AMA Express Reference

cpt 2023

Evaluation & Management

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 2023* codebook or data file.

EVALUATION AND MANAGEMENT (E/M)

Evaluation and Management (E/M) Services Guidelines

The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of work varies by type of service, place of service, and the patient's status.

Solely for the purposes of distinguishing between new and established patients, **professional services** are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s). A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the **exact** same specialty **and subspecialty** who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the **exact** same specialty **and subspecialty** who belongs to the same group practice, within the past three years.

In the instance where a physician/qualified health care professional is on call for or covering for another physician/qualified health care professional, the patient's encounter will be classified as it would have been by the physician/qualified health care professional who is not available. Where advanced practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physicians.

Concurrent care is the provision of similar services (eg, hospital visits) to the same patient by more than one physician or other qualified health care professional on the same day. Where concurrent care is provided, no special reporting is required. Transfer of care is the process whereby a physician or other qualified health care professional who is providing management for some or all of a patient's problems relinquishes this responsibility to another physician or other qualified health care professional who explicitly agrees to accept this responsibility and who, from the initial encounter, is not providing consultative services. The physician or other qualified health care professional transferring care is then no longer providing care for these problems (though he or she may continue providing care for other conditions) where appropriate. Consultation codes should not be reported by the physician or other qualified health care professional who has agreed to accept transfer of care before an initial evaluation but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial consultation evaluation, regardless of site of service.

Office or Other Outpatient Services

The following codes are used to report evaluation and management services provided in the office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a health care facility occurs.

★99201	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

The following codes are used to report evaluation and management services provided to patients designated/admitted as "observation status" in a hospital. It is not necessary that the patient be located in an observation area designated by the hospital.

If such an area does exist in a hospital (as a separate unit in the hospital, in the emergency department, etc), these codes are to be utilized if the patient is placed in such an area.

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
99224	Subsq observation care/day 15 minutes
99225	Subsq observation care/day 25 minutes
99226	Subsq observation care/day 35 minutes

Hospital Inpatient Services

The following codes are used to report evaluation and management services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services. See also psychiatry codes in the full text of the CPT code set.

99221	Initial hospital care/day 30 minutes
99222	Initial hospital care/day 50 minutes
99223	Initial hospital care/day 70 minutes
★99231	Subsq hospital care/day 15 minutes
★99232	Subsq hospital care/day 25 minutes
★99233	Subsq 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

★99241	Office consultation new/estab patient 15 min
★99242	Office consultation new/estab patient 30 min
★99243	Office consultation new/estab patient 40 min
★99244	Office consultation new/estab patient 60 min
★99245	Office consultation new/estab patient 80 min
★99251	Initial inpatient consult new/estab pt 20 min
★99252	Initial inpatient consult new/estab pt 40 min
★99253	Initial inpatient consult new/estab pt 55 min
★99254	Initial inpatient consult new/estab pt 80 min
★99255	Initial inpatient consult new/estab pt 110 min

Emergency Department Services

99281	Emergency department visit limited/minor prob
99282	Emergency department visit low/moder severity
99283	Emergency department visit moderate severity
99284	Emergency department visit high/urgent severity
99285	Emergency dept visit high severity&threat func

Critical Care Services

99291	Critical care dl/inpand patient init 30-74 min
✚99292	Critical care dl/inpand patient addl 30 min

Nursing Facility Services

The following codes are used to report evaluation and management services for patients in nursing facilities (formerly called skilled nursing facilities [SNFs], intermediate care facilities [ICFs], or long-term care facilities [LTCFs]).

99304	Initial nursing/facility care/day 25 minutes
99305	Initial nursing/facility care/day 35 minutes
99306	Initial nursing/facility care/day 45 minutes
★99307	Sbsq nursing/facility care/day e/m stable 10 min
★99308	Sbsq nursing/facil care/day minor comp& 15 min
★99309	Sbsq nursing/facil care/day new problem& 25 min
★99310	Sbsq nurs facil care/day unstable/new prob 35 min
99315	Nursing facility discharge management 30 minutes
99316	Nursing facility discharge management 30 minutes
99318	E/M annual nursing facility assess stable 30 min

Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services

The following codes are used to report evaluation and management services in a facility which provides room, board and other personal assistance services, generally on a long-term basis. They also are used to report evaluation and management services in an assisted living facility.

99324	Domicil/rest home new pt visit low sever 20 min
99325	Domicil/rest home new pt visit mod sever 30 min
99326	Domicil/rest home new pt mod hi sever 45 min
99327	Domicil/rest home new pt visit hi sever 60 min
99328	Domic/rest home e/m new pt signif new prob 75 min
99334	Domic/rest home e/m est pt self-limit/minor 15 min
99335	Domic/rest home e/m est pt lw mod severity 25 min
99336	Domic/rest home e/m est pt mod hi severity 40 min
99337	Domic/rest home e/m est pt signif new prob 60 min

Domiciliary, Rest Home (eg, Assisted Living Facility), or Home Care Plan Oversight Services

99339	Indiv phys supvs home/domic/rest home mod 15-29 min
99340	Indiv phys supvs home/domic/rest home mod 30 min/>=

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Cpt Coding Guidelines

AAPC

Cpt Coding Guidelines:

Introduction to CPT Coding American Medical Association,2011 CPTr coding education straight from the source The AMA the expert in CPT coding offers this new publication on the Introduction to CPTr Coding Basic principles to learning understanding and applying the CPT code set This entry level coding education resource can be used alone or in a classroom setting Students and self learners entering the coding and billing field will learn how to appropriately select the correct codes for the services and procedures performed It is crucial to understand and correctly apply the CPT coding guidelines for each section and subsection of the CPT codebook This valuable resource addresses the general guidelines for each at the beginner s level and facilitates comprehension and application of the CPT coding guidelines Each chapter contains valuable features to provide further educational guidance on appropriate coding such as Check your Knowledge questions and answers to test your comprehension of the material Key Terms defines fundamental terms used within the text for ease of use Coding Tips helpful information listed throughout each chapter Illustrations specific to the anatomy of the procedures and codes Real life coding examples teach you how to apply your new skills Chapter exercises hands on exercises challenge your knowledge of each chapter Whether you are a student or a self learner this book will teach you the essentials of CPT coding and help to launch you into the exciting career of coding Cpt professional success guide 2025/2026 Alica Struth,2025-08-25 The CPT Professional Success Guide 2025 2026 is an essential study companion for mastering the Current Procedural Terminology CPT coding system Designed for medical coders billers and healthcare professionals this guide provides 500 practice questions along with clear explanations to reinforce key concepts and sharpen test taking skills Inside you ll find 500 exam style practice questions with detailed rationales to solidify understanding Comprehensive coverage of CPT coding guidelines conventions and updates In depth focus on medical terminology coding principles and real world application Test taking strategies and tips to improve accuracy and speed on exam day Step by step explanations to help you confidently navigate complex coding scenarios Whether you are preparing for certification or enhancing your professional skills this guide ensures you are well prepared to succeed in CPT coding and excel in the healthcare field Translator Brittany Deaton PUBLISHER TEKTIME CPT® 2018 Professional Edition American Medical Association,2017-09-29 This is the only CPT codebook with official CPT coding rules and guidelines developed by the CPT editorial panel The 2018 edition covers hundreds of code guideline and text changes In addition to the most comprehensive updates to the CPT code set this edition includes notable changes to these subsections cardiovascular system diagnostic radiology INR monitoring services pathology and laboratory respiratory system photodynamic therapy psychiatric collaborative care management cognitive assessment and care plan services proprietary laboratory analyses PLA upper and lower abdomen anesthesia and vaccines Exclusive features include colorized procedural and anatomical illustrations inclusion of code ranges in section tabs to improve code search clinical examples of the CPT codes for E M services and updated citations back cover CPT Professional 2024 and

CPT Quickref App Bundle American Medical Association,2023-10-25 The fully loaded award winning CPT QuickRef app combines the best of the American Medical Association s AMA Current Procedural Terminology CPT content with billing tools to help improve the accuracy and efficiency of the work you perform The CPT QuickRef app includes the following Up to six years of CPT Codes Use your mobile device to search and browse all CPT codes and descriptors from 2019 2024 complete with applicable modifiers illustrations and CPT Assistant references when codes are described in newsletter articles and both global and GPCI specific cost information Coding Billing Pack per year needed to access CPT Assistant Archive Access the full content of all CPT Assistant articles 1990 2023 E M Wizard Quickly determine the appropriate evaluation and management code based on visit documentation using all available guidelines AMA and CMS 95 97 and the office outpatient visit evaluation management E M guidelines updated for 2024 CPT Coding Guidelines official coding guidelines from the CPT Editorial Panel CPT Vignettes describe code use with clinical examples 2023 and 2024 RVUs relative value units for Medicare reimbursement including Physician Work Practice Expense and Professional Liability Insurance valid in the coder s locality The CPT QuickRef app premium content 2024 code set information CPT Assistant articles are accessible on iOS and Android mobile devices by scanning the QR code affixed to the back of the codebook that comes with this package FEATURES AND BENEFITS For features and benefits of the printed codebook included in this package please see the CPT 2024 Professional Edition product announcement Features of the CPT QuickRef app with premium content include Updated E M Wizard New 2024 guidelines for coding office outpatient visits by time and medical decision making The latest information Receive updates from the cloud when new RVUs and proprietary laboratory analysis PLA codes are released or when technical corrections are made to 2024 CPT codes Favorites Select the codes you use most and save them to your favorites list Facility and non facility RVUs Use federal data on facility and non facility work and practice expense values GPCIs Set your region s geographic practice cost index to calculate accurate Medicare payment for each procedure Global days Reference the number of global days CMS assigns to a given procedure Color illustrations Better understand complex procedures with AMA created illustrations Clear references to CPT Assistant articles View article titles instead of date and page number references found in other resources Improved search Enter the first three or more digits of a CPT code to get suggested matches Past code set information Upgrade to the multi year option for the code set years of 2018 2023 for auditing and other reference

Principles of CPT Coding American Medical Association,2010 Updated and revised by the AMA this best selling resource is a comprehensive training and education textbook that provides the most in depth review available of the entire CPTr codebook Expanded images chapters and content provide a broader explanation of the CPT code set and include New Appendix describes how to code from an operative report New Ancillary educator material includes individual chapter slide presentations whole book review slide presentations chapter presentation notes and three levels of question andanswer banks for tests and quizzes found throughout the book New Two new subsections of medicine that pertain to cardiovascular

device monitoring and end stage renal disease services Expanded and revised chapter sections provide enhanced coding guidelines and instructions for spinal and cranial sterotactic radiosurgery codes in the nervous system subsection in addition to E M revisions on newborn care services delivery birth room attendance resuscitation services and more Numerous revisions to medicine section offers in depth discussion regarding hydration therapeutics prophylactic injections and infusions and chemotherapy administration **Basic CPT/HCPCS Coding** Gail I. Smith,2003 **Principles of CPT Coding** AMA,2014-05-14 Learn to apply CPTr codes Updated and revised by the AMA this best selling resource is a comprehensive textbook for the knowledgeable coder and healthcare professional Designed to supplement the CPTr codebook this textbook provides an in depth review of the CPT guidelines and serves as a guide for proper application of the CPT codes Features include Expanded and revised chapter Sections help you to better understand coding with useful descriptions on new codes and enhanced coding guidelines Updated chapter information guides you in the proper application of new 2013 codes New and revised tables and Illustrations make coding easier and more efficient Coding tips provide helpful hints to aid in accurate code selection New and revised chapter exercises test your knowledge and understanding of CPT concepts **Cpt-4 Outpatient Coding Reference and Study Guide** Ba Kobayashi,2010-07 **CPT Professional** American Medical Association,2007 Product Description Straight from the AMA the only CPT codebook with CPT coding guidelines Covers hundreds of code guideline and text changes including extensive changes to the Category II code and Musculoskeletal sections Organized by CPT code section also included are revisions to Pathology and Laboratory Radiology for contrast imaging and Integumentary and Respiratory System sections This invaluable coding resource also includes Exclusive and New E M Pocket Reference Guide for selecting the appropriate level of E M service which expands on last years popular accordion style E M Express Reference Tables Now features guidelines and examples of practical code applications Cross walk table that summarizes the deleted codes and directs the user to the appropriate procedure service codes Exclusive Comprehensive appendix crosswalk of deleted codes to new codes E M decision tree process flowchart guides the user in determining whether to report the E M services provided as a new or established patient encounter Updated CPT Assistant and Clinical Examples in Radiology newsletter and CPT Changes book citations Clinical examples for E M services codes learn how to use and report services Summary of additions deletions and revisions provides a quick reference making 2008 code and text changes are apparent without having to refer to previous editions Color coded symbols thumb notch tabs legends and dictionary style headers Place of service codes with facility name and description Learn which codes to use on a professional claims to specify the entity where service s are rendered **Cpt professional 2025–2026** Elliot Spencer,2025-09-12 CPT Professional 2025 2026 is the definitive resource for medical coding professionals students and administrative assistants preparing for certification exams like the CMAA In today s high stakes healthcare landscape precision and speed are non negotiable This book meets that challenge head on demystifying the structure application and

real world usage of CPT codes across all major categories including surgery radiology anesthesia pathology and more With updated guidance reflecting the latest changes in Evaluation and Management E M services and coding compliance standards this guide ensures you re never behind on current medical billing regulations Are you struggling to decode CPT codes overwhelmed by complex documentation requirements or worried about failing your medical billing and coding exam You re not alone and this frustration could be holding back your career in one of the fastest growing fields in healthcare Navigating the world of Current Procedural Terminology isn t just about memorizing five digit codes it s about mastering a professional language that drives communication between healthcare providers insurance payers and regulatory bodies If you ve ever felt anxious staring at modifiers unsure which code applies or worried about costly documentation errors this is the guide that changes everything CPT Professional 2025 2026 is the definitive resource for medical coding professionals students and administrative assistants preparing for certification exams like the CMAA In today s high stakes healthcare landscape precision and speed are non negotiable This book meets that challenge head on demystifying the structure application and real world usage of CPT codes across all major categories including surgery radiology anesthesia pathology and more With updated guidance reflecting the latest changes in Evaluation and Management E M services and coding compliance standards this guide ensures you re never behind on current medical billing regulations What sets this book apart is its human centered approach Through vivid case studies real life coding scenarios and time sensitive practice questions it doesn t just teach you codes it trains your thinking You ll learn how to avoid common pitfalls understand nuanced coding rules and manage your time during exams so you walk into the testing center with confidence not anxiety Whether you re just starting out or refining your skills as a professional coder this guide adapts to your pace offering clarity context and proven strategies grounded in real clinical practice If you re ready to transform complexity into clarity and pass your certification exam with confidence then now is the time to act Don t let another day go by feeling uncertain or unprepared Grab your copy of CPT Professional 2025 2026 today and take control of your future in medical coding Translator Nicolle Raven PUBLISHER TEKTIME *Coding with Modifiers* Deborah J. Grider,2004 Don t forget about the modifier Missing or incorrect usage of modifiers is the most common reason that claims are rejected by payors Leave off a modifier or put in the wrong one and your claim may be denied or paid the wrong amount Coding with Modifiers A Guide to Correct CPT and HCPCS Level II Modifier Usage provides step by step guidance for the proper use of CPT and HCPCS modifiers Also included are specific requirements for modifier usage in both professional service and hospital reporting Practical Evaluation and Management Coding Christopher L. Taylor,2008-03-14 This guide explains the Evaluation and Management E M coding process used by physicians and regulated by the American Medical Association In four chapters Dr Christopher Taylor establishes a step by step approach to determining the correct CPT code for the most common patient encounters in the office hospital or nursing home Helpful appendices provide E M coding guide templates and additional information

Physicians Fee & Coding Guide ,2011 **Compliance for Coding, Billing & Reimbursement, 2nd Edition** Duane C. Abbey,2008-04-02 While the vast majority of providers never intend to commit fraud or file false claims complex procedures changing regulations and evolving technology make it nearly impossible to avoid billing errors For example if you play by HIPAA s rules a physician is a provider however Medicare requires that the same physician must be referred to as a supplier Even more troubling is the need to alter claims to meet specific requirements that may conflict with national standards Far from being a benign issue differing guidelines can lead to false claims with financial and even criminal implications Compliance for Coding Billing Reimbursement Second Edition A Systematic Approach to Developing a Comprehensive Program provides an organized way to deal with the complex coding billing and reimbursement CBR processes that seem to force providers to choose between being paid and being compliant Fully revised to account for recent changes and evolving terminology this unique and accessible resource covers statutorily based programs and contract based relationships as well as ways to efficiently handle those situations that do not involve formal relationships Based on 25 years of direct client consultation and drawing on teaching techniques developed in highly successful workshops Duane Abbey offers a logical approach to CBR compliance Designed to facilitate efficient reimbursements that don t run afoul of laws and regulations this resource Addresses the seven key elements promulgated by the OIG for any compliance program Discusses numerous types of compliance issues for all type of healthcare providers Offers access to online resources that provide continually updated information Cuts through the morass of terminology and acronyms with a comprehensive glossary Includes a CD ROM packed with regulations and information In addition to offering salient information illustrated by case studies Dr Abbey provides healthcare providers and administrators as well as consultants and attorneys with the mindset and attitude required to meet this very real challenge with savvy humor and perseverance **Understanding Medical Coding: A Comprehensive Guide** Sandra L. Johnson,Robin Linker,2015-12-29 Learn everything you need to know about medical coding with the practical and easy to understand UNDERSTANDING MEDICAL CODING A COMPREHENSIVE GUIDE 4E Using clear step by step instructions readers learn how to code a claim correctly and link the correct CPT and ICD 10 CM codes for reimbursement They gain an understanding of adjustments how and when to bill patients and what to do in case of a denial or rejection Thoroughly updated coverage introduces the industry s new standard ICD 10 CM This edition also details CPT coding and modifiers with more code specific information and a concentration on specialty coding and levels of coding Case studies practice exercises tips examples charts and photos help improve performance and ensure that readers are well prepared for medical coding positions in a variety of settings Important Notice Media content referenced within the product description or the product text may not be available in the ebook version **Conquer Medical Coding** Jean Jurek,Stacey Mosay,Daphne Neris,2016-01-25 Conquer Medical Coding Take a real world approach to coding that prepares you for the AAPC or AHIMA certification exams and for professional practice in any health care setting The book is also a

handy resource you can turn to throughout your career Unique decision trees show you how to logically assign a code It s the only text that breaks down the decision making process into a visual and repeatable process You ll learn exactly how to select the correct ICD 10 CPT and HCPCS codes Each section parallels the Official Coding Guidelines with a special emphasis on commonly used codes A wealth of learning tools and tips along with critical thinking exercises and real life case studies provide the practice you need to master coding Brief reviews of A P and pathophysiology put the codes into perfect context

CPT Coding Essentials for Orthopedics (Upper and Spine) American Medical Association,2015-12 This comprehensive resource contains the coding information needed for an orthopedic specialty Optimized for medical necessity and reimbursement understanding this guide focuses on a subset of musculoskeletal surgeries medicine and ancillary services CPT codes are chosen by experts who take into consideration utilization denial risk and complexity Features include powerful crosswalks that identify medical necessity with CPT to ICD 10 CM crosswalks Plain English descriptions for hundreds of orthopedic codes code groups code specific RVUs official AMA CPT coding guidelines overview of documentation requirements for ICD 10 CM musculoskeletal diagnoses and documentation checklists for ICD 10 CM musculoskeletal diagnoses *Evaluation and Management Coding Reference Guide - First Edition* AAPC,2020-06-30 Defeat the challenges that threaten your E M claims and compliance success Evaluation and management E M services are the lifeblood of your revenue stream and yet they re the most problematic to report Claim denials remain high E M coding errors in fact rose from 11 9% in 2018 to account for 12 8% of CMS s overall 2019 improper payment rate How much E M revenue are you losing Safeguard your organization from claim denials and audit scrutiny with the Evaluation Management Coding Reference Guide Our experts break down E M coding rules and requirements into simple manageable steps written in everyday language to boost your E M reporting skills Learn how to capture the key components of medical history physical exam and medical decision making and capitalize on real world clinical scenarios to prevent over or under coding The Evaluation Management Coding Reference Guide will help you prep for 2021 E M guideline changes overhauling new and established office and outpatient services and walk you through online digital E M services remote physiologic monitoring and more Master the ins and outs of E M coding CPT guidelines level of service modifiers regulations and documentation guidelines Put an end to avoidable denials and optimize your E M claims for full and prompt reimbursement Benefit from expert tutorials covering the spectrum of E M reporting concepts and challenges Prep for 2021 guideline changes and their impact on your organization Master the ins and outs of E M guidelines in CPT Capture the seven components of E M services Sort out medical decision making coding Avoid the pitfalls of time based coding Nail down specifics for critical care E M services Clear up modifier confusion Understand NPPs rules for same day E M services Take the guesswork out of complexity determinations Get the details on coding surgery and E M together Learn the principles of E M documentation *Plastic Surgery and Dermatology Coding Guide for Ambulatory Surgery Centers* Lolita Jones,2005 CPT Professional 2025 Handbook Alden

Royce,2024-11-11 Unveil the power of CPT Current Procedural Terminology codes with this comprehensive guide crafted by experts to elevate your medical billing and documentation skills Developed by the American Medical Association CPT codes are the backbone of accurate and consistent communication across healthcare used daily by providers payers and regulatory bodies This guide is a must have for professionals aiming to master CPT coding With clear explanations and practical insights it dives deep into the structure and categories of CPT codes covering everything from surgery radiology and anesthesia to essential updates in Evaluation and Management You ll learn to confidently interpret and apply these codes improving accuracy and ensuring compliance in every documentation scenario Inside you ll find case studies and practice questions designed to sharpen your skills and prepare you for coding exams This book also offers invaluable tips for time management helping you navigate exams with ease and pass with flying colors What You ll Gain From This Guide The essential role of CPT codes in healthcare A breakdown of CPT code categories and their applications Detailed guidance on using modifiers for precise documentation Practical strategies for coding services including surgery radiology pathology and more The latest updates to Evaluation and Management services Sample exam questions to boost confidence and exam performance Whether you re a novice or a seasoned coder this guide is your roadmap to CPT coding mastery professional growth and exam success Start coding with confidence and precision today

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