## 1995 E&M DOCUMENTATION GUIDE - NEW OUTPATIENT EVALUATIONS

<table>
<thead>
<tr>
<th>Attending CPT Code</th>
<th>99201</th>
<th>99202</th>
<th>99203</th>
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<th>99205</th>
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<tbody>
<tr>
<td>Consultation CPT Code</td>
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<td>99242</td>
<td>99243</td>
<td>99244</td>
<td>99245</td>
</tr>
<tr>
<td>Time (face to face) – Attending*</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>45</td>
<td>60</td>
</tr>
<tr>
<td>Time (face to face) – Consult*</td>
<td>15</td>
<td>30</td>
<td>40</td>
<td>60</td>
<td>80</td>
</tr>
<tr>
<td>Chief Complaint</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
</tbody>
</table>

### Category 1
- **HPI Elements**: 1-3, 1-3, 4, 4, 4
- **HX: Past Medical, Social, Family**: N/A, N/A, 1 of 3, 3 of 3, 3 of 3
- **Review of Systems**: N/A, 1, 2-9, 10+, 10+

### Category 2
- **Body Areas AND/OR Organ Systems (OS)**: 1, 2-7, 2-7 with at least 1 in detail, 8+ OS or 1 complete OS, 8+ OS or 1 complete OS

### Category 3
- **MDM Complexity**: Straight Forward, Straight Forward, Low, Moderate, High

*Service Level is based on documentation in 3 of 3 categories

*Time based coding requires > 50% counseling/coordination of care; must document total time

For any billing questions, including use of time-based codes, call Compliance at 275-1609.
Confidentially report improper, unethical or noncompliant activity to 756-8888.

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## 1995 E&M DOCUMENTATION GUIDE - FOLLOW-UP OUTPATIENT VISITS

<table>
<thead>
<tr>
<th>CPT Code</th>
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<tr>
<td>Time (face to face)*</td>
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<td>10</td>
<td>15</td>
<td>25</td>
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<tr>
<td>Chief Complaint</td>
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<td>Required</td>
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</tbody>
</table>

### Category 1
- **HPI Elements**: Physician presence may not be required 1-3, 1-3, 4, 4
- **HX: Past Medical, Social, Family**: N/A, N/A, 1 of 3, 2 of 3
- **Review of Systems**: N/A, 1, 2-9, 10+

### Category 2
- **Body Areas AND/OR Organ Systems (OS)**: Same as above, 1, 2-7, 2-7 with at least 1 in detail, 8+ OS or 1 complete OS

### Category 3
- **MDM Complexity**: Same as above, Straight Forward, Low, Moderate, High

*Service Level is based on documentation in 2 of 3 categories

*Time based coding requires > 50% counseling/coordination of care; must document total time

MEDICAL NECESSITY of a service is the overarching criterion, in addition to CPT Code requirements, in determining service level.