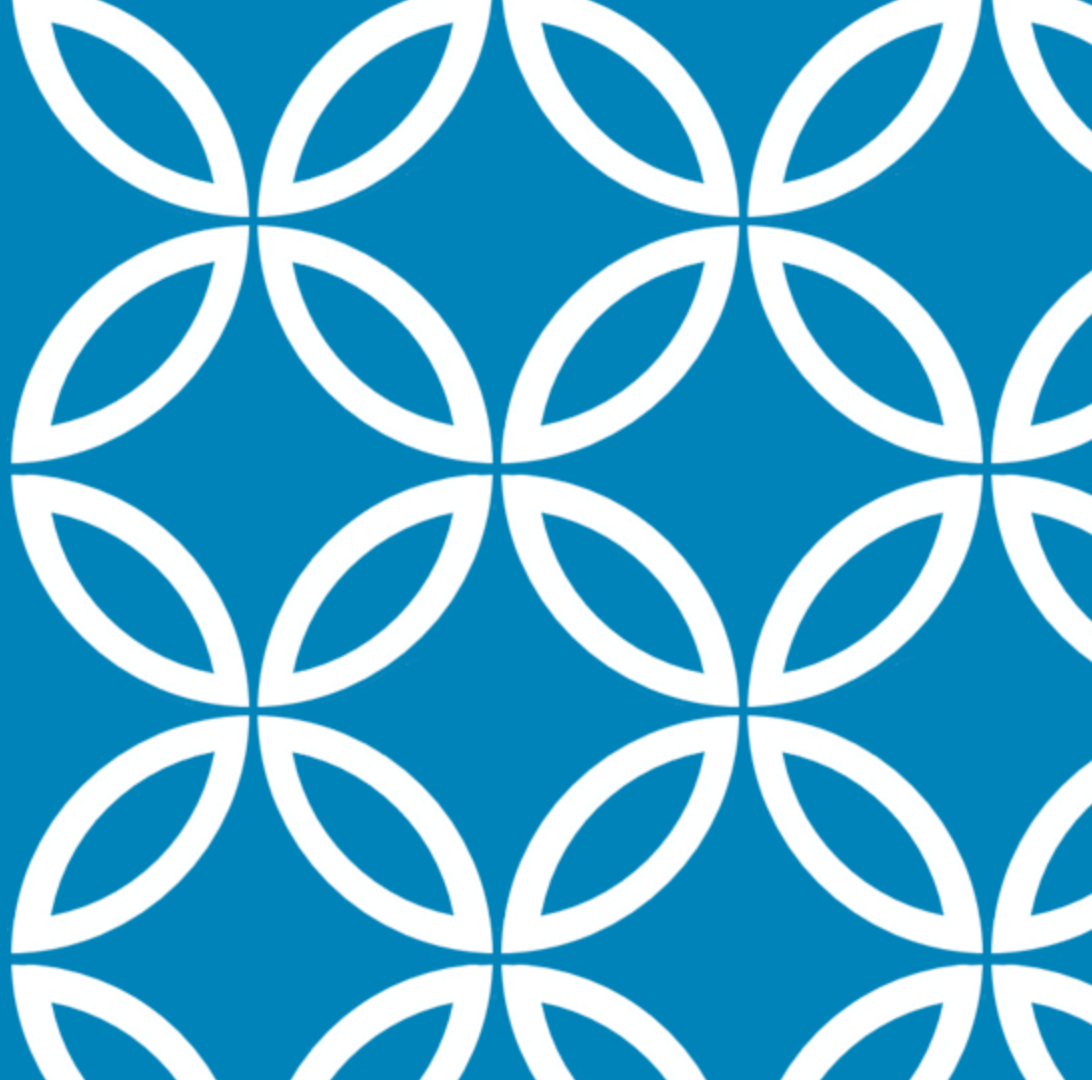


EVALUATION &  
MANAGEMENT  
DOCUMENTATION  
EDUCATION:  
AMBULATORY FOCUS

What is in the  
TIME  
element?



# Time

- If time is higher than Medical Decision Making, it can drive the level
- In general:
  - The new regulation is more inclusive of clinical work (not just face-to-face)

New patient visits

Established patient visits

Code	Current Time	New Time	Current wRVU	New wRVU
99201		Deleted		Deleted
99202	20	15-29	0.93	0.93
99203	30	30-44	1.42	1.60
99204	45	45-59	2.43	2.60
99205	60	60-74	3.17	3.50
99211	N/A	N/A	0.18	0.18
99212	10	10-19	0.48	0.70
99213	15	20-29	0.97	1.3
99214	25	30-39	1.50	1.92
99215	40	40-54	2.11	2.80

What is  
applicable to  
total time?

*\*Exclude any time  
separately reported*

ONLY on  
the DAY of  
service

- ✓ preparing to see the patient (eg, 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, tests, or procedures
- ✓ referring and communicating with other health care professionals
- ✓ documenting clinical information in the electronic or other health record
- ✓ independently interpreting results
- ✓ communicating results to the patient/family/caregiver
- ✓ care coordination

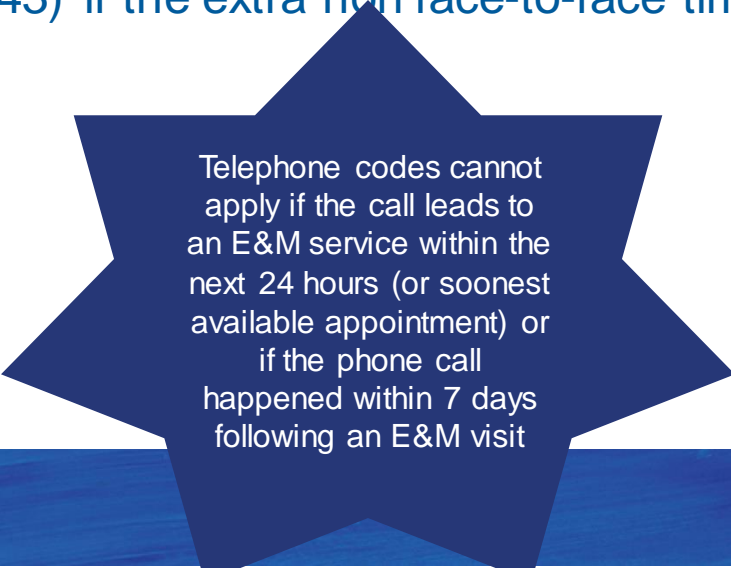
# Reminder that consults function as before

*Outpatient*  
consults can only  
be billed on time if  
**>50% is counseling**  
***face-to-face***

On the flip side,  
>50% face-to-face  
counseling  
threshold is **NOT**  
pertinent for  
new/est visits

# Reiterate

- ▶ Time is more inclusive of clinical care tasks but **applies only to actions on the date of service**
- ▶ For associated care that takes place on a different date:
  - **Generally no applicable CPT code/charge: this work falls into the ether**
  - Possibly a telephone visit (99441-99443) if the extra non face-to-face time was a phone call



Telephone codes cannot apply if the call leads to an E&M service within the next 24 hours (or soonest available appointment) or if the phone call happened within 7 days following an E&M visit

## Prolonged Services

Note: CMS has G2212 = 99417 **except** it has a higher threshold and does not apply until max time is **exceeded** by 15 minutes (i.e. it kicks in at 89 and 69 minutes). **BOTTOM LINE:** Charge 99417 and coder will crosswalk depending on payer

- **Total duration of time beyond level 5 new or established patient visits**
- Usual visit 99205 or 99215 with additional time
  - Document: Total time
  - How the code works
    - CPT code
      - 99417 commercial payers for each 15 minutes beyond level 5 max
    - 0.61 wRVU per 99417
    - New patient 75 minutes or more
      - 75-89: 99417 x1
      - 90-104 minutes: 99417x2
      - 105+ minutes: 99417 x3 etc for each additional 15 minutes
    - Established patient 55 minutes or more
      - 55-69 minutes: 99417 x1
      - 70-84 minutes: 99417x2
      - 85+ minutes: 99417x3 etc for each additional 15 minutes