Evaluation and Management

Office or Other Outpatient Services

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

To report services provided to a patient who is admitted to a hospital or nursing facility in the course of an encounter in the office or other ambulatory facility, see the notes for initial hospital inpatient care (page 12) or comprehensive nursing facility assessments (page23).

For services provided by physicians in the emergency department, see 99281-99285.

For observation care, see 99217-99220.

For observation or inpatient care services (including admission and discharge services), see 99234-99236.

New Patient

99201	**Office or other outpatient visit** for the evaluation and management of a new patient, which requires these three key components: • **a problem focused history;** • **a problem focused examination; and** • **straightforward medical decision making.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	
99202	**Office or other outpatient visit** for the evaluation and management of a new patient, which requires these three key components: • **an expanded problem focused history;** • **an expanded problem focused examination; and** • **straightforward medical decision making.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	

99202 cont.	Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	
99203	**Office or other outpatient visit** for the evaluation and management of a new patient, which requires these three key components: • **a detailed history;** • **a detailed examination; and** • **medical decision making of low complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
99204	**Office or other outpatient visit** for the evaluation and management of a new patient, which requires these three key components: • **a comprehensive history;** • **a comprehensive examination; and** • **medical decision making of moderate complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	
99205	**Office or other outpatient visit** for the evaluation and management of a new patient, which requires these three key components: • **a comprehensive history;** • **a comprehensive examination; and** • **medical decision making of high complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	

Established Patient

99211	**Office or other outpatient visit** for the evaluation and management of an established patient that may or may not require the presence of a physician. Usually the presenting problem(s) are minimal. Typically 5 minutes are spent performing or supervising these services.	
99212	**Office or other outpatient visit** for the evaluation and management of an established patient, which requires at least two of these three key components: • **a problem focused history;** • **a problem focused examination;** • **straightforward medical decision making.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	
99213	**Office or other outpatient visit** for the evaluation and management of an established patient, which requires at least two of these three key components: • **an expanded problem focused history;** • **an expanded problem focused examination;** • **medical decision making of low complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	
99214	**Office or other outpatient visit** for the evaluation and management of an established patient, which requires at least two of these three key components: • **a detailed history;** • **a detailed examination;** • **medical decision making of moderate complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	

99215	**Office or other outpatient visit** for the evaluation and management of an established patient which requires at least two of these three key components: • **a comprehensive history;** • **a comprehensive examination;** • **medical decision making of high complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	

Evaluation and Management

Inpatient Neonatal and Pediatric Critical Care Services

The following codes (99293-99296) are used to report services provided by a physician directing the inpatient care of a critically ill neonate/infant. The same definitions for critical care services apply for the adult, child, and neonate.

The initial day neonatal critical care code (99295) can be used in addition to codes 99360, 99436 or 99440 as appropriate, when the physician is present for the delivery (99360 or 99436) and newborn resuscitation (99440) is required. Other procedures performed as a necessary part of the resuscitation (ex. endotracheal intubation (31500)) are also reported separately when performed as part of the pre-admission delivery room care. In order to report these procedures separately, they must be performed as a necessary component of the resuscitation and not simply as a convenience before admission to the neonatal intensive care unit.

Codes 99295, 99296 are used to report services provided by a physician directing the inpatient care of a critically ill neonate through the first ►28◄ days of life. They represent care starting with the date of admission (99295) and subsequent day(s) (99296) and may be reported only once per day, per patient. Once the neonate is no longer considered critically ill, the Intensive Low Birth Weight Services codes for those with present body weight of less than 2500 grams (99298, 99299) or the codes for Subsequent Hospital Care (99231-99233) for those with present body weight over 2500 grams should be utilized.

Codes 99293, 99294 are used to report services provided by a physician directing the inpatient care of a critically ill infant or young child from ►29◄ days of postnatal age through 24 months of age. They represent care starting with the date of admission (99293) and subsequent day(s) (99294) and may be reported by a single physician only once per day, per patient in a given setting. The critically ill or critically injured child older than 24 months of age would be reported with hourly critical care service codes (99291, 99292). Once an infant is no longer considered to be critically ill but continues to require intensive care, the Intensive Low Birth Weight Service codes (99298, 99299) should be used to report services for infants with present body weight of less than 2500 grams. When the present body weight of those infants exceeds 2500 grams, the Subsequent Hospital Care (99231-99233) codes should be utilized. To report critical care services provided in the outpatient setting (e.g. emergency department or office), for neonates and pediatric patients up through 24 months of age, see the hourly Critical Care codes 99291, 99292. If the same physician provides critical care services for a neonatal or pediatric patient in both the outpatient and inpatient settings on the same day, report only the appropriate Neonatal or Pediatric Critical Care code (99293-99296) for all critical care services provided on that day.

Care rendered under 99293-99296 includes management, monitoring, and treatment of the patient including respiratory, pharmacologic control of the circulatory system, enternal and parenteral nutrition, metabolic and hematologic maintenance, parent/family counseling, case management services, and personal direct supervision of the health care team in the performance of cognitive and procedural activities.

The pediatric and neonatal critical care codes include those procedures listed above for the hourly critical care codes (99291, 99292). In addition, the following procedures are also included in the bundled (global) pediatric and neonatal critical care service codes (99293-99296): umbilical venous(36510) and umbilical arterial (36660) catheters, central (36555) or peripheral vessel catheterization (36000), other arterial catheters (36140, 36620), oral or nasogastric tube placement (43752), endotracheal intubation (31500), lumbar puncture (62270), suprapubic bladder aspiration (51000), bladder catheterization (►51701, 51702◄), initiation and management of mechanical ventilation (94656, 94657) or continuous positive airway pressure (CPAP) (94660), surfactant administration,

intravascular fluid administration (90780, 90781), transfusion of blood components (36430, 36440), vascular punctures (36420, 36600), invasive or non-invasive electronic monitoring of vital signs, bedside pulmonary function testing (94375), and/or monitoring or interpretation of blood gases or oxygen saturation (94760-94762). Any services performed which are not listed above should be reported separately.

For additional instructions, see descriptions listed for 99293-99296

Inpatient Neonatal Critical Care

99295	**Initial inpatient neonatal critical care,** per day, for the evaluation and management of a critically ill neonate, 28 days of age or less This code is reserved for the date of admission for neonates who are critically ill. Critically ill neonates require cardiac and/or respiratory support (including ventilator or nasal CPAP when indicated), continuous or frequent vital sign monitoring, laboratory and blood has interpretations, follow-up physician reevaluations, and constant observation by the health care team under direct physician supervision. Immediate preoperative evaluation and stabilization of neonates with life threatening surgical or cardiac conditions are included under this code. Neonates with life threatening surgical or cardiac conditions are included in this code. Care of neonates who require an intensive care setting but who are not critically ill is reported using the initial hospital care codes (99221-99223).	
99296	**Subsequent inpatient neonatal critical care,** per day, for the evaluation and management of a critically ill neonate, 28 days of age or less. A critically ill neonate will require cardiac and/or respiratory support (including ventilator or nasal CPAP when indicated), continuous or frequent vital sign monitoring, laboratory and blood gas interpretations, follow-up physician re-evaluations throughout a 24-hour period, and constant observation by the health care team under direct physician supervision. (Subsequent care for neonates who require an intensive setting but who are not critically ill is reported using either the intensive low birth weight services codes (99298, 99299) or the subsequent hospital care codes (99231-99233)) (99297 has been deleted. To report, use 99296)	

Intensive (Non-Critical) Low Birth Weight Services

Codes 99298, 99299 are used to report services subsequent to the day of admission provided by a physician directing the continuing intensive care of the low birth weight (LBW) or very low birth weight (VLBW) infant who no longer meets the definition of critically ill. They represent subsequent day(s) of care and may be reported only once per day, per patient. Low birth weight services are reported for those neonates less than 2500 grams who do not meet the definition of critical care but continue to require intensive observation and frequent services and interventions only available in an intensive care setting. The level and frequency of services required for the LBW and the VLBW infant exceed those available in less intensive hospital areas or medical floors. Codes 99298, 99299 are global 24-hour codes with the same services bundled as outlined under codes 99293-99296.

For additional instructions, see descriptions listed for 99298, 99299.

99298	**Subsequent intensive care,** per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams) Infants with present body weight less than 1500 grams who are no longer critically ill continue to require intensive cardiac and respiratory monitoring, continuous and/or frequent vital sign monitoring, heat maintenance, enteral and/or parenteral nutritional adjustments, laboratory and oxygen monitoring and constant observation by the health care team under direct physician supervision.	
99299	**Subsequent intensive care,** per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams) Infants with present body weight of 1500-2500 grams who are no longer critically ill continue to require intensive cardiac and respiratory monitoring, continuous and/or frequent vital sign monitoring, heat maintenance, enteral and/or parenteral nutritional adjustments, laboratory and oxygen monitoring, and constant observation by the health care team under direct physician supervision.	

Evaluation and Management

Emergency Department Services

New or Established Patient

The following codes are used to report evaluation and management services provided in the emergency department. No distinction is made between new and established patients in the emergency department.

An emergency department is defined as an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day.

For critical care services provided in the emergency department, see Critical Care notes and 99291, 99292.

For evaluation and management services provided to a patient in an observation area of a hospital, see 99217-99220.

For observation or inpatient care services (including admission and discharge services), see 99234-99236.

99281	**Emergency department visit** for the evaluation and management of a patient, which requires these three key components: • **a problem focused history;** • **a problem focused examination; and** • **straightforward medical decision making.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	
99282	**Emergency department visit** for the evaluation and management of a patient, which requires these three key components: • **an expanded problem focused history;** • **an expanded problem focused examination; and** • **medical decision making of low complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	

99282 cont.	Usually, the presenting problem(s) are of low to moderate severity.	
99283	**Emergency department visit** for the evaluation and management of a patient, which requires these three key components: • **an expanded problem focused history;** • **an expanded problem focused examination; and** • **medical decision making of moderate complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	
99284	**Emergency department visit** for the evaluation and management of a patient, which requires these three key components: • **a detailed history;** • **a detailed examination; and** • **medical decision making of moderate complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are if high severity, and require urgent evaluation by the physician but do not pose and immediate significant threat to life or physiologic function.	
99285	**Emergency department visit** for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: • **a comprehensive history;** • **a comprehensive examination; and** • **medical decision making of high complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	

Evaluation and Management

Initial Inpatient Consultations

New or Established Patient

The following codes are used to report physician consultations provided to hospital inpatients, residents of nursing facilities, or patients in a partial hospital setting. Only one initial consultation should be reported by a consultant per admission.

99251	**Initial inpatient consultation** for a new or established patient, which requires these three key components: • **a problem focused history;** • **a problem focused examination; and** • **straightforward medical decision making.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	
99252	**Initial inpatient consultation** for a new or established patient, which requires these three key components: • **an expanded problem focused history;** • **an expanded problem focused examination; and** • **straightforward medical decision making.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.	
99253	**Initial inpatient consultation** for a new or established patient, which requires these three key components: • **a detailed history;** • **a detailed examination; and** • **medical decision making of low complexity.**	

99253 cont.	Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.	
99254	**Initial inpatient consultation** for a new or established patient, which requires these three key components: • **a comprehensive history;** • **a comprehensive examination; and** • **medical decision making of moderate complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	
99255	**Initial inpatient consultation** for a new or established patient, which requires these three key components: • **a comprehensive history;** • **a comprehensive examination; and** • **medical decision making of high complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.	

Follow-Up Inpatient Consultations

Established Patient

Follow-up consultations are visits to complete the initial consultation OR subsequent consultative visits requested by the attending physician.

A follow-up consultation includes monitoring progress, recommending management modifications or advising on a new plan of care in response to changes in the patient's status.

If the physician consultant has initiated treatment at the initial consultation, and participates thereafter in the patient's management, the codes for subsequent hospital care should be used (99231-99233).

The following codes are used to report follow-up consultations provided to hospital inpatients or nursing facility residents only. For consultative services provided in other settings, the codes for office or other outpatient consultations should be reported (99241-99245).

99261	**Follow-up inpatient consultation** for an established patient, which requires at least two of these three key components: • **a problem focused history;** • **a problem focused examination;** • **medical decision making that is straightforward or of low complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 10 minutes at the bedside and on the patient's hospital floor or unit.	
99262	**Follow-up inpatient consultation** for an established patient, which requires at least two of these three key components: • **an expanded problem focused interval history;** • **an expanded problem focused examination;** • **medical decision making of moderate complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	
99263	**Follow-up inpatient consultation** for an established patient, which requires at least two of these three key components: • **a detailed interval history;** • **a detailed examination;** • **medical decision making of high complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a	

99263 cont.	significant new problem. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	

Evaluation and Management

Initial Hospital Care

New or Established Patient

The following codes are used to report the first hospital inpatient encounter with the patient by the admitting physician.

For initial inpatient encounters by physicians other than the admitting physician, see initial inpatient consultation codes (99251-99255) or subsequent hospital care codes (99231-99233) as appropriate.

When the patient is admitted to the hospital as an inpatient in the course of an encounter in another site of service (eg, hospital emergency department, observation status in a hospital, physician's office, nursing facility) all evaluation and management services provided by that physician in conjunction with that admission are considered part of the initial hospital care when performed on the same date as the admission. The inpatient care level of service reported by the admitting physician should include the services related to the admission he/she provided in the other sites of service as well as the inpatient setting.

Evaluation and management services on the same date provided in sites that are related to the admission "observation status" should NOT be reported separately. For a patient admitted and discharged from observation or inpatient status on the same date, the services should be reported with codes 99234-99236 as appropriate.

99221	**Initial hospital care,** per day, for the evaluation and management of a patient which requires these three key components: • **a detailed or comprehensive history;** • **a detailed or comprehensive examination; and** • **medical decision making that is straightforward or of low complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	
99222	**Initial hospital care,** per day, for the evaluation and management of a patient, which requires these three key components: • **a comprehensive history;** • **a comprehensive examination; and** • **medical decision making of moderate complexity.**	

99222 cont.	Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.	
99223	**Initial hospital care,** per day, for the evaluation and management of a patient, which requires these three key components: • **a comprehensive history;** • **a comprehensive examination; and** • **medical decision making of high complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.	

Subsequent Hospital Care

All levels of subsequent hospital care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient's status, (ie. changes in history, physical condition and response to management) since the last assessment by the physician.

99231	**Subsequent hospital care,** per day, for the evaluation and management of a patient, which requires at least two of these three key components: • **a problem focused interval history;** • **a problem focused examination;** • **medical decision making that is straightforward or of low complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	
99232	**Subsequent hospital care,** per day, for the evaluation and management of a patient, which requires at least two of these three key components: • **an expanded problem focused interval history;** • **an expanded problem focused examination;** • **medical decision making of moderate complexity.**	

99232 cont.	Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	
99233	**Subsequent hospital care,** per day, for the evaluation and management of a patient, which requires at least two of these three key components: • **a detailed interval history;** • **a detailed examination;** • **medical decision making of high complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.	

Hospital Discharge Services

The hospital discharge day management codes are to be used to report the total duration of time spent by a physician for final hospital discharge of a patient. The codes include, as appropriate, final examination of the patient, discussion of the hospital stay, even if the time spent by the physician on that date is not continuous, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms. For a patient admitted and discharged from observation or inpatient status on the same date, the services should be reported with codes 99234-99236 as appropriate.

99238	**Hospital discharge day management;** 30 minutes or less	
99239	More than 30 minutes	

(These codes are to be utilized by the physician to report all services provided to a patient on the date of discharge, if other than the initial date of inpatient status. To report services to a patient who is admitted as an inpatient, and discharged on the same date, see codes 99234-99236 for observation or inpatient hospital care including the admission and discharge of the patient on the same date. To report concurrent care services provided by a physician(s) other than the attending physician, use subsequent hospital codes (99231-99233) on the day of discharge.)
(For Observation Care Discharge, use 99217.)
(For observation or inpatient hospital care including the admission and discharge of the patient on the same date, see 99234-99236.)
(For discharge services provided to newborns admitted and discharged on the same date, use 99435)

Evaluation and Management

Office or Other Outpatient Consultations

New or Established Patient

The following codes are used to report consultations provided in the physician's office or in an outpatient or other ambulatory facility, including hospital observation services, home services, domiciliary, rest home, custodial care, or emergency department. Follow-up visits in the consultant's office or other outpatient facility that are initiated by the physician consultant are reported using office visit codes for established patients (99211-99215). If an additional request for an opinion or advice regarding the same or a new problem is received from the attending physician and documented in the medical record, the office consultation codes may be used again.

99241	**Office consultation** for a new or established patient, which requires these three key components: • **a problem focused history;** • **problem focused examination; and** • **straightforward medical decision making.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	
99242	**Office consultation** for a new or established patient, which requires these three key components: • **an expanded problem focused history;** • **an expanded problem focused examination; and** • **straightforward medical decision making.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
99243	**Office consultation** for a new or established patient, which requires these three key components: • **a detailed history;**	

99243 cont.	• **a detailed examination; and** • **medical decision making of low complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	
99244	**Office consultation** for a new or established patient, which requires these three key components: • **a comprehensive history;** • **a comprehensive examination; and** • **medical decision making of moderate complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	
99245	**Office consultation** for a new or established patient, which requires these three key components: • **a comprehensive history;** • **a comprehensive examination; and** • **medical decision making of high complexity.** Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.	