Office or Other Outpatient Consultation Evaluation & Management Coding

Office or other outpatient consultation E&M codes (99241-99245) may be used to report consultations performed in the office or other outpatient setting (ambulatory facility, domiciliary/rest home, emergency department, patient's home, and hospital observation). A consultation is provided at the request of another physician or appropriate source to either recommend care for a specific condition or problem or to determine whether to accept responsibility for ongoing management of the patient's entire care or for the care of a specific condition or problem.

- **Effective for services furnished on or after January 1, 2010,** providers should code a patient evaluation and management visit with E/M codes that represents **where** the visit occurs and that identify the **complexity** of the visit performed.

Effective for services furnished on or after March 1, 2020, providers should code a patient evaluation and management visit with E/M codes that represents **where** the visit occurs and that identify the **complexity** of the visit performed. See the Consultation Services Policy for details. For Medicaid services, please see state specific guidelines. **The level of office or other outpatient consultation E&M service** may be determined by the *three key components* outlined in the CPT® code description *or by time* if counseling or coordination of care dominate the visit. Note: time may *not* be used to determine the level of E&M service if reported with add-on codes for psychotherapy (90833, 90836, 90838).

Key components of office or other outpatient consultation E&M coding include history, examination, and medical decision making (MDM). Each key component can be assigned a level based on the amount of work a provider needs to perform given the member's specific health issue. Documentation should reflect the work performed.

- **History:** Chief complaint (CC), History of Present Illness (HPI), Review of Systems (ROS) and Past, Family, and/or Social History (PFSH)

  Possible levels for history:
  - **Problem Focused -** CC, Brief HPI
  - **Expanded Problem Focused -** CC, Brief HPI, Problem Pertinent ROS
  - **Detailed -** CC, Extended HPI, Extended ROS, Pertinent PFSH
  - **Comprehensive -** CC, Extended HPI, Complete ROS, Complete PFSH
- **Examination:** Body area(s) or organ system(s)

  Possible levels of examination:
  - **Problem Focused -** limited exam of the affected body area/organ system.
  - **Expanded Problem Focused -** limited exam of the affected body area/organ system & other symptomatic or related organ system(s).
  - **Detailed -** extended exam of the affected body area(s) & other symptomatic or related organ system(s).
  - **Comprehensive -** general multi-system exam/complete exam of a single organ system
- **MDM:** The number of diagnoses or management options, the amount and/or complexity of data to be reviewed, and the risk of complications and/or morbidity or mortality. To qualify for a given type of decision-making, 2 of 3 MDM elements must be met or exceeded. See the chart below for details on the four possible levels of MDM:

Medical Decision-Making (MDM) Elements			Decision
Number of diagnoses or management options	**Amount and/or complexity of data to be reviewed**	**Risk of complications and/or morbidity/mortality**	**Level of MDM (meets or exceeds 2 of 3 elements)**
Minimal	Minimal or none	Minimal	Straightforward
Limited	Limited	Low	Low complexity
Multiple	Moderate	Moderate	Moderate complexity
Extensive	Extensive	High	High complexity

Contributing components of office or other outpatient consultation E&M coding:

- The time a physician spends providing counseling and/or coordination of care to a member is *only* used in code selection if counseling and/or coordination of care dominates the member's visit (more than 50%). The exact amount of time spent and the extent of the counseling and/or coordination of care must be documented in the medical record.
  - **Face-to-face time** is the amount of time the physician spends with the patient and/or his or her family and includes the time when the physician obtains a history, performs an examination and counsels the patient.
- The nature of the health concern doesn't determine the code to be assigned, however, it may affect the level of history and/or physical exam appropriate to diagnose the problem and the complexity of the MDM involved.

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Code notes:

Refer to the CPT® Manual and Resources section for more details on services that fulfill the E&M levels. In an audit, only those items documented in a member's medical record may be used to support the levels of the three key components. It is important to thoroughly document *only* the services performed.

99241-99245 – Office consultation for a new/established patient, which requires these 3 key components (levels per chart below): history; examination; and medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are (self limited or minor/low/ moderate/moderate to high). Typically, (minutes indicated in chart below) are spent face-to-face with the patient and/or family.

Office or Other Outpatient Consultations (must meet or exceed 3 of 3 key components)				
Code	**History**	**Exam**	**MDM**	**Typical Time**
99241	Problem-focused	Problem-focused	Straightforward	15 minutes
99242	Expanded problem-focused	Expanded problem-focused	Straightforward	30 minutes
99243	Detailed	Detailed	Low complexity	40 minutes
99244	Comprehensive	Comprehensive	Moderate complexity	60 minutes
99245	Comprehensive	Comprehensive	High complexity	80 minutes

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 prolonged services codes may be reported in addition to office or other outpatient consultation E&M codes 99241-99245:

99354 Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services 99202-99205, 99212-99215).

99355 …; each additional 30 minutes (Code first 99354)

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

99359 …each additional 30 minutes (Code first 99358)

- Note: 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.
- 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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