

# The One-Page Coding Cheat Sheet

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## ESTABLISHED PATIENT E/M — PICK BY MDM (2 OF 3 COLUMNS) OR TOTAL TIME

99212 Straightforward · minimal problem	0.70 wRVU · 10–19 min
99213 Low · 1 stable chronic OR acute uncomplicated	1.30 wRVU · 20–29 min
<b>99214 Moderate · 2+ stable chronics OR 1 worsening OR Rx mgmt</b>	<b>1.92 wRVU · 30–39 min</b>
99215 High · severe exacerbation OR intensive drug monitoring	2.80 wRVU · 40–54 min
New patients 99202–99205: same MDM logic, higher values (99204 = 3.00, 99205 = 3.17)	

## MDM IN ONE BREATH — MEET ANY TWO

PROBLEMS: name every problem you actively addressed today

DATA: name what you reviewed (labs, imaging you read yourself, outside notes)

RISK: state the management decision (Rx adjusted, monitoring planned, admission considered)

## ADD-ONS MOST PROVIDERS NEVER BILL

<b>G2211 Longitudinal care add-on (you're the ongoing doc; no Mod-25 procedure same day)</b>	<b>0.33</b>
99406 / 99407 Tobacco cessation, 3–10 min / >10 min (document the minutes)	0.24 / 0.50
99497 Advance care planning, first 30 min (voluntary, time documented)	1.50
<b>99495 / 99496 Transitional care after discharge (contact in 2 days; visit in 14 / 7)</b>	<b>2.78 / 3.79</b>
G0438 / G0439 Medicare Annual Wellness Visit, initial / subsequent (not a physical)	2.43 / 1.50

## MODIFIER 25 — THE 5-SECOND TEST

Ask: "Did I evaluate something beyond the decision to do this procedure?"

YES, and documented separately = bill the E/M with Mod 25 alongside the procedure. NO = procedure only.

AWV + problem E/M: Mod 25 goes on the E/M line, never the AWV. Since 2025, G2211 can join that combination.

## COMMON OFFICE PROCEDURES (BILL THEM — AND REMEMBER THE MOD 25 QUESTION)

20610 / 20611 Large joint injection, without / with ultrasound guidance	1.22 / 1.72
69210 Cerumen removal (instrumentation, unilateral)      11102 Skin biopsy, first lesion	0.61 / 0.66
12001 Simple laceration repair ≤2.5 cm      10060 I&D abscess, simple	0.84 / 1.22

## BILLING BY TIME — THE TWO RULES

1. Count ALL same-day physician time: pre-visit review, the visit, orders, notes, calls

2. Write it down: "Total time today: 42 minutes." No documented time = no time-based claim

Past 99215's 54 minutes? Prolonged services begin at 69 min (G2212 Medicare / 99417 commercial) **0.61 / unit**

## DON'T DO THESE

- × Defaulting every visit to 99213
- × Copy-pasting last visit's note
- × Mod 25 on every procedure
- × Time-based code, no time in note
- × "Reviewed labs" with no specifics
- × Undercoding as 'safety'