AMA Express Reference

cpt 2023

Evaluation & Management

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 2023* codebook or data file.

EVALUATION AND MANAGEMENT (E/M)

Evaluation and Management (E/M) Services Guidelines

The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more 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 subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of work varies by type of service, place of service, and the patient's status.

Solely for the purposes of distinguishing between new and established patients, **professional services** are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s). A new patient is one who has not received any 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 past three years.

An established patient is one 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 past three years.

In the instance where a physician/qualified health care professional is on-call for or 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 advanced practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialtyas the physician.

Concurrent care is the provision of similar services (eg, hospital visits) to the same patient by more than one physician or other qualified health care professional on the same day. When concurrent care is provided, no special reporting is required. Transfer of care is the process whereby a physician or other qualified health care professional who is providing management for some or all of a patient's problems relinquishes this responsibility to another physician or other qualified health care professional who explicitly agrees to accept this responsibility and who, from the initial encounter, is not providing consultative services. The physician or other qualified health care professional transferring care is then no longer providing care for these problems (though he or she may continue providing care for other conditions when appropriate. Consultation codes should not be reported by the physician or other qualified health care professional who has agreed to accept transfer of care before an initial evaluation 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

The following codes are used to report evaluation and management services provided in the office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a health care facility occurs.

★99201	Office outpatient new 10 minutes
★99202	Office outpatient new 20 minutes
★99203	Office outpatient new 30 minutes
★99204	Office outpatient new 45 minutes
★99205	Office outpatient new 60 minutes
99211	Office outpatient visit 5 minutes
★99212	Office outpatient visit 10 minutes
★99213	Office outpatient visit 15 minutes
★99214	Office outpatient visit 25 minutes
★99215	Office outpatient visit 40 minutes

Hospital Observation Services

The following codes are used to report evaluation and management services provided to patients designated/admitted as "observation status" in a hospital. It is not necessary that the patient be located in an observation area designated by the hospital.

If such an area does exist in a hospital (as a separate unit in the hospital, in the emergency department, etc), these codes are to be utilized if the patient is placed in such an area.

99217	Observation care discharge management
99218	Initial observation care/day 30 minutes
99219	Initial observation care/day 50 minutes
99220	Initial observation care/day 70 minutes
99224	Subsq observation care/day 15 minutes
99225	Subsq observation care/day 25 minutes
99226	Subsq observation care/day 35 minutes

Hospital Inpatient Services

The following codes are used to report evaluation and management services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services. See also psychiatry series in the full text of the CPT code set.

99221	Initial hospital care/day 30 minutes
99222	Initial hospital care/day 50 minutes
99223	Initial hospital care/day 70 minutes
★99231	Subsq hospital care/day 15 minutes
★99232	Subsq hospital care/day 25 minutes
★99233	Subsq hospital care/day 35 minutes
99234	Observation/inpatient hospital care 40 minutes
99235	Observation/inpatient hospital care 50 minutes
99236	Observation/inpatient hospital care 55 minutes
99238	Hospital discharge day management 30 min/<=
99239	Hospital discharge day management >= 30 min

Consultations

★99241	Office consultation new/estab patient 15 min
★99242	Office consultation new/estab patient 30 min
★99243	Office consultation new/estab patient 40 min
★99244	Office consultation new/estab patient 60 min
★99245	Office consultation new/estab patient 80 min
★99251	Initial inpatient consult new/estab pt 20 min
★99252	Initial inpatient consult new/estab pt 40 min
★99253	Initial inpatient consult new/estab pt 55 min
★99254	Initial inpatient consult new/estab pt 80 min
★99255	Initial inpatient consult new/estab pt 110 min

Emergency Department Services

99281	Emergency department visit limited/minor prob
99282	Emergency department visit low/moder severity
99283	Emergency department visit moderate severity
99284	Emergency department visit high/urgent severity
99285	Emergency dept visit high severity/life/limb threat

Critical Care Services

99291	Critical care ill/injured patient init 30-74 min
✚99292	Critical care ill/injured patient add'l 30 min

Nursing Facility Services

The following codes are used to report evaluation and management services to patients in nursing facilities (formerly called skilled nursing facilities [SNFs], intermediate care facilities [ICFs], or long-term care facilities [LTCFs]).

99304	Initial nursing facility care/day 25 minutes
99305	Initial nursing facility care/day 35 minutes
99306	Initial nursing facility care/day 45 minutes
★99307	Subsq nursing facility care/day e/m stable 10 min
★99308	Subsq nursing facil care/day minor complt 15 min
★99309	Subsq nursing facil care/day new problems 25 min
★99310	Subsq nurs facil care/day unstable/new prob 35 min
99315	Nursing facility discharge management 30 minutes
99316	Nursing facility discharge management 30 minutes
99318	E/M annual nursing facility assess stable 30 min

Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services

The following codes are used to report evaluation and management services in a facility which provides room, board and other personal assistance services, generally on a long-term basis. They also are used to report evaluation and management services in an assisted living facility.

99324	Domicil/rest home new pt visit low sever 20 min
99325	Domicil/rest home new pt visit mod sever 30 min
99326	Domicil/rest home new pt mod hi sever 45 min
99327	Domicil/rest home new pt visit hi sever 60 min
99328	Domic/home e/m new pt signif new prob 75 min
99334	Domic/home e/m est pt self-limit/minor 15 min
99335	Domic/home e/m est pt lte mod severity 25 min
99336	Domic/home e/m est pt mod hi severity 40 min
99337	Domic/home e/m est pt signif new prob 60 min

Domiciliary, Rest Home (eg, Assisted Living Facility), or Home Care Plan Oversight Services

99339	Indiv phys supp home/domic/home mo 15-29 min
99340	Indiv phys supp home/domic/home mo 30 min/>=

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★ = Telemedicine ✚ = Add-on code

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