
There's a Code for That!

Tips for Maximizing Your Reimbursement

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Wednesday October 29, 2025

Objectives

By the end of this presentation, participants will:

1. Accurately and quickly identify level 4 and 5 E&M visits
 2. Determine when to bill for a significant, separate service using a modifier 25
 3. Identify when to use common add-on codes
 4. Describe several new add-on codes
-

Disclosure

No conflicts of interest

I am not a certified coder!

What is your background?

Part 1: Avoiding undercoding

Chart #1

S: 29 yo female with 2 days of burning with urination. No fever or abdominal pain. + frequency. No blood.

O: Temp 100.2 BP 108/64 P 82 R 18

Exam: No distress, lungs clear, heart regular rate and rhythm, no abdominal or flank tenderness

UA: + LE and nitrites

A/P: Uncomplicated UTI. Start Bactrim DS. Urine culture pending

Elements of Medical Decision Making

Problem

Data

Risk

Time

Problem

	Description
Minimal	1 self limited or minor problem
Low	2 or more self limited or minor problems OR 1 stable chronic illness OR 1 acute or uncomplicated illness/injury
Moderate	1 or more chronic illness with exacerbation, progression, or treatment side effects OR 2 or more stable chronic illnesses OR 1 undiagnosed new problem with uncertain prognosis OR 1 acute illness with systemic symptoms OR 1 acute complicated injury
High	1 or more chronic illness with severe exacerbation, progression, or treatment side effects OR 1 acute or chronic illness that poses a threat to life or body function

Complexity of the problem

Consider how you are documenting

New problem?

Stable vs. Unstable (uncontrolled is not stable!)

Including differential for high risk problems

The Difference

Depression - continue Lexapro.
Recommended therapy

DM2- check A1C, BMP, and urine
microalb/creat

Depression - not yet controlled as still having
depressive symptoms. Will continue current
dose of Lexapro but recommended adding
therapy.

DM2- well controlled on metformin.

-check A1C, BMP, and urine microalb/creat

The Difference

Depression - continue Lexapro.
Recommended therapy

Low or Moderate? Unclear

DM2- check A1C, BMP, and urine
microalb/creat

Chronic illness stable or unstable?

Depression - not yet controlled as still having
depressive symptoms. Will continue current
dose of Lexapro but recommended adding
therapy.

Moderate

DM2- Last A1c above goal. Continue
metformin.

-check A1C, BMP, and urine microalb/creat

Unstable- moderate

Data

Minimal	Minimal/none	N/A
Low	Limited- must meet A or B	A: Need 2 points - Review external notes - Review each prior test result - Order each unique test
		B: Assessment requiring an independent historian (spouse, nursing aid, etc)
Moderate	Moderate- must meet A or B or C	A: Need 3 points - Review external notes - Review each prior test result - Order each unique test
High	Extensive- must meet 2 of the 3	B: Independent interpretation of tests performed by another provider
		C: Discussion of test results or management with outside provider, case manager, lawyer, teacher, etc

Risk

	Description
Minimal	Minimal (reassurance/rest)
Low	Low risk (OTC meds, home exercises)
Moderate	- Prescription Drug Management - Decision re: minor surgery with patient-specific risks - Decision re: major elective surgery without patient-specific risks - Diagnosis or treatment limited by SDOH
High	- Drug therapy requiring intensive monitoring for toxicity - Decision re: major elective surgery with patient-specific risks - Decision re: emergency surgery - Decision re: hospitalization - Decision to become a DNR or de-escalate care due to poor prognosis

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You must hit 2 at or above the level of service

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

How would you bill this?

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

How would you bill this?

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

How would you bill this?

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

How would you bill this?

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

Back to Our Case

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

What if she was pregnant?

S: 29 yo G1 at 13 wks with 2 days of burning with urination. No fever or abdominal pain. + frequency. No blood.

O: Temp 100.2 BP 108/64 P 82 R 18

Exam: No distress, lungs clear, heart regular rate and rhythm, no abdominal or flank tenderness

UA: + LE and nitrites

A/P: Uncomplicated UTI. Start Keflex which is Category b in pregnancy. Urine culture pending. Call if any fever or abdominal/flank pain as at increased risk for complicated UTI

2. Pregnancy

Back to Our Case

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

Chart #3

A/P-

1. DM2- not well controlled given A1C of 8.8. Will increase metformin
-

Chart #3

A/P-

1. DM2- not well controlled given A1C of 8.8. Will increase metformin

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

Chart #3

A/P-

1. DM2- well controlled given A1C of 6.8. continue metformin
-

Chart #3

A/P-

1. DM2- well controlled given A1C of 6.8. continue metformin

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

Coding FROM THE

Thomas J. Weida, MD,

Bottom Up

and David T. O'Gurek, MD

November/December 2008 | www.aafp.org/fpm | FAMILY PRACTICE MANAGEMENT | 23

Aiming for a 99214

Does this “feel” like a high level code (99214 or 99215)?

Do I have enough for a high-level code?

Are there other issues you should/could be addressing?

Especially comorbid conditions:

- Obesity/Overweight (include BMI ICD-10 codes)

- HTN

- HLD (hyperlipidemia)

Chart #3

A/P-

1. DM2- well controlled given A1C of 6.8. continue metformin
2. Obesity with BMI 32- weight stable overall. Discussed increasing physical activity

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

Chart #4

A/P-

1. DM2- well controlled given A1C of 6.8. continue metformin
 2. Obesity with BMI 32- weight stable overall. Discussed increasing physical activity
 3. HTN- BP at goal. Continue amlodipine
 4. Obesity- counseled re: reducing carbs in diet and increasing walking
 5. COPD- continue Advair with albuterol as needed
 6. HLD- at goal. Continue statin
 7. URI- likely viral. Counseled re: supportive care
-

This could be multiple level 4 visits!

	Problem	Data	Risk
99212	Minimal	Minimal/none	Minimal
99213	Low	Low	Low
99214	Moderate	Moderate	Moderate
99215	High	Extensive	High

Solution?

Consider Time!

Includes all time spent:

- Pre-charting/reviewing the record
 - Face to face care with the patient during the visit (history, physical exam, etc)
 - Speaking with specialists/caregivers/others (“separately obtained history”)
 - Counseling
 - Care coordination
 - Placing orders
 - Documentation
-

Time-based coding requirements

Only includes what is done on the day of service

You must add a line documenting your time spent on the day of service

"I spent X minutes on the day of the service including face-to-face care, reviewing the records, and on documentation."

Using Time-based billing

	Problem	Data	Risk	Time
99212 99202	Minimal	Minimal/none	Minimal	10-19 min 15-29 min
99213 99203	Low	Low	Low	20-29 min 30-44 min
99214 99204	Moderate	Moderate	Moderate	30-39 min 45-59 min
99215 99205	High	Extensive	High	40- 49 min 60-74 min
Extended time code: add 99417 to a 99215 if 69-83 min (or to a 99205 if 89-103 min) For Medicare, add G2212 to a 99215 if more than 55 min (or to a 99205 if over 75 min)				

Chart 6

A/P-

1. Anxiety- uncontrolled. Increase Lexapro and continue therapy. Discussed breathing techniques. Will add hydroxyzine as needed for panic symptoms
 2. Depression- continues to have significant depressive symptoms. As above, will trial increased dose of Lexapro. Discussed adding in daily walks
 3. Morbid Obesity with BMI 43- finding it challenging to eat healthy given depression. Set goal to increase veggies and cut back on soda.
-

How would you bill this?

	Problem	Data	Risk	Time
99212	Minimal	Minimal/none	Minimal	10-19 min
99213	Low	Low	Low	20-29 min
99214	Moderate	Moderate	Moderate	30-39 min
99215	High	Extensive	High	40- 49 min

Part 1 summary:

1. Most of your visits are probably 99214s
 2. A few situations should hint that your visit is/could be a level 4:
 - a. 2 chronic stable issues
 - b. 1 chronic issue with “exacerbation” or that is uncontrolled
 - c. 3 labs reviewed or ordered
 - d. Prescription management
 3. Consider time spent
 4. Residents cannot bill based on time (but supervising attending can!)
-

Part 2: Modifier -25

Modifier -25

A significant, separately identifiable E&M service is performed on the same day as another procedure or therapeutic service and performed by the same physician.

Which ones should have 2 services billed?

1. Discussing lifestyle recommendations with a patient with obesity at their preventive visit
 2. Suturing a patient at visit after they were hit in the head with a piece of wood
 3. Discussing menopause symptoms at a preventive visit
 4. Evaluating new depression found on screening PHQ-9 at a preventive visit
 5. Performing a skin biopsy on a lesion you are concerned is SCC
 6. Inserting an IUD at a preventive visit
 7. Doing both a Medicare Wellness and a preventive visit
-

Which ones should have 2 services billed?

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 - 2. Suturing a patient at visit after they were hit in the head with a piece of wood**
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 - 4. Evaluating new depression found on screening PHQ-9 at a preventive visit**
 5. Performing a skin biopsy on a lesion you are concerned is SCC
 - 6. Inserting an IUD at a preventive visit**
 - 7. Doing both a Medicare Wellness and a preventive visit**
-

Combination visits

- 1. Covering a problem at a preventive visit
 - 1. Doing a problem visit and a procedure
 - 1. Performing both a Medicare Wellness and a traditional preventive visit
-

Considerations

Copays

Coverage

Expectations

Productivity

Quality measures

Bonus Round: Add-on Codes

G2211

This code is meant to account for the resource costs associated with visit complexity inherent to primary care and other longitudinal care.

Can use with E&M codes and preventive codes

Cannot be added to outside visits (home, assisted living, SNF, etc)

Cannot be added onto visits with a procedure

0.33 wRVU

Preventive Counseling Codes

Includes counseling about diet, exercise, STI prevention, lifestyle, HIV screening, and contraception

Must document time spent!

Cannot bill with Preventive visits (included)

Not covered by Medicare

CPT Code	Description	wRVU
99401	Preventive Counseling 15 min	0.48
99402	Preventive Counseling 30 min	0.98
99403	Preventive Counseling 45 min	1.46
99404	Preventive Counseling 60 min	1.95
99408	Substance Use Structured Screening and Brief Intervention (15-30 min)	0.65
99409	Substance Use Structured Screening and Brief Intervention (>30 min)	1.3

Substance Counseling Codes

CPT Code	Description	Time Requirements	wRVU
G0442	Alcohol Screen (15min)*	15 min*	0.18
G0443	Brief Alcohol misuse counseling (15min)*	15 min*	0.6
G0396	Alcohol and/or Substance Abuse Structured Assessment and Brief Intervention	15- 30 min	0.65
G0397	Alcohol and/or Substance Abuse Structured Assessment and Brief Intervention	> 30 min	1.3
G0444	Annual depression screen (15 min)*	15 min*	0.18
G0445	Annual High-intensity sexual behavior counseling (30min)	30 min*	0.6
G0446	Intensive Behavioral Therapy for CVD (15min)*	15 min*	0.45
G0447	Behavioral counseling for obesity (15 min)*	15 min*	0.45
99406	Smoking and Tobacco Use Counseling	3-10 min	0.24
99407	Smoking and Tobacco Use Counseling	>10 min	0.5
* Medicare requires you exceed half (i.e. spend at least 8 min if it is 15 min service)			

ASCVD Screening- G0537

This code reimburses for standard ASCVD risk assessment (i.e. ASCVD score) lasting **5–15 minutes**, billable **once per year**. This code supports early detection by assessing cholesterol, blood pressure, and lifestyle factors, helping guide preventative measures and targeted therapies.

Document exactly how much time you spend on the screening/discussion- (minimum 5 min)

The patient does not have known cardiovascular disease but has at least one CV risk factor

Can be billed once a year

0.18 wRVU

ASCVD Risk Management- G0538

While G0537 is for initial assessment, the G0538 is for ongoing cardiovascular risk management. It reimburses each month (medication management, lifestyle counseling, addressing CV risk factors, follow-up monitoring, etc.).

Document clearly how you addressed the CV risk

The patient cannot have known cardiovascular disease but is at intermediate or high risk

Can be billed monthly

0.18 wRVU

Intensive Behavioral Therapy for CVD- G0446

Counseling for patients with cardiovascular disease (15 min)

It can be used annually.

You must spend at least 8 min

0.18 wRVU

Medicare Screening

G0101- Medicare pelvic/breast exam

Q0091- Obtaining screening pap smear

G0102- Prostate cancer screening; DRE

G0403 Ekg for initial preventive exam with interpretation

Medicare Screening

G0101- Medicare pelvic/breast exam

0.45 wRVU

Q0091- Obtaining screening pap smear

0.37 wRVU

G0102- Prostate cancer screening; DRE

0.18 wRVU

G0403 Ekg for initial preventive exam with interpretation 0.17 wRVU

Pelvic Exam- 99459

CPT code to reimburse for the chaperone time (if chaperone is used) and the equipment/supplies needed to perform a pelvic exam

Not for screening- this is part of a problem-based assessment

Do not use when done with a procedure (EMB, IUD)

Link to the ICD-10 code of why you did the pelvic exam (discharge, pain, etc)

owRVU

Advanced Care Planning- 99497 and 99498

99497 (the first 30 min of counseling) and 99498 (each subsequent 30 min)

Cover face-to-face counseling and discussion of advanced directives between a provider and a patient, family member, or surrogate which may include completion of forms.

This is provider face to face time, not staff time

Must spend at least 16 min to use 99497

If in addition to AWW, add -33 modifier

1.5 wRVU

Pediatric Tips

CPT Code	Description	Notes		wRVUs
96161	Parental Depression screening			0
96110	Developmental Screening	Can bill for each screening (change units)- SWYC, Autism	Add U3 if positive screen and U4 if negative for Medicaid patients	0
96127	Brief emotional/behavioral assessment	Can bill for each screening (change units)- PSC 17, PHQ-9, SCARED, CRAFT		0

Other Helpful Pediatric Codes

CPT Code	Description	Notes	wRVUs
92567	Tympanometry use and interpretation		0.2
99188	Application of fluoride varnish	link to Z41 as ICD-10	0.2
99401	Immunization counsel no shots given	8-15 mins	0.48
99402	Immunization counsel no shots given	15-30 min	0.98

Continuous Glucose Monitor Management- 95251

Reimburses for the time to review patient continuous glucose monitoring data.

The patient must have **diabetes** and have at least **72 hours of data** to interpret

In your documentation, comment on features such as overnight, postprandial, and extreme high and low values, and overall impression of overall glucose control

Can bill monthly

Use a modifier 25 is reviewing at a visit

0.7 wRVU

Dermoscopy- 96999

Document your gross physical exam of the lesion (s)

Document that you viewed with dermoscope and your findings

No RVU but does reimburse some money

0 wRVU

Other Opportunities

CPT	Description	wRVU
94664	Inhaler Demonstration and teaching	0
93000	ECG with interpretation	0.17
69210	Removal impacted cerumen requiring instrumentation, unilateral	0.61
69209	Removal impacted cerumen using irrigation, unilateral	0
G0109	Diabetes Group Visits (up to 20 people)	0.25/person

Conclusions

Many of the things we do provide extra reimbursement

Do not double count counseling time of add-on codes if using time-based billing

AAFP's FPM is a great way to stay up to date

Consider making a cheat sheet for yourself

Thank you!



Resources

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