

Time					
Does the documentation reveal total time? Face-to-face in office/outpt - Unit/floor in inpt				Yes	No
Does the documentation describe the content of the counseling/coordination of care?				Yes	No
Does the documentation reveal that more than half the time was counseling/coordinating care? (e.g., spent 15 mins of this 20 min appt counseling (coordinating care) for...)				Yes	No
If all the answers are "yes", you may select E/M level based on time.					
Office New Patient	Office Est. Patient	Office Consults	Hosp Cons.	Initial Inpatient	Subsequent Inpatient
99201 - 10	99211 - 5	99241 - 15	99251 - 20	99221 - 30	99231 - 15
99202 - 20	99212 - 10	99242 - 30	99252 - 40	99222 - 50	99232 - 25
99203 - 30	99213 - 15	99243 - 40	99253 - 55	99223 - 70	99233 - 35
99204 - 45	99214 - 25	99244 - 60	99254 - 80	Consults allowed only by Aetna, Cofinity, SPHN, Medicaid, Medicaid HMO, and some Auto Carriers	
99205 - 60	99215 - 40	99245 - 80	99255 - 110		

Time may determine a level of E/M service with an established time component if the counseling and/or coordination of care dominates more than 50% of the encounter time. Documentation must refer to one or more of the following; prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, and/or risk reduction.					
Does the documentation reveal total time? Face-to-face in office/outpt - Unit/floor in inpt				Yes	No
Does the documentation describe the content of the counseling/coordination of care?				Yes	No
Does the documentation reveal that more than half the time was counseling/coordinating care? (e.g., spent 15 mins of this 20 min appt counseling (coordinating care) for...)				Yes	No
If all the answers are "yes", you may select E/M level based on time.					
NF/SNF Initial	NF/SNF Subsequent	AL/Board Hm New	A/L Brd Hm Est	Initial Inpatient	Subsequent Inpatient
99304 - 25	99307 - 10	99324 - 20	99334 - 15	99221 - 30	99231 - 15
99305 - 35	99308 - 15	99325 - 30	99335 - 25	99222 - 50	99232 - 25
99306 - 45	99309 - 25	99326 - 45	99336 - 40	99223 - 70	99233 - 35
Other/Annual Assess.	99310 - 35	99327 - 60	99337 - 60		
99318 - 30		99328 - 75			

<b>Prolonged Services (face-to-face) office/outpatient:</b> <b>Start and end times of visit must be documented!!</b>	Total Duration of <i>Prolonged</i> Services	Codes
	Less than 30 minutes	Not reported separately
	30-74 minutes (30 min. - 1 hr. 14 min.)	99354 X 1
	75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	99354 X 1 and 99355 X 1
	105 minutes or more (1 hr. 45 min. or more)	99354 X 1 and 99355 X 2 or more for each additional 30 minutes
<i>All Prolonged services must be billed in addition to the originating E/M service.</i>		

Home Visits -Est. Pt.
99347 - 15
99348 - 25
99349 - 40
99350 - 60

<b>Prolonged Services (face-to-face, with unit-floor time) inpatient/observation/facility:</b> <b>Start and end times of visit must be documented!!</b>	Total Duration of <i>Prolonged</i> Services	Codes
	Less than 30 minutes	Not reported separately
	30-74 minutes (30 min. - 1 hr. 14 min.)	99356 X 1
	75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	99356 X 1 and 99357 X 1
	105 minutes or more	99356 X 1 and 99357 X 2 or more for

This document contains general information created for Michigan State University HealthTeam providers, residents/fellows, staff, and students. The information presented in this document should not be construed to be formal legal advice.