

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 2019 codebook or data file.

**EVALUATION AND MANAGEMENT (E/M)**

**Office or Other Outpatient Services**

- ★ 99200 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**

- 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

**Hospital Inpatient Services**

- Initial Hospital Care**
- 99221 Initial hospital care/day 30 minutes
  - 99222 Initial hospital care/day 50 minutes
  - 99223 Initial hospital care/day 70 minutes

**Subsequent Hospital Care**

- ★ 99231 Subq hospital care/day 15 minutes
- ★ 99232 Subq hospital care/day 25 minutes
- ★ 99233 Subq 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**

**Office or Other Outpatient Consultations**

- ★ 99240 Office consultation new/instab patient 15 min
- ★ 99242 Office consultation new/instab patient 30 min
- ★ 99243 Office consultation new/instab patient 40 min
- ★ 99244 Office consultation new/instab patient 60 min
- ★ 99245 Office consultation new/instab patient 80 min

**Inpatient Consultations**

- ★ 99251 Initial inpatient consult new/instab pt 20 min
- ★ 99252 Initial inpatient consult new/instab pt 40 min
- ★ 99253 Initial inpatient consult new/instab pt 55 min
- ★ 99254 Initial inpatient consult new/instab pt 80 min
- ★ 99255 Initial inpatient consult new/instab pt 110 min

**Emergency Department Services**

- 99281 Emergency department visit limited/minor prob
- 99282 Emergency department visit low/moderate severity
- 99283 Emergency department visit moderate severity
- 99284 Emergency department visit high/severe severity
- 99285 Emergency dept visit high severity/without face

**Critical Care Services**

- 99291 Critical care ill/injured patient int 30-74 min
- ★ 99292 Critical care ill/injured patient addl 30 min

**Prolonged Services**

**Prolonged Service with Direct Patient Contact**

- ★ 99354 Prolong e/m/psycs w/ office w/p dr con 1st hr
- ★ 99355 Prolong e/m/psycs w/ office w/p dr con addl 30

- ★ 99356 Prolonged service w/p req unit/flow time 1st hr
- ★ 99357 Prolonged service w/p req unit/flow time ea 30 min
- Prolonged Service without Direct Patient Contact**
- 99358 Prolong e/m/ps before/after dir pt care 1st hr
- ★ 99359 Prolong e/m/ps before/after dir care ea 30 minutes
- Prolonged Clinical/Staff Services with Physician or Other Qualified Health Care Professional Supervision**
- ★ 99405 Prolong clinical/staff w/ during w/p e/m 1st hr
- ★ 99406 Prolong clinical/staff w/ during w/p e/m ea 30 min

**Case Management Services**

**Medical Team Conferences**

Medical team conferences include face-to-face participation by a minimum of three qualified health care professionals from different specialties or disciplines (each of whom provides direct care to the patient), with or without the presence of the patient, family member(s), community agencies, surrogate decision maker(s) (eg, legal guardian), and/or caregiver(s). The participants are actively involved in the development, revision, coordination, and implementation of health care services needed by the patient. Reporting participants shall have performed face-to-face evaluations or treatments of the patient, independent of any team conference, within the previous 60 days.

Physicians or other qualified health care professionals who may report evaluation and management services should report their time spent in a team conference with the patient and/or family present using evaluation and management (E/M) codes (and time as the key controlling factor for code selection when counseling and/or coordination of care dominates the service). These introductory guidelines do not apply to services reported using E/M codes (see E/M service guidelines). However, the individual must be directly involved with the patient, providing face-to-face services outside of the conference visit with other physicians, and qualified health care professionals, or agencies.

The team conference starts at the beginning of the review of an individual patient and ends at the conclusion of the review. Time related to record keeping and report generation is not reported. The reporting participant shall be present for all time reported. The time reported is not limited to the time that the participant is communicating to the other team members or patient and/or family. Time reported for medical team conferences may not be used in the determination of time for other services such as care plan overnight (99174-99180), home, domiciliary, or rest home care plan overnight (99129-99140), prolonged services (99054-99059), psychotherapy, or any E/M service. For team conferences where the patient is present for any part of the duration of the conference, nonphysician qualified health care professionals (eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians) report the team-conference face-to-face code 99366.

- 99366 Team conference face-to-face nonphysician
- 99367 Team conference non-face-to-face physician
- 99368 Team conference non-face-to-face nonphysician

**Preventive Medicine Services**

**Counseling Risk Factor Reduction and Behavior Change Intervention**

- 99401 Prevent med counsel/risk factor med sp 15 min
- 99402 Prevent med counsel/risk factor med sp 30 min
- 99403 Prevent med counsel/risk factor med sp 45 min
- 99404 Prevent med counsel/risk factor med sp 60 min
- ★ 99406 Tobacco use cessation intermediate 1-10 minutes
- ★ 99407 Tobacco use cessation intensive >10 minutes

- ★ 99408 Alcohol/substance cessation intermediate 15-30 minutes
- ★ 99409 Alcohol/substance cessation intensive >30 minutes
- 99411 Prevent med counsel & risk factor med sp sp 30 min
- 99412 Prevent med counsel & risk factor med sp sp 60 min

**Non-Face-to-Face Services**

**Telephone Services**

- 99441 Physician telephone evaluation 5-10 min
- 99442 Physician telephone evaluation 11-20 min
- 99443 Physician telephone evaluation 21-30 min
- 99444 Physician online evaluation & management service

**Interprofessional Telephone/Internet/Electronic Health Record Consultations**

- ★ 99446 Internet phone/internet/EHR consult/urgent 5-10 min
- ★ 99447 Internet phone/internet/EHR consult/urgent 11-20 min
- ★ 99448 Internet phone/internet/EHR consult/urgent 21-30 min
- ★ 99449 Internet phone/internet/EHR consult/urgent 31/+ > min
- ★ 99451 Internet phone/internet/EHR consult/urgent 5/+ > min

**Digitally Stored Data Services/Remote Physiological Monitoring**

- ★ 99452 Remote physiologic patient 1st set up pt initial 90 min
- ★ 99454 Remote physiologic patient 1st dev supply ea 30 d
- ★ 99455 Ctlg & integ physiologic data min 30 min ea 30 d

**Remote Physiological Monitoring Treatment Management Services**

- ★ 99457 Remote physiologic monitoring 30 min+ per month

**Special Evaluation and Management Services**

- 99459 Basic life and/or disability examination
- 99455 Work related/med eval w/ treating phys
- 99456 Work related/med eval w/ the treating phys
- 99483 Acct & care planning pt w/ cognitive impairment
- ★ 99484 Care mgmt services behavioral hbh coord 20 min
- 99482 1st psychiatric collab care mgmt 1st 60 min
- 99483 Subq psychiatric collab care mgmt 1st 60 min
- ★ 99484 1st/subq psych collab care mgmt ea addl 30 min

**PATHOLOGY AND LABORATORY**

**Organ and Disease-Oriented Panels**

- 80047 Basic metabolic panel calcium ionized
- 80048 Basic metabolic panel calcium total
- 80050 General health panel
- 80052 Comprehensive metabolic panel
- 80061 Lipid panel
- 80074 Acute hepatic panel
- 80076 Hepatic function panel

**Therapeutic Drug Assays**

- 80151 Drug assay caffeine
- 80154 Drug assay carbamazepine total
- 80159 Drug assay diazepam
- ★ 80164 Drug assay valproic dipropylacetic acid total
- 80169 Drug assay mexiletine
- ★ 80171 Drug screen-quantitative gabapentin
- 80172 Drug screen-quantitative lamotrigine
- 80175 Drug screen-quantitative lamotrigine
- 80177 Drug screen-quantitative levetiracetam

# List Of Cpt Codes 2013

**J Rink**



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**Federal Register** ,2012-11      "**Code of Massachusetts regulations, 2013**" ,2013 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020

**Intraoperative Neuromonitoring** Christopher M. Loftus,Jose Biller,Eli Baron,2014-01-03 Intraoperative Neuromonitoring takes you step by step through the proper protocols for measuring and mapping neural function emphasizing the correct application of intraoperative recordings for improved surgical outcomes You will learn how to utilize the very latest neuromonitoring tools and familiarize yourself with the full range of topics pertaining to intraoperative monitoring in neurosurgery The authors also present both common and lesser known techniques for neural assessment resulting in a stand alone reference that helps you master any type of neuromonitoring for virtually every kind of procedure The most complete expert authored intraoperative neuromonitoring resource addressing the most current topics tools and techniques to enhance your skills Logical five part organization clearly explains must know topics such as neuromonitoring during cerebrovascular surgery mapping cerebral and brainstem function neuromonitoring in spinal surgery peripheral nerve procedures and more      *The Massachusetts register* ,2013      "*Code of Massachusetts regulations, 2015*" ,2015 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020      "*Code of Massachusetts regulations, 2014*" ,2014 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020      "*Code of Massachusetts regulations, 2016*" ,2016 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020      Code of Federal Regulations, Title 42, Public Health, PT. 400-413, Revised as of October 1 2013 U S Office of the Federal Register,2014-01-30      **Physicians Fee & Coding Guide** ,2011      List of Issues in Relation to the Third Periodic Report of Slovakia United Nations. Office of the High Commissioner for Human Rights,2015      **Medication Therapy Management, Second Edition** Karen Lynn Whalen,2018-04-05 Publisher s Note Products purchased from Third Party sellers are not guaranteed by the publisher for quality authenticity or access to any online entitlements included with the product Discover the medication therapy management solution with this definitive up to date sourcebook The need to improve the use of medications has major implications for the nation s healthcare system Burdened by high costs and an ineffective process of providing medication therapy the current prescription drug environment poses considerable risks to patient safety Medication therapy management MTM is designed to address these deficiencies and this essential text gives pharmacists all the right MTM tools to identify and eliminate drug related problems that can cause potentially severe adverse events Medication Therapy Management delivers the most relevant insights into MTM a vital service that is gaining momentum due to the rapid growth of patient centered care healthcare information technology new practice models e g Patient Centered Medical Home and new payment methods Cohesively organized this

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