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DEDICATED TO THE HEALTH OF ALL CHILDREN™

Index of CPT Codes for Medical Home

The following index was originally published in November 2003 in Medical Home Crosswalk To Reimbursement. The information was developed by Margaret McManus, Alan Kohrt, Joel Bradley, and Linda Walsh in collaboration with the Center for Medical Home Improvement, the American Academy of Pediatrics, and the National Institute for Children's Healthcare Quality. Funded by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services through the Maternal and Child Health Policy Research Center.

Codes **Services and Description**

Physician Evaluation and Management Services; Face-to-Face

Outpatient

★99201 Office or other outpatient visit, new* patient; self limited or minor problem, 10 min.
★99202 low to moderate severity problem, 20 min.
★99203 moderate severity problem, 30 min.
★99204 moderate to high severity problem, 45 min.
★99205 high severity problem, 60 min.

99211 Office or other outpatient visit, established patient; minimal problem, 5 min.
★99212 self limited or minor problem, 10 min.
★99213 low to moderate severity problem, 15 min.
★99214 moderate severity problem, 25 min.
★99215 moderate to high severity problem, 40 min.

★99241 Office or other outpatient consultation, new or established patient; self-limited or minor problem, 15 min.
★99242 low severity problem, 30 min.
★99243 moderate severity problem, 45 min.
★99244 moderate to high severity problem, 60 min.
★99245 moderate to high severity problem, 80 min.

NOTE: Use of these codes requires the following:
a) Written or verbal request for consultation is documented in the patient chart;
b) Consultant's opinion as well as any services ordered or performed are documented in the patient chart; and
c) Consultant's opinion and any services that are performed are prepared in a written report, which is sent to the requesting physician or other appropriate source (*Note:* Patients/Parents may not initiate a consultation)
d)For more information on consultation code changes for 2010 see https://www.aap.org/en-us/Documents/practicet_medicareconsulting.pdf

99341 Home visit, new* patient; low severity problem, 20 min.
99342 moderate severity problem, 30 min.
99343 moderate to high severity problem, 45 min.
99344 high severity problem, 60 min.
99345 patient unstable or significant new problem requiring immediate attention, 75 min.

★ = Designated telemedicine service by CPT
+ = Add-on Code
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99347 Home visit, established patient; self-limited or minor problem, 15 min.
99348 low to moderate problem, 25 min.
99349 moderate to high problem, 40 min.
99350 patient unstable or significant new problem requiring immediate attention, 60 min.

★+**99354** Prolonged services in office or other outpatient setting, with direct patient contact; first hour (*use in conjunction with time-based codes 99201-99215, 99241-99245, 99301-99350*)
★+**99355** each additional 30 min. (*use in conjunction with 99354*)

Preventive Medicine Services

99381 Initial comprehensive preventive medicine, new* patient; infant under 1
99382 ages 1-4
99383 ages 5-11
99384 ages 12-17
99385 ages 18-39

99391 Periodic comprehensive preventive medicine, established patient; infant under 1
99392 ages 1-4
99393 ages 5-11
99394 ages 12-17
99395 ages 18-39

99401 Preventive medicine counseling and/or risk factor reduction provided to an individual and should address issues such as family problems, diet and exercise, substance abuse, injury prevention, and diagnostic and lab results; 15 min.
Not for reporting counseling or risk factor reduction provided to patients with symptoms or established illnesses.
99402 30 min
99403 45 min
99404 60 min

Group Setting

99411 Preventive medicine counseling and/or risk factor reduction provided to individuals in a *group setting*; 30 min.
99412 60 min.

99078 Physician educational services rendered to patients in a *group setting* (eg, obesity or diabetic instructions)

Disability E/M Services

99450 Basic life and/or disability evaluation services that includes measurement of height, weight, and blood pressure, completion of a medical history following a life insurance pro forma, collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and completion of necessary documentation/certificates.

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99455 Work related or medical disability evaluation services that include completion of medical history commensurate with patient's condition; performance of examination commensurate with patient's condition; formulation of diagnosis; assess of capabilities and stability and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report.

Inpatient and Observation

99218 Initial observation care, per day, patient is admitted to "observation status" due to problem(s) of low severity. 30 min.
99219 patient is admitted to "observation status" due to problems of moderate severity, 50 min.
99220 patient is admitted to "observation status" due to problems of high severity, 70 min.

99224 Subsequent observation care, per day, patient is stable, recovering or improving, 15 min
99225 patient is responding inadequately to therapy or has developed minor complication, 25 min.
99226 patient is unstable or has developed a significant complication or new problem, 35 min.

99217 Observation care discharge

99221 Initial hospital care, per day, patient is admitted due to a problem(s) of low severity, 30 min.
99222 patient is admitted due to a problem(s) of moderate severity, 50 min.
99223 patient is admitted due to a problem(s) of high severity, 70 min.

★**99231** Subsequent hospital care, per day, also used for follow-up inpatient consultation services; patient is stable, recovering or improving, 15 min.
★**99232** patient is responding inadequately to therapy or has developed minor complication, 25 min.
★**99233** patient is unstable or has developed a significant complication or new problem, 35 min.
99238 Hospital discharge day management; 30 min.
99239 more than 30 min

99251 Initial inpatient consultation, new or established patient; self-limited or minor problem, 20 min.
99252 low severity problem, 40 min.
99253 moderate severity problem, 55 min.
99254 moderate to high severity problem, 80 min.
99255 moderate to high severity problem, 110 min.
Refer to codes 99241-99245 for more details on the use of these codes.

+**99356** Prolonged services in the *inpatient or observation* setting; first hour (*use in conjunction with time-based codes 99218-99220, 99221-99233, 99251-99255*)
+**99357** each additional 30 min. (*use in conjunction with 99356*)

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Reporting E/M services using "Time"

- When counseling or coordination of care dominates (more than 50%) the physician/patient or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then **time shall** be considered the key or controlling factor to qualify for a particular level of E/M services. (*CPT, Professional Edition*, 2014, pg 10)

- This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (eg, foster parents, person acting in loco parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.

- For coding purposes, face-to-face time for these services is defined as only that time that the physician spends face-to-face with the patient and/or family. This includes the time in which the physician performs such tasks as obtaining a history, performing an examination, and counseling the patient.

- When codes are ranked in sequential typical times (such as for the office-based E/M services or consultation codes) and the actual time is between 2 typical times, the code with the typical time closest to the actual time is used.

- Prolonged services can only be added to codes with listed typical times such as the ones listed above. In order to report physician or other qualified health care professional prolonged services the reporting provider must spend a minimum of 30 minutes beyond the typical time listed in the code level being reported. When reporting outpatient prolonged services only count face-to-face time with the reporting provider. When reporting inpatient or observation prolonged services you can count face-to-face time, as well as unit/floor time spent on the patient's care. However, if the reporting provider is reporting their service based on time (ie, counseling/coordinating care dominate) and not key components, then prolonged services cannot be reported unless the provider reaches 30 minutes beyond the listed typical time in the highest code in the set (eg, 99205, 99226, 99223). It is important that time is clearly noted in the patient's chart. For reporting of clinical staff prolonged services refer to codes 99415-99416 below.

Physician Non-Face-to-Face Services

99339 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

99340 30 minutes or more

99358 Prolonged E/M services before or after direct patient care; first hour. NOTE: This code is no longer an "add-on" service and can be reported alone.

+**99359** each additional 30 min. *(Use in conjunction with 99358*)

99367 Medical team conference by physician with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more

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99374 Care plan oversight services requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports and related lab studies, communications, integration of new information into treatment plan, and/or adjustment of medical therapy, patient under care of home health agency; 15-29 min.

99375 30 min. or more

99377 Care plan oversight services, patient under care of hospice, 15-29 min.

99378 Same, 30 min. or more

99379 Care plan oversight, patient in a nursing facility, 15-29 min.

99380 Same, 30 min. or more

99441 Telephone evaluation and management to patient, parent or guardian not originating from a related E/M service within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

99442 11-20 minutes of medical discussion

99443 21-30 minutes of medical discussion

99444 Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, no originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communications network

99487 Complex chronic care coordination (C4) services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month

99488 first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month

99489 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

Non–Face-to-Face Services: NPP

Care management and transition care management are reported under the directing physician or other qualified health care professional, however, the time requirement can be met by clinical staff working under the direction of the reporting physician or other qualified health care professional.

Care Management Services:

Codes are selected based on the amount of time spent by clinical staff providing care coordination activities. CPT clearly defines what is defined as care coordination activities. In order to report chronic care or complex chronic care management codes, you must

1. provide 24/7 access to physicians or other qualified health care professionals or clinical staff;
2. use a standardized methodology to identify patients who require chronic complex care coordination services
3. have an internal care coordination process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner

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4. use a form and format in the medical record that is standardized within the practice

5. be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.

99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- comprehensive care plan established, implemented, revised, or monitored.

Do not report 99490 for chronic care management services that do not take a minimum of 20 minutes in a calendar month.

99487 Complex chronic care management services;

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- establishment or substantial revision of a comprehensive care plan;
- moderate or high complexity medical decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

Do not report 99487 for chronic care management services that do not take a minimum of 60 minutes in a calendar month.

+**99489** each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

Complex chronic care management is reported by the physician or qualified health care professional who provides or oversees the management and coordination of all of the medical, psychosocial, and daily living needs of a patient with a chronic medical condition. Typical pediatric patients

1. receive three or more therapeutic interventions (eg, medications, nutritional support, respiratory therapy)

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2. have two or more chronic continuous or episodic health conditions expected to last at least 12 months (or until death of the patient) and places the patient at significant risk of death, acute exacerbation or decompensation, or functional decline

3. commonly require the coordination of a number of specialties and services.

Transitional care Management

99495 Transitional care management (TCM) services with the following required elements:
- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision-making of at least moderate complexity during the service period
- Face-to-face visit, within 14 calendar days of discharge

99496 Transitional care management services with the following required elements:
- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision-making of high complexity during the service period
- Face-to-face visit, within 7 calendar days of discharge

These services are for a patient whose medical and/or psychosocial problems require moderate or high complexity medical decision-making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility to the patient's community setting (home, domiciliary, rest home, or assisted living). TCM commences on the date of discharge and continues for the next 29 days and requires a face-to-face visit, initial patient contact, and medication reconciliation within specified timeframes. Any additional E/M services provided after the initial may be reported separately.
Refer to the *CPT* manual for complete details on reporting care management and TCM services.

Psychiatry

+90785 Interactive complexity (Use in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an evaluation and management service [90833, 90836, 90838, 99201-99255, 99304-99337, 99341-99350], and group psychotherapy [90853])
- Refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical encounters include:
  - Patients who have other individuals legally responsible for their care
  - Patients who request others to be present or involved in their care such as translators, interpreters or additional family members
  - Patients who require the involvement of other third parties such as child welfare agencies, schools or probation officers

Psychiatric Diagnostic or Evaluative Interview Procedures

★**90791** Psychiatric diagnostic interview examination evaluation
★**90792** Psychiatric diagnostic evaluation with medical services

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Psychotherapy

★**90832** Psychotherapy, 30 min with patient;
★+**90833** with medical evaluation and management (Use in conjunction with 99201-99255, 99304-99337, 99341-99350)

★**90834** Psychotherapy, 45 min with patient;
★+**90836** with medical evaluation and management services (Use in conjunction with 99201-99255, 99304-99337, 99341-99350)

★**90837** Psychotherapy, 60 min with patient;

★+**90838** with medical evaluation and management services (Use in conjunction with 99201-99255, 99304-99337, 99341-99350)

★**90846** Family psychotherapy (without patient present), 50 min

★**90847** Family psychotherapy (conjoint psychotherapy) (with patient present), 50 min

90849 Multiple-family group psychotherapy

90853 Group psychotherapy (other than of a multiple family group)
For interactive group psychotherapy use code 90785 in conjunction with code 90853

Other Psychiatric Services/Procedures

★+**90863** Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (Use in conjunction with 90832, 90834, 90837)

- For pharmacologic management with psychotherapy services performed by a physician or other qualified health care professional who may report E/M codes, use the appropriate E/M codes 99201-99255, 99281-99285, 99304-99337, 99341-99350 and the appropriate psychotherapy with E/M service 90833, 90836,90838).
- Note code 90862 was deleted.

90885 Psychiatric evaluation of hospital records, other psychiatric reports, and psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes

90887 Interpretation or explanation of results of psychiatric, other medical exams, or other accumulated data to family or other responsible persons, or advising them how to assist patient

90889 Preparation of reports on patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers

Special Otorhinolaryngologic Services

92506 Evaluation of speech, language, voice, communication, and/or auditory processing

92550 Tympanometry and reflex threshold measurements

92551 Audiologic screening test, pure tone, air only

92552 Pure tone audiometry (threshold); air only
92553 air and bone

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92558 Evoked otoacoustic emissions, screening, automated analysis (for automated pass/fail results)

92567 Tympanometry (impedance testing)

92568 Acoustic reflex testing, threshold

92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing and acoustic reflex decay testing
(Do not report 92570 in conjunction with 92567, 92568)

92583 Select picture audiometry

Central Nervous System Assessments/Tests

96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the *psychologist's or physician's* time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), with *qualified health care professional* interpretation and report, administered by technician, per hour of technician time, face-to-face

96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), administered by a computer, with *qualified health care professional* interpretation and report

96105 Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

96110 Developmental screening, (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

96111 Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report

96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the *psychologist's or physician's* time, both face-to-face with the patient and time interpreting test results and preparing the report

96118 Neuropsychological testing (e.g., Halstead-Reitan, Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the *psychologist's or physician's time*, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

96119 Neuropsychological testing (e.g., Halstead-Reitan, Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by *technician*, per hour of technician time, face-to-face

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96120 Neuropsychological testing (e.g., Halstead-Reitan, Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

96127 Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

96160 Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument

96161 Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

Non-Physician Provider (NPP) Services

Prolonged Clinical Staff Services with Physician or Other Qualified Health Care Professional Supervision

Codes 99415, 99416 are used when a prolonged E/M service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time beyond the typical face-to-face time of the E/M service, as stated in the code description.

+ **99415** Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour

+ **99416** each additional 30 minutes

Codes 99415-99416

- Must always be reported in addition to an appropriate office/outpatient E/M service (ie, 99201-99215)
- Require that the physician or qualified health care professional is present to provide direct supervision of the clinical staff.
- Are used to report the total duration of face-to-face time spent by clinical staff on a given date providing prolonged services, even if the time spent by the clinical staff on that date is not continuous.
- Are not reported for time spent performing separately reported services other than the E/M service is not counted toward the prolonged services time.
- Requires a minimum of 45 minutes spent beyond the typical time of the E/M service code being reported. May require that the clinical staff spend more time if the physician does not meet the time criteria of the E/M service being reported
- May not be reported in addition to 99354 or 99355.

99366 Medical team conference with interdisciplinary team of healthcare professionals, face-to-face with patient and/or family, 30 minutes or more, participation by a nonphysician qualified healthcare professional

99368 Medical team conference with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more, participation by a nonphysician qualified healthcare professional

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96150 Health and behavior assessment performed by nonphysician provider (health-focused clinical interviews, behavior observations) to identify psychological, behavioral, emotional, cognitive or social factors important to management of physical health problems, 15 min., initial assessment
96151 re-assessment

96152 Health and behavior intervention performed by nonphysician provider to improve patient's health and well-being using cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems), individual, 15 min.
96153 group (2 or more patients)
96154 family (with the patient present)
96155 family (without the patient present)

97802 Medical nutrition therapy performed by nonphysician provider; initial assessment and intervention, individual, face-to-face with patient, *each* 15 minutes
97803 re-assessment and intervention, individual, face-to-face, *each* 15 minutes
97804 group (2 or more individuals), *each* 30 minutes

Non-Face-to-Face Services: NPP

98966 Telephone assessment and management service provided by a qualified nonphysician healthcare professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967 11-20 minutes of medical discussion
98968 21-20 minutes of medical discussion
98969 On-line assessment and management service provided by a qualified nonphysician healthcare professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous seven days nor using the internet or similar electronic communications network

Other Services, Procedures and Reports

99050 Service(s) provided in office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service (Note: Do not report for walk-in clinics or patients you "squeeze into" the schedule if they fall within normal business hours (ie, when staff and a practitioner are scheduled)

99051 Service(s) provided in the office during regularly scheduled evening, weekend or holiday hours, in addition to basic service (Note: Holidays and evenings are not clearly defined within CPT, defer to your payers)

99056 Services typically provided in the office, provided out of the office at request of patient, in addition to basic service

99058 Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service

99060 Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service

99071 Educational supplies, such as books, tapes, and pamphlets provided to patient at cost to physician

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99078 Physician educational services rendered to patients in group setting (e.g. obesity or diabetic instructions)

99080 Special reports such as insurance forms, more than conveyed in usual medical communications

99090 Analysis of clinical data stored in computers

99091 Collection and interpretation of physiologic data

Vision-Related Services

99173 Screening test of visual acuity, quantitative, bilateral (must employ graduated visual acuity stimuli that allow a quantitative estimate of visual estimate of visual acuity – e.g., Snellen chart). Note: Can only be reported when performed as a screening test and not when addressing a problem with the eye.

99174 Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report

99177 Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis

Modifiers

22 Unusual procedural services
24 Unrelated E/M service performed during a post-op period
25 Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service
32 Mandated Services
59 Distinct Procedural services (non E/M services)
76 Repeat procedure by the same physician on the same date or during a post-op period

For more information on Coding for Bright Futures Services and Vaccine Coding visit https://www.aap.org/en-us/Documents/coding_preventive_care.pdf

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