Primary Care E/M & Telehealth Quick Reference – Exam Room Edition

E&M Code Selection

Use either Medical Decision Making (MDM) or Total Time on Date of Service for Illness and Injury & Age for Prevention

Illness or Injury Exam, requires 25 modifiers when billed with other procedures or wellness

In Person (for Telehealth on Medicare and UHC 2025)	Audio Visual	Audio Only	Time	MDM	Patient Type
99202 (95 or 93)	98000, 95	98008,93	15–29	Straightforward	New
99203	98001,95	98009, 93	30–44	Low	New
99204	98002, 95	98010, 93	45–59	Moderate	New
99205	98003, 95	98011, 93	60–74	High	New
99212	98004, 95	98012, 93	10–19	Straightforward	Est.
99213	98005, 95	98013, 93	20–29	Low	Est.
99214	98006, 95	98014, 93	30–39	Moderate	Est.
99215	98007, 95	98015, 93	40–54	High	Est.
99495 (14 days post DC, in office or Virtual)				Moderate	Est. Or New
99496 (7 Days post DC, in office or Virtual)				High	Est. Or New

Wellness Exam (Only requires 25 Modifier when billed with other procedures)

CPT Code	Patient Type	Age	CPT Code	Patient Type	Age
99381	New	<1 year	99391	Est.	<1 year
99382	New	1–4 years	99392	Est.	1–4 years
99383	New	5–11 years	99393	Est.	5–11 years
99384	New	12–17 years	99394	Est.	12–17 years
99385	New	18–39 years	99395	Est.	18–39 years
99386	New	40–64 years	99396	Est.	40–64 years
99387	New	65+ years	99397	Est.	65+ years
G0438	New	New-to-You Pt (Medicare)	G0402	Est.	New to Medicare (first 12 months)
			G0439	Est.	AWV q ≥12mo post G0402 or G0438

Transitional Care Management

- Only one provider may bill TCM per patient per 30-day period, **cannot bill another E/M service on the same day as the TCM visit**, Medication reconciliation must be completed on or before the face-to-face visit.

Wellness Exams (99391-99397) + Acute Care (E/M 99201-99215)

- Add Modifier 25 to exams when acute care + wellness billed together.
  If you **do more than routine maintenance such as evaluating worsening asthma, adjusting insulin for uncontrolled diabetes, or addressing side effects*

Modifier Reference – Primary Care

- 25 – Significant, separately identifiable E/M on same day as procedure/vaccine.
- 59 – Distinct procedural service – DO NOT use on labs, EKGs. Common misuse: Lab panels, EKGs do NOT need modifier 59;
- 95- Audio visual, 93- Audio Only (use as listed above on 2025 codes) use with 99201-99215 to indicate if the visits was Audio Visual 95, or Audio Only 93 for Medicare and UHC (until these payers adopt the new codes).

G2211

- Use G2211 with E/M visits (99202–99215) when you're managing a complex, chronic, or have an ongoing relationship with the patient.
- Do not use G2211 with preventive visit codes alone (e.g., 99381–99397); it must be billed with an E/M code.
- Modifier 25 is only needed on the E/M (99201-99215)
- G2211 can be used for telehealth (audio-video).

Infant Exams & Vaccines

• Preventive: 99381 x1 (new), 99391 x5 (established) at 12 months +1-day 99392x1 *Limited to 6 visits, in 12 months (3-5 days, 1,2,4,6,9 months) provide 12 months on day 1 after 1st birthday*

- Vaccine Admin: 90460–90461 (counseling), 90471–90474 (no counseling)

Presented by RCM, Sara Brown 6/27/2025