CPT 99213 vs 99214: Complete Comparison Chart
Medical Coding Quick Reference Guide - 2025

==========
OVERVIEW COMPARISON
==========

CPT 99213: Office/Outpatient Visit - Established Patient (Moderate Complexity)
CPT 99214: Office/Outpatient Visit - Established Patient (High Complexity)

==========
QUICK REFERENCE TABLE
==========

Component	CPT 99213	CPT 99214
Typical Time	20-29 minutes	30-39 minutes
Patient Type	Established only	Established only
History Required	Expanded Problem-Focus	Detailed
Physical Examination	Expanded Problem-Focus	Detailed
Medical Decision Making	Low to Moderate	Moderate
Medicare 2025 Rate	~$109	~$148
Commercial Rate Range	$130-180	$175-225
Revenue Difference	Baseline	+$39 (+36%)
Annual Revenue Impact*	$130,800	$177,600
Risk Level	Low to Moderate	Moderate
Documentation Burden	Moderate	High
Audit Risk	Low	Moderate

*Based on 100 visits per month

==========
TIME-BASED CODING (2025 Guidelines)
==========

You can select codes based on TOTAL TIME spent on date of service:

CPT 99213: 20-29 minutes total
- Includes: Pre-visit prep, face-to-face time, documentation, care coordination
- Does NOT include: Staff time, travel between rooms, teaching unrelated to patient

CPT 99214: 30-39 minutes total
- Includes: Same activities as 99213 but longer duration
- Threshold: Must reach 30 minutes to qualify

Time Documentation Template:
"Total time on [DATE]: [XX] minutes
- Chart review: [X] minutes
- Patient encounter: [XX] minutes
- Documentation: [X] minutes
- Care coordination: [X] minutes
Code selected based on time: 99214"

==========
MEDICAL DECISION MAKING (MDM) CRITERIA
==========

THREE MDM ELEMENTS (need 2 of 3 for code level):

1. NUMBER & COMPLEXITY OF PROBLEMS
   99213: • 1 stable chronic illness
          • 1 acute uncomplicated illness
          • 1 stable condition, minor changes

   99214: • 1+ chronic illness with mild exacerbation
          • 2+ stable chronic illnesses
          • 1 undiagnosed new problem
          • 1 acute illness with systemic symptoms

2. AMOUNT & COMPLEXITY OF DATA
   99213: • Review external notes from 1 source
          • Review test results OR order tests
          • Minimal data analysis

   99214: • Review external notes from multiple sources
          • Review AND order tests
          • Independent interpretation of tests
          • Discussion with external provider

3. RISK OF COMPLICATIONS
   99213: • Prescription drug management
          • Minor surgery, no risk factors
          • Physical therapy

   99214: • Prescription drugs requiring monitoring
          • Minor surgery with risk factors

- Decision re: hospitalization
- Parenteral controlled substances

==========
DOCUMENTATION REQUIREMENTS
==========

CPT 99213 Documentation Checklist:
☐ Chief complaint clearly stated
☐ Expanded problem-focused history (HPI + 1 ROS or PFSH)
☐ Expanded problem-focused exam (1-4 organ systems)
☐ Medical decision making: Low to moderate complexity
☐ Time documented if used for code selection
☐ Provider signature and credentials

CPT 99214 Documentation Checklist:
☐ Chief complaint clearly stated
☐ Detailed history (extended HPI + 2-9 ROS + 1 PFSH)
☐ Detailed examination (5-7 organ systems)
☐ Medical decision making: Moderate complexity
☐ Time documented if used for code selection
☐ Provider signature and credentials
☐ Care coordination notes (if applicable)

==========
REIMBURSEMENT ANALYSIS
==========

Medicare Physician Fee Schedule 2025:
- CPT 99213: $109.26 (RVU: 1.5)
- CPT 99214: $148.32 (RVU: 2.0)
- Difference: $39.06 per visit (35.7% increase)

Commercial Payer Averages:
- CPT 99213: $155 (120-220% of Medicare)
- CPT 99214: $210 (120-220% of Medicare)
- Difference: $55 per visit

Annual Revenue Impact Examples:
- 50 visits/month: +$23,400 annually (switching appropriate 99213 to 99214)
- 100 visits/month: +$46,800 annually
- 200 visits/month: +$93,600 annually

==========
COMMON CODING ERRORS TO AVOID

==========

Undercoding (Using 99213 when 99214 appropriate):
❌ Not counting total time accurately
❌ Underestimating medical decision making complexity
❌ Failing to document multiple chronic conditions
❌ Missing care coordination activities

Upcoding (Using 99214 when 99213 appropriate):
❌ Inflating time without documentation
❌ Overstating exam complexity
❌ Exaggerating medical decision making
❌ Using 99214 for routine follow-ups

Best Practices:
✅ Document actual time spent
✅ Support MDM with clear clinical reasoning
✅ Use specific medical terminology
✅ Include care coordination when applicable
✅ Review documentation before submitting

==========
AUDIT PROTECTION STRATEGIES
==========

For 99213:
- Ensure exam matches documented complexity
- Support time with specific activities
- Document medical necessity clearly
- Avoid overuse in complex patients

For 99214:
- Provide detailed MDM rationale
- Document all qualifying time activities
- Support complexity with clinical details
- Include care coordination efforts
- Reference multiple data sources when applicable

Red Flags for Auditors:
⚠️ Same code used for all patients
⚠️ Time documentation without activities
⚠️ Generic templates without customization
⚠️ Missing medical necessity
⚠️ Inconsistent documentation patterns

==========

SPECIALTY-SPECIFIC CONSIDERATIONS
==========

Family Medicine:
- Focus on multiple chronic conditions for 99214
- Document preventive counseling time
- Include care coordination with specialists

Internal Medicine:
- Emphasize complex medical decision making
- Document medication interactions
- Include hospital follow-up complexity

Cardiology:
- Highlight cardiac risk stratification
- Document diagnostic test interpretation
- Include invasive procedure decisions

Endocrinology:
- Focus on diabetes complexity scoring
- Document multiple hormone interactions
- Include lifestyle counseling time

==========
2025 UPDATE HIGHLIGHTS
==========

Key Changes:
• Time-based selection now primary option
• History/exam requirements simplified
• MDM streamlined to 3 clear elements
• Documentation burden reduced
• Focus shifted to medical necessity

Implementation Tips:
• Train staff on new time documentation
• Update EMR templates for 2025 guidelines
• Establish time tracking protocols
• Regular audit internal documentation
• Stay current with payer policy updates

==========

This comparison chart is designed for medical coding professionals and healthcare providers. Always consult current CPT guidelines and payer-specific policies for the most accurate coding requirements.

Last Updated: July 2025