

CPT 2016 Express Reference Coding Card E/M

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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 2016 codebook or data file.

EVALUATION AND MANAGEMENT (E/M)

Evaluation and Management (E/M) Services Guidelines
The E/M services are divided into three categories: office visits, hospital visits, and consultations. Most of the categories are further divided into two 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 subcategory of E/M services are further classified into levels of E/M services that are identified by specific codes. The classification is reported based on the nature of each visit by type of service, date of service, and the patient's status.

Subs for the purpose of distinguishing between new and established patients, professional services are those that do not require a physician and other qualified health care professional who has signed evaluation and management services reported by a specific E/M code. It is the patient's new or not not received any professional services from the physician qualified health care professional at another physician-qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice within the last three years.

to established patient care 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 last three years.

to the extent where a physician qualified health care professional is not all for 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 advised prior to report and physician encounter are working with physician. They are considered as working in the exact same specialty and subspecialty as the physician.

Established care is the provision of medical services, including medical to the new patient by more than one physician or other qualified health care professional on the same day. When a patient's condition requires the services of more than one physician or other qualified health care professional who is providing management for some or all of a patient's condition, independent of the responsibility to another physician or other qualified health care professional who explicitly agrees to accept the responsibility and who has the initial encounter in that providing consultation services. The physician or other qualified health care professional handling care is then no longer providing care for these patients through the most common procedure code for other conditions when appropriate. Consultation codes should not be reported for the physician or other qualified health care professional who has agreed to accept transfer of care before an initial encounter 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

New Patient
99201 Office outpatient new 10 minutes
99202 Office outpatient new 15 minutes
99203 Office outpatient new 20 minutes

99204 Office outpatient new 25 minutes
99205 Office outpatient new 30 minutes
99211 Office outpatient visit 10 minutes
99212 Office outpatient visit 15 minutes
99213 Office outpatient visit 20 minutes
99214 Office outpatient visit 25 minutes
99215 Office outpatient visit 30 minutes
99221 Office or other outpatient consultation
99222 Office consultation new initial patient 10 min
99223 Office consultation new initial patient 15 min
99224 Office consultation new initial patient 20 min
99225 Office consultation new initial patient 25 min
99226 Office consultation new initial patient 30 min

Predefined Services

Predefined Service: 800 (Direct Patient Contact)
99231 Predefined service in office or other site 10 to 15 min
99232 Predefined service in office or other site 16 to 20 min
99233 Predefined service in office or other site 21 to 30 min
99234 Predefined service in office or other site 31 to 45 min
99235 Predefined service in office or other site 46 to 60 min
99236 Predefined service in office or other site 61 to 90 min
99237 Predefined service in office or other site 91 to 120 min

Predefined Clinical Staff Service: 800 (Physician or Other Qualified Health Care Professional Supervision)
Codes 99241, 99242 are used when a preselected evaluation and management (E/M) service is provided in the office or outpatient setting that involves preselected clinical staff for the first time for the total duration of the service. The physician or other qualified health care professional is present to provide direct supervision of the clinical staff. This service is reported in addition to the designated E/M service and any other services provided at the same time as E/M services.
Codes 99243, 99244 are used to report the total duration of time for the first time spent by clinical staff on a given date providing preselected services in the office or other outpatient setting, even if the time spent by the clinical staff on that date is not continuous. Time spent performing separately reported services other than the E/M service is not counted toward the preselected service time.

Code 99245 is used to report the first hour of preselected clinical staff service on a given date. Code 99246 should be used only when the date, more of the time spent by the clinical staff is not continuous on that date. Predefined services of less than 45 minutes total duration on a given date is not separately reported because the clinical staff time involved is included in the E/M codes. The typical task to start time of the primary service is used in defining when preselected services begin. For example, preselected clinical staff services for 99244 begin after 25 minutes, and 99245 is not reported until at least 75 minutes. Total time to start clinical staff time has been performed. When time to start time is not continuous, use only the time to have been provided to the patient by the clinical staff.

Code 99246 is used to report each additional 30 minutes of preselected clinical staff service beyond the first hour.
Code 99247 may also be used to report the first 15, 30 minutes of preselected service on a given date. Predefined services of less than 15 minutes, beyond the first hour or less than 15 minutes beyond the first 30 minutes is not reported separately.

Codes 99248, 99249 may be reported for a visit that has continuous patients. The use of the time based visit codes requires that the primary E/M service that is reported is specified in the CPT code set.
For preselected services by the physician or qualified health care professional, use 99248, 99249. Do not report 99241 or 99242 with 99248 or 99249. Facilities may report 99248, 99249.
99250-99252 Predefined clinical staff services during or prior to the visit.
99251 Predefined clinical staff services during or prior to the visit.
99252 Predefined clinical staff services during or prior to the visit.
The total duration of preselected services in Table 1000000 is the sum of reporting of preselected services provided by clinical staff with physician supervision in the office setting beyond the initial 45 minutes of time of staff time.

Table 1000000: Total Duration of Preselected Services

Code(s)	Time
99248-99249	Not reported separately
99251-99252	45-144 minutes (45 min - 1 hr, 14 min)
99253-99254	75-180 minutes (45 min - 1 hr, 14 min)
99255-99256	105-180 minutes (1 hr, 45 min or more)

Preventive Medicine Services

If an abnormality is encountered in a preventive problem is addressed in the process of performing this preventive medicine, evaluation and management service, and if the problem is a physician finding is significant enough to require additional work to perform the full component of a problem oriented E/M service, then the appropriate E/M (evaluation and management) code (99201-99215) should also be reported. Modifier 22 should be added to the Office Outpatient visit to indicate that a significant, separately identifiable evaluation and management service was provided on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.

99261 Initial preventive medicine visit patient - 1 year
99262 Initial preventive medicine visit patient - 1 year
99263 Initial preventive medicine visit patient - 1 year
99264 Initial preventive medicine visit patient - 1 year
99265 Initial preventive medicine visit patient - 1 year
99266 Initial preventive medicine visit patient - 1 year
99267 Initial preventive medicine visit patient - 1 year
99268 Preventive medicine visit established patient - 1 year
99269 Preventive medicine visit established patient - 1 year
99270 Preventive medicine visit established patient - 1 year
99271 Preventive medicine visit established patient - 1 year
99272 Preventive medicine visit established patient - 1 year
99273 Preventive medicine visit established patient - 1 year
99274 Preventive medicine visit established patient - 1 year
99275 Preventive medicine visit established patient - 1 year
99276 Preventive medicine visit established patient - 1 year
99277 Preventive medicine visit established patient - 1 year



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