



Materials

Evaluation and Management **Office Coding** (MDM Based on 2 of 3 Components)

E/M LEVEL, MDM, {time} (99201 deleted, 99211 N/A)	NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED (Each unique test, order, or doc. reviewed counts)	RISK OF COMPLICATIONS, and/or MORBIDITY/MORTALITY OF PATIENT MANAGEMENT
99202 {15} 99212 {10} Straightfwd MDM	MINIMAL • One self-limited or minor prob.	Minimal but usually none	Minimal risk of morbidity from additional diagnostic testing/treatment.
99203 {30} 99213 {20} Low MDM	LOW • 2 or more self-limited or minor prob. OR • 1 chronic stable illness OR • 1 acute, uncomplicated illness/injury OR • 1 stable, acute illness	(Must Meet 1 of 2 Categories) <u>Category 1:</u> Tests and documents (any 2) 1. Review of prior external note(s) from EACH unique source 2. Review results of EACH unique test 3. Order of EACH unique test OR <u>Category 2:</u> Assessment requiring an independent historian	Low risk for undergoing additional testing/treatment Consider: OTC drugs, non-contrast imaging, PT/OT, skin bx, minor surgery
99204 {45} 99214 {30} Moderate MDM	MODERATE NUMBER AND COMPLEXITY • One or more chronic illnesses with exacerbation, progression, or treatment of side effects • 2 or more chronic stable illnesses • New prob w/ uncertain prognosis • Acute illness with systemic symptoms • Acute complicated injury	(Must Meet 1 of 3 Categories: Moderate) <u>Category 1:</u> Tests, documents, historian (any 3) 1. *Review of prior external note(s) from EACH unique source 2. *Review results of EACH unique test 3. *Order of EACH unique test 4. Assessment requiring an independent historian. OR <u>Category 2:</u> Independent interpretation of tests • Independent interpretation of tests performed by another provider (not separately billed) OR	Moderate risk of morbidity from additional tests/treatment Consider: • Rx mgmt., • Discussion regarding minor surgery w/ patient or procedure risk factors • Discussion regarding elective major surgery w/o risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 {60} 99215 {40} High MDM	HIGH NUMBER AND COMPLEXITY • 1 or more chronic illness with severe exacerbation, progression, or treatment side effects • Acute/chronic illness that may pose threat to life or bodily function	<u>Category 3:</u> Discussion of management or test interpretation • Discuss mgmt./interpretation of test with another provider (not separately billed) (Must Meet 2 of 3 Categories: High)	High risk of morbidity from additional diagnostic testing or treatment Consider: Drug therapy req. intensive monitoring for toxicity, Decision regarding hospital care (admit/escalate), Decision regarding elective major surgery w/ patient and/or procedure risk factors, Decision to de-escalate care/decide DNR due to poor prog, IV controlled substance use

2025 Prolonged Service Threshold Crosswalk

Primary E&M (time-based)	CMS code*	Time Threshold (min)*	CPT code#	Time Threshold (min)#
Est OV (99215)	+G2212	69	+99417	55
New OV (99205)	+G2212	89	+99417	75
Initial Hosp. (99223)	+G3016	90	+99418	90
Subsequent Hosp. (99233)	+G3016	65	+99418	65
Admit/Discharge (99236)	+G3016@	110	+99418	100
Init Nursing Facility (99306)	+G3017@@	95	+99418	65
Subsequent NF (99310)	+G3017@@	85	+99418	60
New Home/residence (99345)	+G3018@@@	140	+99417	90
Est Home/residence (99350)	+G3018@@@	110	+99417	75
Cognitive Assessment (99483)	+G2212@@@	100	+99417	75

*Time for primary E/M plus one unit of 15-min add-on code. Table 24, CMS Final Rule, 2023. #AMA CPT 2024 Professional Ed. p30-33.

@ Time on day of care, plus 3d after; @@ Time on day before, day of and 3d after care; @@@ Time on 3 days before, day of, and 7d after care

G22 I I Subsequent FAQs: Can we use if...

- The 99211 “nurse visit”: YES if w/ longitudinal care
- NPP working in tandem with Physician (incident to): Yes
- Partner physician seeing my patient while I am away: Yes
- Residency Faculty in oversight of residents: Yes
- Getting care management services (CCM, etc.): Yes
 - G22 I I is not bundled in any Correct Coding Initiative
- A -25 modifier is needed: **No, until 01.2025.....**
- When is -25 needed....?

-25 Needed, and *G2211 IS* allowed in **2025**

- Annual Alcohol misuse screening (G0442) ... **YES w AWW and ov**
- Annual Depression screening (G0444) ... **YES w AWW and ov**
- High-intensity behavioral counseling to prevent sexually transmitted infection (G0445) ... **YES w AWW and ov**
- Annual, face-to-face intensive behavioral therapy for cardiovascular disease (G0446) ... **YES w AWW and ov**
- Face-to-face behavioral counseling for obesity (G0447)... **YES w AWW and ov**
- Injection code for preventive immunizations *allows G2211**
- **This applies to AWW as well as Initial Medicare Wellness Visit (IPPE) and also in the context of delivery of preventive services (immunizations, etc.)**
- **Check CMS Transmittal 13015 has specifics (*See *Materials* folder)**

-25 Needed, so *no G22 I I allowed* in these cases

- Joint injection (for steroid) needs 96372, and add-on procedures (office procedure – shave, etc.) both need -25 so *no G22 I I allowed*
- Spirometry, inhalation treatment, or other pulmonary function services (94010-94799) needs a -25, so *no G22 I I allowed*
- Osteopathic manipulative therapy (98925-98929) ... needs -25, thus *no G22 I I*