

Claim #:	Examined by:	Date:	Code:
	TIME		
Total time spent on t	Amount of Time		
Preparing to see the patie	ient (eg, review of tests)		
Obtaining and/or reviewir			
Performing a medically n			
Counseling and educatin	ng the patient/family/caregiver		
Ordering medications, tes			
Referring and communication			
Documenting clinical info			
Independently interpretin			
Care coordination (not se			
		Total	

New Patient		Established Patient		Prolonged Servcies			
99201	Deleted	99211	No time	99415	Prolonged clinical staff service (beyond the typical service time) during an E/M service in the office or outpatient setting, direct patient contact with physician supervision; 1st hour		
99202	15-29 mins	99212	10-19 mins	99416	Prolonged clinical staff service (beyond the typical service time) during an E/M service in the office or outpatient setting, direct patient contact with physician supervision; ea addtl 30 mins		
99203	30-44 mins	99213	20-29 mins	99417	7 Prolonged OV or Outpt. E/M service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, ea 15 mins of total time (list separately in addition to codes 99205 99215)		
99204	45-59 mins	99214	30-39 mins				
99205	60-74 mins	99215	40-54 mins				

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