/or coordination of care dominate the visit. Refer to the CPT® E/M Guidelines appropriate for your date of service.

Effective 01/01/2021, the level of office or other outpatient E&M service may be based on *total time* on the date of the encounter or on the *single key component* of Medical Decision Making (MDM). A medically appropriate history and physical examination, as determined by the treating provider, should be documented, however, the level of history and examination are no longer used when determining the level of E&M service.

- **Total time** for reporting these services includes *face-to-face and non-face-to-face time* personally spent by the physician or other qualified health care professional on the date of the encounter. Time spent by clinical staff is not included in total time for code selection. Code descriptions include specific time ranges instead of typical times.
- **MDM elements:** To qualify for a given level of decision-making, 2 of 3 MDM elements must be met or exceeded for both new and established patients. See the 2021 Office E&M Medical Decision Making (MDM) Table for details.
 - 1) **Number and complexity of problems addressed at the encounter**
 - A problem is considered to be addressed or managed when it is evaluated or treated at the encounter by the physician reporting the service.
 - 2) **Amount and/or complexity of data to be reviewed and analyzed**
 - Data include medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter.
 - 3) **Risk of complications and/or morbidity or mortality of patient management**
 - Risk is described as the probability and/or consequences of an event. For the purposes of MDM, the level of risk is based on consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment, and/or hospitalization.

Code notes:

99202-99205 – Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and (level indicated in chart below) medical decision making. When using time for code selection, (time range indicated in chart below) minutes of total time is spent on the date of the encounter.

99212-99215 – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and (level indicated in chart below) medical decision making. When using time for code selection, (time range indicated in chart below) minutes of total time is spent on the date of the encounter.

Office or Other Outpatient E&M Services (must meet or exceed 2 of 3 MDM elements)				
Code	History	Exam	MDM	Typical Time
99202	Medically appropriate	Medically appropriate	Straightforward	15-29 minutes
99203	Medically appropriate	Medically appropriate	Low complexity	30-44 minutes
99204	Medically appropriate	Medically appropriate	Moderate complexity	45-59 minutes
99205	Medically appropriate	Medically appropriate	High complexity	60-74 minutes
99212	Medically appropriate	Medically appropriate	Straightforward	10-19 minutes
99213	Medically appropriate	Medically appropriate	Low complexity	20-29 minutes
99214	Medically appropriate	Medically appropriate	Moderate complexity	30-39 minutes
99215	Medically appropriate	Medically appropriate	High complexity	40-54 minutes

Documentation should reflect the work performed. In an audit, only those items documented in a member's medical record may be used to support E&M levels. It is important to thoroughly document *only* the services performed.

Prolonged E&M services may be reported if a provider spends more than the allotted time for an E&M or psychotherapy service, excluding time spent performing other separately reported services. Time spent with the patient must be documented in the medical record. The following codes for prolonged E&M services may be reported in addition to Office or Other Outpatient E&M codes 99202-99205, 99212-99215).

99417 Prolonged office or other outpatient evaluation and management service(s) beyond the *minimum* required 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 of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

G2212 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)

- Codes 99417 and G2212 were added in 2021 for use *only* with high-level Office or Other Outpatient E&M codes (99205, 99215) and *only* when time is the basis for code selection.
- A full 15 minutes of additional time must be attained on the date of the encounter to report each unit of 99417/G2212.

99358 Prolonged evaluation and management service before and/or after direct patient care; first hour

99359 ...; each additional 30 minutes (Code first 99358)

- 99358-99359 may *not* be reported on the *same date* as office or other outpatient E&M codes (99202-99205, 99212-99215) but may be reported on a *different* date than the primary service to which it is related, including office or other outpatient services.

99415 Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (Code first 99202-99205, 99212-99215)

99416 ...; each additional 30 minutes (Code first 99415)

- For prolonged service codes based on 1 hour (or each additional 30 minutes), less than 30 minutes total duration on a given date should not be reported.

This overview and reminder of Evaluation & Management (E&M) coding guidelines is provided to help support continued improvements. Please review these additional resources for more details.

Resources

- **Optum Reimbursement Policies:** [Consultation Services Policy](#)
- **American Psychiatric Association (www.psychiatry.org):** Psychiatrists > Practice > Practice Management > Coding, Reimbursement, Medicare and Medicaid > [Coding and Reimbursement](#)
- **American Medical Association (www.ama-assn.org):** Practice Management > CPT® > [CPT® Evaluation and Management \(E&M\) Codes](#) and CPT Manual > Evaluation and Management Guidelines and Appendix C - E&M Extended Guidelines
- **CMS.gov:** [Evaluation and Management Services Guide](#); [1995 Documentation Guidelines](#) and [1997 Documentation Guidelines](#)

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2021 Office E&M Medical Decision Making (MDM) Table

MDM level E&M Code (meets/exceeds 2 of 3 MDM elements)	MDM Elements		
	Number & Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed & Analyzed (*see note below)	Risk of Complications and/or Morbidity or Mortality of Patient Management
Straight-forward 99202, 99212	Minimal 1 self-limited or minor problem	Minimal or None	Minimal Risk of morbidity from additional diagnostic testing/ treatment
Low 99203 99213	Low 2 or more self-limited or minor problems; OR 1 stable chronic illness; OR 1 acute, uncomplicated illness or injury	Limited - Must meet requirements of at least 1 of 2 categories. Category 1: Tests & documents , any 2 bullets: • Review of prior external note(s) from each unique source*; • Review of result(s) of each unique test*; • Ordering of each unique test* OR Category 2: Assessment requiring independent historian(s)	Low Risk of morbidity from additional diagnostic testing/ treatment
Moderate 99204 99214	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 requirements of at least 1 of 3 categories. Category 1: Tests, documents, or independent historian(s) , any 3 bullets: • Review of prior external note(s) from each unique source*; • Review of result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring independent historian(s) OR Category 2: Independent interpretation of tests performed by another physician or other qualified health care professional (not separately reported); OR Category 3: Discussion of management or test interpretation with external physician/ other qualified health care professional or appropriate source (not separately reported)	Moderate Risk of morbidity from additional diagnostic testing/treatment <i>Examples only:</i> • Prescription drug management • Decision regarding minor surgery with 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
High 99205 99215	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 requirements of at least 2 of 3 categories: Category 1: Tests, documents or independent historian(s) , any 3 bullets: • Review of prior external note(s) from each unique source*; • Review of result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) OR Category 2: Independent interpretation of tests performed by another physician or other qualified health care professional (not separately reported); OR Category 3: Discussion of management or test interpretation with external physician/other qualified health care professional or appropriate source (not separately reported)	High Risk of morbidity from additional diagnostic testing/ treatment <i>Examples only:</i> • 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

* Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 for Amount and/or Complexity of Data to be Reviewed and Analyzed.