

When billing office or other outpatient services for new patients, **ALL THREE KEY COMPONENTS** must be fully documented in order to bill. When counseling and/or coordination of care dominates (more than 50 percent) the physician/ patient and/or family encounter (face-to-face time in the office or other outpatient setting), then **TIME** may be considered the key or controlling factor to qualify for a particular level of E/M services. The extent of such time must be documented in the medical record.

<https://medicare.fcso.com/EM/149087.asp>

The key components (elements of service) of evaluation & management (E/M) services are: History, Examination and Medical decision-making.

CPT Codes	Comprehensive History	Detailed Examination	Medical Decision Making
99201 - 10 minutes (average)	Documentation needed: <ul style="list-style-type: none"> Chief complaint Brief history of present illness 	Documentation needed: Limited examination of the affected body area or organ system	Documentation needed (two of three below must be met or exceeded): <ul style="list-style-type: none"> Minimal number of diagnoses or management options None or minimal amount and/or complexity of data to be reviewed Minimal risk of significant complications, morbidity and/or mortality
99202 - 20 minutes (average)	Documentation needed: <ul style="list-style-type: none"> Chief complaint Brief history of present illness Problem pertinent review of systems 	Documentation needed: Limited examination of the affected body area or organ system and any other symptomatic or related body area(s) or organ system(s)	Documentation needed (two of three below must be met or exceeded): <ul style="list-style-type: none"> Minimal number of diagnoses or management options None or minimal amount and/or complexity of data to be reviewed Minimal risk of significant complications, morbidity and/or mortality
99203 - 30 minutes (average)	Documentation needed: <ul style="list-style-type: none"> Chief complaint Extended history of present illness Extended review of systems Pertinent past, family and/or social history 	Documentation needed: Extended examination of the affected body area(s) or organ system(s) and any other symptomatic or related body area(s) or organ system(s)	Documentation needed (two of three below must be met or exceeded): <ul style="list-style-type: none"> Limited number of diagnoses or management options Limited amount and/or complexity of data to be reviewed Low risk of significant complications, morbidity and/or mortality
99204 - 45 minutes (average)	Documentation needed: <ul style="list-style-type: none"> Chief complaint Extended history of present illness Complete review of systems Complete past, family and/or social history 	Documentation needed: A general multi-system examination OR complete examination of single organ system and other symptomatic or related body area(s) or 8 or more organ system(s)	Documentation needed (two of three below must be met or exceeded): <ul style="list-style-type: none"> Multiple number of diagnoses or management options Moderate amount and/or complexity of data to be reviewed Moderate risk of significant complications, morbidity and/or mortality
99205 - 60 minutes (average)	Documentation needed: <ul style="list-style-type: none"> Chief complaint Extended history of present illness Complete review of systems Complete past, family and/or social history 	Documentation needed: A general multi-system examination OR complete examination of single organ system and other symptomatic or related body area(s) or 8 or more organ system(s)	Documentation needed (two of three below must be met or exceeded): <ul style="list-style-type: none"> Extensive number of diagnoses or management options Extensive amount and/or complexity of data to be reviewed High risk of significant complications, morbidity and/or mortality

When billing office or other outpatient services for established patients, **TWO OF THE THREE KEY COMPONENTS** must be fully documented in order to bill (other than 99211). When counseling and/or coordination of care dominates (more than 50 percent) the physician patient and/or family encounter (face-to-face time in the office or other outpatient setting), then **TIME** may be considered the key or controlling factor to qualify for a particular level of E/M services. The extent of such time must be documented in the medical record.

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The key components (elements of service) of evaluation & management (E/M) services are: History, Examination and Medical decision-making.

CPT Codes	Comprehensive History	Detailed Examination	Medical Decision Making
99211 - 5 MINUTES (average)	Patient presenting with minimal problems Three components not required		
99212 - 10 MINUTES (average)	Documentation needed: <ul style="list-style-type: none"> Chief complaint Brief history of present illness Problem pertinent review of systems 	Documentation needed: Limited examination of the affected body area or organ system	Documentation needed (two of three below must be met or exceeded): <ul style="list-style-type: none"> Minimal number of diagnoses or management options None or minimal amount and/or complexity of data to be reviewed Minimal risk of significant complications, morbidity and/or mortality
99213 - 15 MINUTES (average)	Documentation needed: <ul style="list-style-type: none"> Chief complaint Extended history of present illness Extended review of systems Pertinent past, family and/or social history 	Documentation needed: Limited examination of the affected body area or organ system and any other symptomatic or related body area(s) or organ system(s)	Documentation needed (two of three below must be met or exceeded): <ul style="list-style-type: none"> Limited number of diagnoses or management options Limited amount and/or complexity of data to be reviewed Low risk of significant complications, morbidity and/or mortality
99214 - 25 MINUTES (average)	Documentation needed: <ul style="list-style-type: none"> Chief complaint Extended history of present illness Extended review of systems Pertinent past, family and/or social history 	Documentation needed: Extended examination of the affected body area(s) or organ system(s) and any other symptomatic or related body area(s) or organ system(s)	Documentation needed (two of three below must be met or exceeded): <ul style="list-style-type: none"> Multiple number of diagnoses or management options Moderate amount and/or complexity of data to be reviewed Moderate risk of significant complications, morbidity and/or mortality
99215 - 40 MINUTES (average)	Documentation needed: <ul style="list-style-type: none"> Chief complaint Extended history of present illness Complete review of systems Complete past, family, and social history 	Documentation needed: A general multi-system examination OR complete examination of single organ system and other symptomatic or related body area(s) or eight or more organ system(s)	Documentation needed (two of three below must be met or exceeded): <ul style="list-style-type: none"> Extensive number of diagnoses or management options Extensive amount and/or complexity of data to be reviewed High risk of significant complications, morbidity and/or mortality