



## Evaluation & Management Audit Tool Supplement CPT 2020

Category (Elements)	Codes (Minutes)	History	Physical Exam	Decision Complexity
New Patient: OV/Outpatient (3 of 3)	99201 (10 min) 99202 (20 min) 99203 (30 min) 99204 (45 min) 99205 (60 min)	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Straightforward Straightforward Low Moderate High
Est. Patient: OV/Outpatient (2 of 3)	99212 (10 min) 99213 (15 min) 99214 (25 min) 99215 (40 min)	Problem Focused Expanded Problem Focused Detailed Comprehensive	Problem Focused Expanded Problem Focused Detailed Comprehensive	Straightforward Low Moderate High
Initial Hospital (3 of 3)	99221 (30 min) 99222 (50 min) 99223 (70 min)	Detailed Comprehensive Comprehensive	Detailed Comprehensive Comprehensive	Straightforward – Low Moderate High
Subsequent Hospital (2 of 3)	99231 (15 min) 99232 (25 min) 99233 (35 min)	Problem Focused Interval Expanded Problem Focused Interval Detailed Interval	Problem Focused Expanded Problem Focused Detailed	Straightforward – Low Moderate High
Admission & Discharge Same Day (3 of 3)	99234 (40 min) 99235 (50 min) 99236 (55 min)	Detailed Comprehensive Comprehensive	Detailed Comprehensive Comprehensive	Straightforward – Low Moderate High
Consultation: OV/Outpatient (3 of 3)	99241 (15 min) 99242 (30 min) 99243 (40 min) 99244 (60 min) 99245 (80 min)	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Straightforward Straightforward Low Moderate High
Inpatient Consultation (3 of 3)	99251 (20 min) 99252 (40 min) 99253 (55 min) 99254 (80 min) 99255 (110min)	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Straightforward Straightforward Low Moderate High
Initial Nursing Facility Care (3 of 3)	99304 (25 min) 99305 (35 min) 99306 (45 min)	Detailed or Comprehensive Comprehensive Comprehensive	Detailed or Comprehensive Comprehensive Comprehensive	Straightforward – Low Moderate High
Subsequent Nursing Facility Care (2 of 3)	99307 (10 min) 99308 (15 min) 99309 (25 min) 99310 (35 min)	Problem Focused Interval Expanded Problem Focused Interval Detailed Interval Comprehensive Interval	Problem Focused Expanded Problem Focused Detailed Comprehensive	Straightforward Low Moderate High
New Patient Rest Home/ALF (3 of 3)	99324 (20 min) 99325 (30 min) 99326 (45 min) 99327 (60 min) 99328 (75 min)	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Straightforward Low Moderate Moderate High
Est. Patient Rest Home/ALF (2 of 3)	99334 (15 min) 99335 (25 min) 99336 (40 min) 99337 (60 min)	Problem Focused Interval Expanded Problem Focused Interval Detailed Interval Comprehensive Interval	Problem Focused Expanded Problem Focused Detailed Comprehensive	Straightforward Low Moderate Moderate - High
New Patient Home (3 of 3)	99341 (20 min) 99342 (30 min) 99343 (45 min) 99344 (60 min) 99345 (75 min)	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Problem Focused Expanded Problem Focused Detailed Comprehensive Comprehensive	Straightforward Low Moderate Moderate High
Est. Patient Home (2 of 3)	99347 (15 min) 99348 (25 min) 99349 (40 min) 99350 (60 min)	Problem Focused Interval Expanded Problem Focused Interval Detailed Interval Comprehensive Interval	Problem Focused Expanded Problem Focused Detailed Comprehensive	Straightforward Low Moderate Moderate - High

Hospital Discharge Day Management	99238 99239	Hospital Discharge Day Management ≤ 30 min Hospital Discharge Day Management > 30 min
SNF/NF Discharge Day Management	99315 99316	SNF/NF Discharge Day Management ≤ 30 min SNF/NF Discharge Day Management > 30 min

+Prolonged Services	99354	F2F Outpatient Prolonged Services 30-74 min
	99355	F2F Outpatient Prolonged Services ea. additional 30 min
	99356	F2F Inpatient Prolonged Services 30-74 min
	99357	F2F Inpatient Prolonged Services ea. additional 30 min
	99358	Non-F2F Prolonged Service, before &/or after a billable encounter, 1 <sup>st</sup> hour
	99359	Non-F2F Prolonged Service, before &/or after a billable encounter, ea. additional 30 minutes

Advance Care Planning	99497	ACP Discussion, F2F, 1 <sup>st</sup> 30 minutes
	99498	ACP Discussion, ea. additional 30 minutes
Transitional Care Management	99495	Visit w/in 14 days of d/c; Moderate complexity
	99496	Visit w/in 7 days of d/c; High complexity
Chronic Care Management	+G0506	Initiating visit w/Care Plan Development
	99490	Monthly CCM services, at least 20 minutes
	99487	Complex CCM, 60-89 minutes
	+99489	Complex CCM, 90-119 minutes

**Note:** Services/codes with a + sign are “add on” codes and must be reported with a companion code.  
Hospices should check with their MAC before billing CCM, TCM or Non-F2F Prolonged Services  
This supplement is intended only as a quick reference guide. Before reporting a code, make sure to review all current coding and payer guidelines and requirements.