



Provider Quick Grid

1 Step 1 – Determine Visit Type

Is the patient established?

Yes

No

✔ Use established patient codes
99211 – 99215

✘ Use new patient codes
99202 – 99205

2 Step 2 – Choose Coding Method

Use whichever method supports the most accurate level.

Option A: TIME

How much total time was spent on the date of service?

40–54 min	→	99215
30–39 min	→	99214
20–29 min	→	99213
10–19 min	→	99212



Remember:

Time includes all work on the date of service:

- Reviewing records
- Patient visit
- Documentation
- Ordering tests.
- Care coordination

Option B: MDM

Evaluate 3 elements:

- 1 Problems addressed
- 2 Data reviewed
- 3 Risk of complications.

You must meet 2 of the 3 elements.

✔ **HIGH** **99215**
(severe illness, high risk decisions)

✔ **MODERATE** **99214**

✔ **LOW** → **99213**

STRAIGHTFORWARD **99212**

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Coding guidance may vary by payer policy and clinical **documentation** requirements.

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