

E/M Time-Based Coding Quick Reference (2024)

New Patients (99202–99205)

Code	Level	Minimum Time	MDM	When to Add Prolonged Services
99202	Level 2	≥15 min	Straightforward	Not applicable
99203	Level 3	≥30 min	Low	Not applicable
99204	Level 4	≥45 min	Moderate	Not applicable
99205	Level 5	≥60 min	High	If ≥75 min, add 99417 (commercial)

Established Patients (99212–99215)

Code	Level	Minimum Time	MDM	When to Add Prolonged Services
99212	Level 2	≥10 min	Straightforward	Not applicable
99213	Level 3	≥20 min	Low	Not applicable
99214	Level 4	≥30 min	Moderate	Not applicable
99215	Level 5	≥40 min	High	If ≥55 min, add 99417 (commercial)

Key Notes

- Time includes all provider work on the day of the encounter (face-to-face + non-face-to-face tasks: review, documentation, coordination of care, Rx management, etc.).
- Exact minutes must be documented in the note (e.g., 'Total time 68 minutes: 55 face-to-face, 13 chart review and documentation').
- Prolonged services require explicit documentation of the extra time and what was done.
- Payer differences: Commercial payers usually want 99417; Medicare wants G2212.