

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 Subseq hospital care/day 15 minutes
- ★ 99232 Subseq hospital care/day 25 minutes
- ★ 99233 Subseq 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/instab patient 15 min
- ★ 99242 Office consultation new/instab patient 30 min
- ★ 99243 Office consultation new/instab patient 40 min
- ★ 99244 Office consultation new/instab patient 60 min
- ★ 99245 Office consultation new/instab patient 80 min

Inpatient Consultations

- ★ 99251 Initial inpatient consult new/instab pt 20 min
- ★ 99252 Initial inpatient consult new/instab pt 40 min
- ★ 99253 Initial inpatient consult new/instab pt 55 min
- ★ 99254 Initial inpatient consult new/instab pt 80 min
- ★ 99255 Initial inpatient consult new/instab 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 inst 30-74 min
- ★ 99292 Critical care ill/injured patient addl 30 min

Prolonged Services

Prolonged Service with Direct Patient Contact

- ★ 99354 Prolong e/m/psycia sec office w/p dr con 1st hr
- ★ 99355 Prolong e/m/psycia sec office w/p dr con addl 30

- ★ 99356 Prolonged service w/p reg unit/floor time 1st hr
- ★ 99357 Prolonged service w/p reg unit/floor time ea 30 min

Prolonged Service without Direct Patient Contact

- 99358 Prolong e/m/psycia before/after dr pt care 1st hr
- ★ 99359 Prolong e/m/psycia before/after dr care ea 30 minutes

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

- ★ 99405 Prolong clinical staff sec during w/p e/m 1st hr
- ★ 99406 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 99366.

- 99366 Team conference face-to-face nonphysician
- 99367 Team conference non-face-to-face physician
- 99368 Team conference non-face-to-face nonphysician

Preventive Medicine Services

Counseling Risk Factor Reduction and Behavior Change Intervention

- 99401 Prevent med consult/risk factor med sp 15 min
- 99402 Prevent med consult/risk factor med sp 30 min
- 99403 Prevent med consult/risk factor med sp 45 min
- 99404 Prevent med consult/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 consult & risk factor med sp sp 30 min
- 99412 Prevent med consult & risk factor med sp sp 60 min

Non-Face-to-Face Services

Telephone Services

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

Interprofessional Telephone/Internet/Electronic Health Record Consultations

- ★ 99446 Interprof phone/internet/EHR consult/engmt 5-10 min
- ★ 99447 Interprof phone/internet/EHR consult/engmt 11-20 min
- ★ 99448 Interprof phone/internet/EHR consult/engmt 21-30 min
- ★ 99449 Interprof phone/internet/EHR consult/engmt 31/+ min
- ★ 99450 Interprof phone/internet/EHR consult/engmt 5/+ min

Digitally Stored Data Services/Remote Physiological Monitoring

- ★ 99452 Remote physiologic parameters that set up pt intracaj rpg
- ★ 99454 Remote physiologic parameters that dev supply ea 30 d
- ★ 99455 Cdrly & integri 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 ddrst rem treating phys
- 99456 Work related/med ddrst rem with/fin treating phys
- 99457 Acute & care planning pt w/cognitive impairment
- ★ 99458 Care mgmt services behavioral hltb coord 20 min
- 99459 1st psychiatric collab care mgmt 1st 70 min
- 99460 Subseq psychiatric collab care mgmt 1st 40 min
- ★ 99464 1st/subseq psych collab 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

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Robert W. Strauss, Thom A. Mayer



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Federal Register ,2013-12 The Massachusetts register ,2010 "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, 2012**" ,2012 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, 2011" ,2011 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 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 "**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 **CMR** ,2020 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 CPT 2003 American Medical Association,2002-10 Easy to use easy to read The 2003 edition of the AMA s Current Procedural Terminology CPT RM official coding reference contains all CPT codes modifiers and guidelines for 2003 Our book is the only one in the market with official CPT coding rules and guidelines developed by the CPT editorial panel and used to define items that are necessary to appropriately interpret and report medical procedures and services The Standard Edition features an efficient two column format and an extensive index to help locate codes by procedure service organ condition eponym and synonym and abbreviations **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 **List of Issues in Relation to the 7th Periodic Report of France** United Nations. Office of the High Commissioner for Human Rights,2016 **New Jersey Register** ,2012-11

Strauss and Mayer's Emergency Department Management (eBook) Robert W. Strauss,Thom A. Mayer,2013-09-05 A Comprehensive Practical Text on Effectively Running an Emergency Department Emergency Department Management is a real world pragmatic guide designed to help emergency department managers efficiently handle the many complex issues that arise in this challenging clinical environment Written by professionals who have spent their entire careers in the service of emergency department patients this unique text delivers practical solutions to virtually any problem that may arise in running an emergency department or acute care center COMPLETE EXPERT COVERAGE OF EVERY IMPORTANT MANAGEMENT TOPIC INCLUDING Leadership Principles Operations Informatics Quality and Service Finance Reimbursement Contracts Legal and Regulatory Issues Malpractice Human Resources Emergency Department Management offers the guidance and expertise required to deliver consistent rapid high quality care It is the single best resource available

to help you navigate the leadership challenges that arise daily in the emergency department *Budget Request Colorado*.
Department of Health Care Policy and Financing,2012 **Oregon Administrative Rules Compilation** ,2014 *State of*
North Carolina Administrative Code ,2016 *Vertigo and Disequilibrium* Peter C. Weber,2011-01-01 Here is a highly
practical reference for diagnosing and managing some of the most common complaints in the otolaryngology patient vertigo
disequilibrium and dizziness This carefully organized reference begins by presenting descriptions of time tested examination
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induced vestibulopathy and more with concise explanations of medical surgical and therapeutic treatment options available
An accompanying DVD features high quality videos of key examination tests such as ENG Hallpike positioning and Epley s
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1. Understanding the eBook List Of Cpt Codes 2011
 - The Rise of Digital Reading List Of Cpt Codes 2011
 - Advantages of eBooks Over Traditional Books
2. Identifying List Of Cpt Codes 2011
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an List Of Cpt Codes 2011
 - User-Friendly Interface
4. Exploring eBook Recommendations from List Of Cpt Codes 2011
 - Personalized Recommendations
 - List Of Cpt Codes 2011 User Reviews and Ratings
 - List Of Cpt Codes 2011 and Bestseller Lists
5. Accessing List Of Cpt Codes 2011 Free and Paid eBooks
 - List Of Cpt Codes 2011 Public Domain eBooks
 - List Of Cpt Codes 2011 eBook Subscription Services
 - List Of Cpt Codes 2011 Budget-Friendly Options

6. Navigating List Of Cpt Codes 2011 eBook Formats
 - ePub, PDF, MOBI, and More
 - List Of Cpt Codes 2011 Compatibility with Devices
 - List Of Cpt Codes 2011 Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of List Of Cpt Codes 2011
 - Highlighting and Note-Taking List Of Cpt Codes 2011
 - Interactive Elements List Of Cpt Codes 2011
8. Staying Engaged with List Of Cpt Codes 2011
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers List Of Cpt Codes 2011
9. Balancing eBooks and Physical Books List Of Cpt Codes 2011
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection List Of Cpt Codes 2011
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine List Of Cpt Codes 2011
 - Setting Reading Goals List Of Cpt Codes 2011
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of List Of Cpt Codes 2011
 - Fact-Checking eBook Content of List Of Cpt Codes 2011
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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