

The following codes, medium descriptors, and abbreviated guidelines are a subset of the AMA's Current Procedural Terminology (CPT®) code set. For unabridged code descriptors and complete guidelines, please refer to the CPT 2019 codebook or data file.

### EVALUATION AND MANAGEMENT (E/M)

#### Office or Other Outpatient Services

- ★ 99200 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

- 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

#### Hospital Inpatient Services

- Initial Hospital Care
- 99221 Initial hospital care/day 30 minutes
- 99222 Initial hospital care/day 50 minutes
- 99223 Initial hospital care/day 70 minutes

#### Subsequent Hospital Care

- ★ 99231 Subq hospital care/day 15 minutes
- ★ 99232 Subq hospital care/day 25 minutes
- ★ 99233 Subq 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

##### Office or Other Outpatient Consultations

- ★ 99240 Office consultation new/initial patient 15 min
- ★ 99242 Office consultation new/initial patient 30 min
- ★ 99243 Office consultation new/initial patient 40 min
- ★ 99244 Office consultation new/initial patient 60 min
- ★ 99245 Office consultation new/initial patient 80 min

##### Inpatient Consultations

- ★ 99251 Initial inpatient consult new/initial pt 20 min
- ★ 99252 Initial inpatient consult new/initial pt 40 min
- ★ 99253 Initial inpatient consult new/initial pt 55 min
- ★ 99254 Initial inpatient consult new/initial pt 80 min
- ★ 99255 Initial inpatient consult new/initial pt 110 min

#### Emergency Department Services

- 99281 Emergency department visit limited/minor prob
- 99282 Emergency department visit low/moderate severity
- 99283 Emergency department visit moderate/severity
- 99284 Emergency department visit high/urgent severity
- 99285 Emergency dept visit high severity/without face

#### Critical Care Services

- 99291 Critical care ill/injured patient int 30-74 min
- ★ 99292 Critical care ill/injured patient addl 30 min

#### Prolonged Services

##### Prolonged Service with Direct Patient Contact

- ★ 99234 Prolong e/m/psych sec office w/p dr con 1st hr
- ★ 99235 Prolong e/m/psych sec office w/p dr con addl 30

- ★ 99236 Prolonged service w/p reg unit/floor time 1st hr
- ★ 99237 Prolonged sec w/p reg unit/floor time ea 30 min

##### Prolonged Service without Direct Patient Contact

- 99238 Prolong e/m/ps before/after dir pt care 1st hr
- ★ 99239 Prolong e/m/ps before/after dir care ea 30 minutes

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

- ★ 99241 Prolong clinical staff sec during w/p e/m 1st hr
- ★ 99242 Prolong clinical staff sec during w/p e/m ea 30 min

#### Case Management Services

##### Medical Team Conferences

Medical team conferences include face-to-face participation by a minimum of three qualified health care professionals from different specialties or disciplines (each of whom provides direct care to the patient), with or without the presence of the patient, family member(s), community agencies, surrogate decision maker(s) (eg, legal guardian), and/or caregiver(s). The participants are actively involved in the development, revision, coordination, and implementation of health care services needed by the patient. Reporting participants shall have performed face-to-face evaluations or treatments of the patient, independent of any team conference, within the previous 60 days.

Physicians or other qualified health care professionals who may report evaluation and management services should report their time spent in a team conference with the patient and/or family present using evaluation and management (E/M) codes (and time as the key controlling factor for code selection when counseling and/or coordination of care dominates the service). These introductory guidelines do not apply to services reported using E/M codes (per E/M service guidelines). However, the individual must be directly involved with the patient, providing face-to-face services outside of the conference visit with other physicians, and qualified health care professionals, or agencies.

The team conference starts at the beginning of the review of an individual patient and ends at the conclusion of the review. Time related to record keeping and report generation is not reported. The reporting participant shall be present for all time reported. The time reported is not limited to the time that the participant is communicating to the other team members or patient and/or family. Time reported for medical team conferences may not be used in the determination of time for other services such as care plan overnight (99174-99180), home, domiciliary, or rest home care plan overnight (99129-99140), prolonged services (99254-99259), psychotherapy, or any E/M service. For team conferences where the patient is present for any part of the duration of the conference, nonphysician qualified health care professionals (eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians) report the team conference face-to-face code 99266.

- 99266 Team conference face-to-face nonphysician
- 99267 Team conference non-face-to-face physician
- 99268 Team conference non-face-to-face nonphysician

#### Preventive Medicine Services

##### Counseling Risk Factor Reduction and Behavior Change Intervention

- 99401 Prevent med counsel/risk factor med sp 15 min
- 99402 Prevent med counsel/risk factor med sp 30 min
- 99403 Prevent med counsel/risk factor med sp 45 min
- 99404 Prevent med counsel/risk factor med sp 60 min
- ★ 99406 Tobacco use cessation intermediate 3-10 minutes
- ★ 99407 Tobacco use cessation intensive >10 minutes

- ★ 99408 Alcohol/substance cessation intermediate 15-30 minutes

- ★ 99409 Alcohol/substance cessation intensive >30 minutes
- 99411 Prevent med counsel & risk factor med sp sp 30 min
- 99412 Prevent med counsel & risk factor med sp sp 60 min

#### Non-Face-to-Face Services

##### Telephone Services

- 99441 Phys/psych telephone evaluation 5-10 min
- 99442 Phys/psych telephone evaluation 11-20 min
- 99443 Phys/psych telephone evaluation 21-30 min
- 99444 Phys/psych online evaluation & management service

##### Interprofessional Telephone/Internet/Electronic Health Record Consultations

- ★ 99446 Internet phone/internet/EHR consult/engmt 5-10 min
- ★ 99447 Internet phone/internet/EHR consult/engmt 11-20 min
- ★ 99448 Internet phone/internet/EHR consult/engmt 21-30 min
- ★ 99449 Internet phone/internet/EHR consult/engmt 31/+ min
- ★ 99451 Internet phone/internet/EHR consult/engmt 5/+ min

##### Digitally Stored Data Services/Remote Physiological Monitoring

- ★ 99452 Remote physiologic parameters that set up pt electronic eqp
- ★ 99454 Remote physiologic parameters that derive supply ea 30 d
- ★ 99455 Cdrg & interpret physiologic data min 30 min ea 30 d

##### Remote Physiological Monitoring Treatment Management Services

- ★ 99457 Remote physiologic monitoring 30 min+ per month

#### Special Evaluation and Management Services

- 99459 Basic life and/or disability examination
- 99455 Work related/med consult re treating phys
- 99456 Work related/med consult re with/for treating phys
- 99457 Assess & care planning pt w/cognitive impairment
- ★ 99458 Care mgmt services behavioral health consult 20 min
- 99459 1st psychiatric consult care mgmt 1st 70 min
- 99460 Subq psychiatric consult care mgmt 1st 60 min
- ★ 99464 1st/subq psych consult care mgmt ea addl 30 min

### PATHOLOGY AND LABORATORY

#### Organ and Disease-Oriented Panels

- 80047 Basic metabolic panel calcium ionized
- 80048 Basic metabolic panel calcium total
- 80050 General health panel
- 80052 Comprehensive metabolic panel
- 80061 Lipid panel
- 80074 Acute hepatic panel
- 80076 Hepatic function panel

#### Therapeutic Drug Assays

- 80151 Drug assay caffeine
- 80156 Drug assay carbamazepine total
- 80159 Drug assay diazepam
- ★ 80164 Drug assay valproic/dipropylacetic acid total
- 80169 Drug assay theophylline
- ★ 80171 Drug screen-quantitative gabapentin
- 80173 Drug screen-quantitative fluoxetine
- 80175 Drug screen-quantitative lamotrigine
- 80177 Drug screen-quantitative levetiracetam

# List Of Cpt Codes 2013

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Federal Register ,2012-11      **"Code of Massachusetts regulations, 2013"** ,2013 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020      **Intraoperative Neuromonitoring** Christopher M. Loftus,Jose Biller,Eli Baron,2014-01-03 Intraoperative Neuromonitoring takes you step by step through the proper protocols for measuring and mapping neural function emphasizing the correct application of intraoperative recordings for improved surgical outcomes You will learn how to utilize the very latest neuromonitoring tools and familiarize yourself with the full range of topics pertaining to intraoperative monitoring in neurosurgery The authors also present both common and lesser known techniques for neural assessment resulting in a stand alone reference that helps you master any type of neuromonitoring for virtually every kind of procedure The most complete expert authored intraoperative neuromonitoring resource addressing the most current topics tools and techniques to enhance your skills Logical five part organization clearly explains must know topics such as neuromonitoring during cerebrovascular surgery mapping cerebral and brainstem function neuromonitoring in spinal surgery peripheral nerve procedures and more      The Massachusetts register ,2013      **"Code of Massachusetts regulations, 2015"** ,2015 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020      *"Code of Massachusetts regulations, 2014"* ,2014 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020      **Code of Federal Regulations, Title 42, Public Health, PT. 400-413, Revised as of October 1 2013** U S Office of the Federal Register,2014-01-30      **"Code of Massachusetts regulations, 2016"** ,2016 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020      *Physicians Fee & Coding Guide* ,2011      **List of Issues in Relation to the Third Periodic Report of Slovakia** United Nations. Office of the High Commissioner for Human Rights,2015      **Medication Therapy Management, Second Edition** Karen Lynn Whalen,2018-04-05 Publisher s Note Products purchased from Third Party sellers are not guaranteed by the publisher for quality authenticity or access to any online entitlements included with the product Discover the medication therapy management solution with this definitive up to date sourcebook The need to improve the use of medications has major implications for the nation s healthcare system Burdened by high costs and an ineffective process of providing medication therapy the current prescription drug environment poses considerable risks to patient safety Medication therapy management MTM is designed to address these deficiencies and this essential text gives pharmacists all the right MTM tools to identify and eliminate drug related problems that can cause potentially severe adverse events Medication Therapy Management delivers the most relevant insights into MTM a vital service that is gaining momentum due to the rapid growth of patient centered care healthcare information technology new practice models e g Patient Centered Medical Home and new payment methods Cohesively organized this expert authored guide begins with an

introduction to data sets for MTM covering essential topics such as establishing quality and performance improvement the payer perspective conducting the comprehensive medication review and reimbursement The second part of Medication Therapy Management reviews MTM data sets for a wide spectrum of disorders from asthma and atrial fibrillation to HIV and heart disease Enhanced by the latest perspectives on therapeutics including completely up to date tables throughout Medication Therapy Management is a practical skill building roadmap for optimizing drug therapy and enhancing patient outcomes Features Everything you need to provide successful MTM services and empower patients to take an active role in their medication and overall healthcare Turnkey disease based data sets help you apply proven MTM principles to common disorders Helpful appendices cover therapy management characteristics and answers to key questions the MTM practice model and training survey and the Medicare Part D MTM program standardized format **Physicians Fee Reference**

,1993 List of Issues in Relation to the Sixth Periodic Report of Italy United Nations. Human Rights Committee,2016

Oregon Administrative Rules Compilation ,2014 **Combined Membership List** American Mathematical Society,Merican Mathematical Society Staff,1995 A comprehensive directory of the membership of the American Mathematical Society the American Association of the Two Year Colleges the Mathematical Association of America and the Society for Industrial and Applied Mathematics **Healthcare Information Technology Exam Guide for CompTIA Healthcare IT Technician and HIT Pro Certifications** Kathleen A. McCormick,Brian Gugerty,2013-01-11 The Complete Healthcare Information Technology Reference and Exam Guide Gain the skills and knowledge required to implement and support healthcare IT HIT systems in various clinical and healthcare business settings Healthcare Information Technology Exam Guide for CompTIA Healthcare IT Technician and HIT Pro Certifications prepares IT professionals to transition into HIT with coverage of topics ranging from health data standards to project management This valuable resource also serves as a study tool for the CompTIA Healthcare IT Technician exam Exam HIT 001 and for any of the six Healthcare Information Technology Professional HIT Pro exams offered by the Office of the National Coordinator for Health Information Technology You ll get complete coverage of all official objectives for these challenging exams Chapter summaries highlight what you ve learned and chapter review questions test your knowledge of specific topics Coverage includes Healthcare Organizational Behavior Healthcare Regulatory Requirements Healthcare Business Operations Healthcare IT Security Privacy and Confidentiality Healthcare IT Operations Electronic content includes Complete MasterExam practice testing engine featuring seven practice exams one for each exam CompTIA Healthcare IT Technician HIT Pro Clinician Practitioner Consultant HIT Pro Implementation Manager HIT Pro Implementation Support Specialist HIT Pro Practice Workflow Information Management Redesign Specialist HIT Pro Technical Software Support Staff HIT Pro Trainer Plus Detailed answers with explanations Score Report performance assessment tool *U. S. Army Register* United States. Adjutant-General's Office,1972 *Combined Membership List (American Mathematical Society)* American Mathematical Society,1994 Lists for

19 include the Mathematical Association of America and 1955 also the Society for Industrial and Applied Mathematics  
U.S. Army Register United States Department of the Army,1972      **The Software Encyclopedia** ,1986

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