

# E&M Payment Amounts



		Current (2018) Payment Amount	Revised Payment Amount***				
	Complexity Level under CPT	Visit Code Alone*	Visit Code Alone Payment	Visit Code With Either Primary or specialized care add-on code**	Visit Code with New Extended Services Code (Minutes Required to Bill)	Visit with Both Add-on and Extended Services Code Added**	Current Prolonged Code Added (Minutes Required to Bill)*
New Patient	Level 2	\$76	\$130	\$143	\$197 (at 38 minutes)	\$210	
	Level 3	\$110					
	Level 4	\$167					
	Level 5	\$211	\$211		\$344 (at 90 minutes)		
Established Patient	Level 2	\$45	\$90	\$103	\$157 (at 34 minutes)	\$170	
	Level 3	\$74					
	Level 4	\$109					
	Level 5	\$148	\$148		\$281 (at 70 minutes)		

\*This is not a new code. The current prolonged service code, describing 60 minutes of additional time but billable after 31 minutes of additional time, is only billed approximately once per one thousand visit codes reported. It is paid at approximately \$133.

Physician groups have routinely complained to CMS that billing prolonged with any regularity tends to prompt medical review and is ultimately cost-prohibitive.

\*\*In cases where one could bill both the primary and specialized care add-on, there would be an additional \$13.

\*\*\*The dollar amounts included in this projection are based on 2019 payment rates; actual amounts in 2021 when the policy takes effect will differ.