

## 2021 Evaluation and Management Changes: New Prolonged Services Codes

A major component of the 2021 Evaluation and Management (E/M) changes are the introduction of CPT® code 99417 and HCPCS code G2212 effective **January 1st, 2021**. Both codes describe a prolonged office or other evaluation and management service that requires at least 15 minutes or more of time either with OR without direct patient contact on the date of the primary E/M service (either CPT® codes 99205 or 99215).

### CPT® Code Description for 99417

99417-Prolonged office or other outpatient evaluation and management 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, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

### HCPCS Code Description for G2212

G2212- Prolonged office or other outpatient evaluation and management service(s) beyond the **maximum required** time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)

### Prolonged Services Reporting

Both CPT® code 99417 and HCPCS code G2212 may only be reported in conjunction with 99205 or 99215 if the codes were selected based on the time alone and *not* medical decision making. A service of less than 15 minutes should not be reported. HCPCS code G2212 should only be reported for Medicare claims unless otherwise directed by a private payer. Be sure to check the payer's policy for appropriate reporting guidelines.

HCPCS code G2212 may only be reported when a 15 minute service has been provided past the *maximum* end of the time interval for the primary service, whereas CPT code 99417 only requires the *minimum* time to have been exceeded by 15 minutes (see the CPT® code description).

## Prolonged Evaluation and Management Service Reporting Examples (99417 and G2212)

Table A

Total Duration of a New Patient Office or Other Outpatient Level 5 Service (99205)		Total Duration of an Established Patient Office or Other Outpatient Level 5 Service (99215)	
Time	Codes	Time	Codes
Less than 75 minutes	Not reported	Less than 55 minutes	Not reported
75-89 minutes	99205 and 99417 (1x)	55-69 minutes	99215 and 99417 (1x)
90-104 minutes	99205 and 99417 (2x)	70-84 minutes	99215 and 99417 (2x)
105 or more	99205 and 99417 (3x or more for each additional 15 min)	85 or more	99215 and 99417 (3x or more for each additional 15 minutes)

Source: [“CPT® Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99XXX\) Code and Guideline Changes”](#)

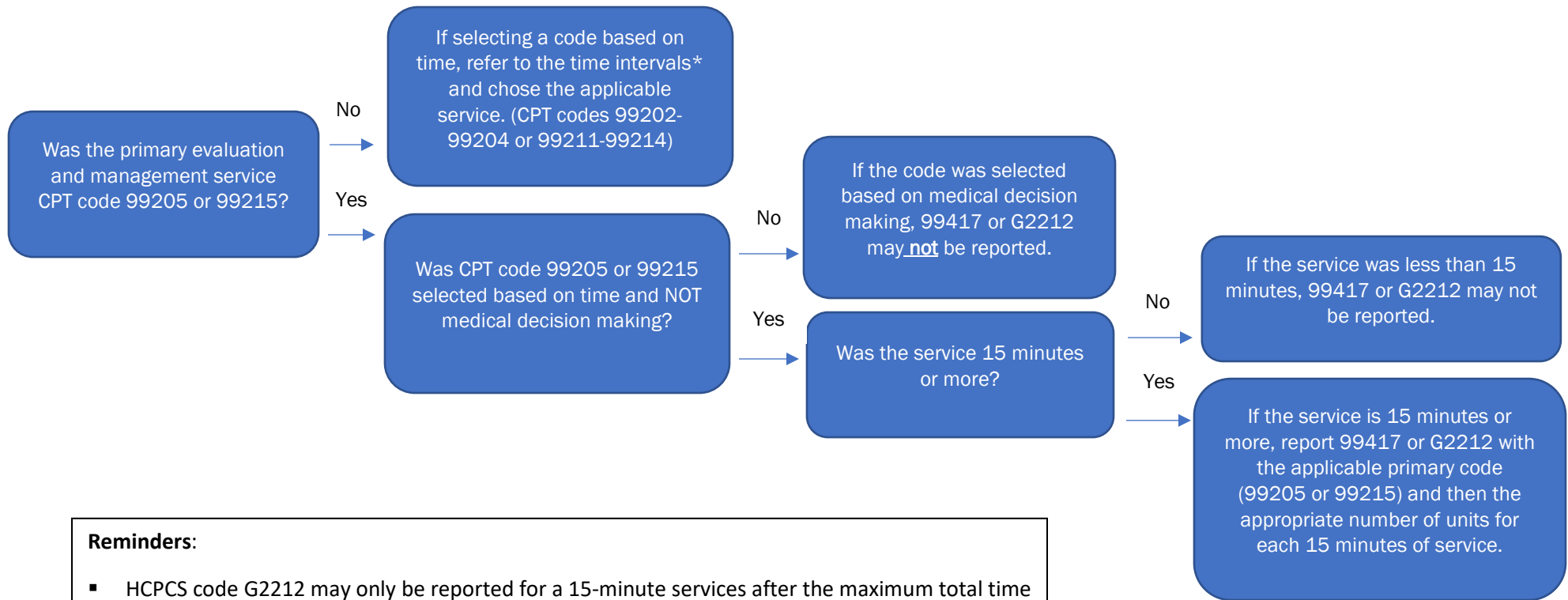
## HCPCS Code G2212

Table B

Codes	Total Time Required for Reporting	Codes	Total Time Requiring for Reporting
99205	60-74 minutes	99215	40-54 minutes
99205 x 1 and G2212 x 1	89-103 minutes	99215 x 1 and G2212 x 1	69-83 minutes
99205 X 1 and G2212 x 2	104-118 minutes	99215 and G2212 x 3	84-98 minutes
99205 x 1 and G2212 x 3 or more for each additional 15 minutes	119 or more	99215 x 1 and G2212 x 3 or more for each additional 15 minutes	99 or more

Source: [Summary of Policies in the Calendar Year \(CY\) 2021 Medicare Physician Fee Schedule \(MPFS\) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List](#)

## Decision Tree for Prolonged Services (99417 or G2212)



### Reminders:

- HCPCS code G2212 may only be reported for a 15-minute services after the maximum total time in the interval has been attained, whereas 99417 only requires the minimum time of the interval has been reached.
- HCPCS code G2212 should only be reported for Medicare claims unless otherwise directed.

### **Additional Changes to Prolonged Services Codes**

There have also been amendments to the guidelines for prolonged services codes 99354-99357 and 99358-99359.

Since CPT® code 99417 was created to describe a 15-minute prolonged office or other evaluation and management services (with OR without direct patient contact), CPT codes 99354 and 99358 can no longer be reported on the same day as CPT® codes 99201-99215 in 2021. However, CPT codes 99358 and 99359 may be reported for a prolonged service on a date other than the day of the face-to-face encounter.

If CPT® codes 99202-99204 and 99211-99214 are chosen based on time ("[2021 Evaluation and Management Changes: Selecting a Code Based on Time](#)"), the E/M service would be selected based on the appropriate time intervals.

### **Resources**

[CPT® Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99417\) Code and Guideline Changes](#)

[Summary of Policies in the Calendar Year \(CY\) 2021 Medicare Physician Fee Schedule \(MPFS\) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List](#)