

**TOTAL TIME– 2021 E/M Changes:**

- Time associated with E/M levels revised to less ambiguous “time ranges”. 99211 has no time descriptor.
- Counseling and/or coordination of care is no longer required to dominate the visit to use time.
- Represents total physician/qualified health care professional (QHP) time on the date of encounter (face-to-face and non-face-to-face)
- For an office visit with time less than 10 minutes, use Medical Decision Making (MDM)

**TOTAL TIME – DOCUMENTATION TIPS**

<b>COUNT TIME FOR:</b>	<b>EXAMPLES:</b>
Preparing to see the patient	Reviewing lab results, imaging reports or other tests
Obtaining or reviewing a separately obtained history or consultation	Reviewing an Endocrinology Consult for patient with elevated blood sugars
Performing a medically necessary appropriate history and physical exam	Per form a physical exam including constitutional, Ears Nose Mouth and Throat
Counseling education the patient/family/caregiver	Provide information about indications that suggest anaphylaxis for a newly prescribed antibiotic and any other body system deemed necessary and clinically relevant.
Prescription drug management	Prescribing an antibiotic for strep throat
Ordering further diagnostic or treatment	Ordering chest X-ray for suspected pneumonia
Referring and/or communicating with other healthcare professionals (not separately reported)	Discussing brain MRI results with neurologist.
Documenting clinical information in the EHR for other health record	Documenting medically appropriate H&P and other encounter information.
Independent interpretation of tests performed by another external physician not separately reported	Reviewing and interpreting chest films performed during an ER visit 2 days ago.
Care coordination not separately reported.	Discussing wound care with Home Health Agency
Communication with health care team	Communication and patient specific instructions for MA regarding required HPI and ROS data.

<b>DO NOT COUNT TIME FOR:</b>	<b>EXAMPLES:</b>
Does not include time in activities normally performed by clinical staff.	Time spent by MA obtaining vitals and HPI
When more than one clinician involved simultaneously, count only 1 person per minute	Both the MD and PA meet with the patient & family to discuss lung biopsy results.
Time spent on patient care management or test interpretation and a separate CPT code will be submitted for that service.	Time spent on chronic care management, which will be separately reported with 99491 should not be counted.

**PROLONGED SERVICES**

**New Patient 99205**

Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of decision making. When using time for code selection 60 – 74 minutes of total time is spent on the date of the encounter. For services 75 minutes or longer see Prolonged Services 99417

<b>CMS Medicare and MC Managed Care Payers Reporting</b>		<b>Other Payers - AMA/CPT Other Payers Reporting</b>	
89 - 103 minutes	99205 and G2212	75 – 89 minutes	99205 and 99417
104 – 118 minutes	99205 and G2212 x 2	90 – 104 minutes	99205 and 99417 x 2
119 – 133 minutes	99205 and G2212 x 3	105 – 119 minutes	99205 and 99417 x 3

**Established Patient 99215**

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection 40 – 54 minutes of total time is spent on the day of the encounter. For services 55 minutes or longer see Prolonged Services 99417

<b>CMS Medicare and MC Managed Care Payers Reporting</b>		<b>Other Payers - AMA/CPT Other Payers Reporting</b>	
69 – 83 minutes	99215 and G2212	55 – 69 minutes	99215 and 99417
84 - 98 minutes	99215 and G2212 x 2	70 – 84 minutes	99215 and 99417 x 2
99 - 113 minutes	99215 and G2212 x 3	85 – 99 minutes	99215 and 99417 x 3