

Family Practice CPT Cheat Sheet

E/M levels, preventive medicine, Annual Wellness Visits, chronic care management, and the bundling rules family practice billing teams need at their fingertips for 2026.

Most family practice revenue leakage traces to **under-coded E/M levels** (99213 billed when 99214 documentation supports it), **same-day E/M + preventive bundling** without modifier 25, and **Annual Wellness Visit confusion** with preventive E/M codes. This sheet covers where errors cost the most.

OFFICE & OUTPATIENT E/M VISITS

CPT/HCPCS	Description	Watch For
99202	New patient, straightforward MDM or 15-29 min	Newest 2021 MDM rules apply
99203	New patient, low MDM or 30-44 min	Time OR MDM, not both
99204	New patient, moderate MDM or 45-59 min	Most common new pt level
99205	New patient, high MDM or 60-74 min	Document high-complexity MDM
99211	Established patient, minimal — usually nurse-only	No MD presence required
99212	Established patient, straightforward MDM or 10-19 min	Often under-coded
99213	Established patient, low MDM or 20-29 min	Most common visit; default level
99214	Established patient, moderate MDM or 30-39 min	Bill when MDM supports — often missed
99215	Established patient, high MDM or 40-54 min	High-complexity established
99417	Prolonged outpatient E/M, each 15 min (add-on)	Use w/ 99205/99215 only

PREVENTIVE MEDICINE VISITS

CPT/HCPCS	Description	Watch For
99381	Preventive, new patient, age <1	Initial well-child
99382	Preventive, new patient, age 1-4	Well-child
99383	Preventive, new patient, age 5-11	Well-child
99384	Preventive, new patient, age 12-17	Adolescent
99385	Preventive, new patient, age 18-39	Young adult
99386	Preventive, new patient, age 40-64	Adult

CPT/HCPCS	Description	Watch For
99387	Preventive, new patient, age 65+	Senior (rarely used — use AWW)
99391	Preventive, established, age <1	Established well-child
99395	Preventive, established, age 18-39	Young adult annual
99396	Preventive, established, age 40-64	Adult annual
99397	Preventive, established, age 65+	Senior (use AWW for Medicare)

MEDICARE ANNUAL WELLNESS VISITS (AWV)

CPT/HCPCS	Description	Watch For
G0402	Initial preventive physical exam (IPPE), "Welcome to Medicare"	One-time, w/in 12 months of Part B start
G0438	Annual Wellness Visit (AWV), initial	First AWV after 12 months on Part B
G0439	Annual Wellness Visit (AWV), subsequent	Every 12+ months thereafter
G0444	Annual depression screening (add-on)	15 min, billable separately
G0442	Annual alcohol misuse screening, 15 min	USPSTF preventive
G0443	Brief alcohol counseling, 15 min	Follow-up to G0442
G0446	Intensive behavioral therapy CVD risk, 15 min	Annual coverage
G0447	Behavioral counseling for obesity, 15 min	22 visits/yr coverage
G0473	Group behavioral counseling for obesity, 30 min	Group version

CHRONIC CARE & TRANSITIONAL CARE MANAGEMENT

CPT/HCPCS	Description	Watch For
99490	CCM, first 20 min staff time, ≥2 chronic conditions, per month	Most common CCM code
99439	CCM, each additional 20 min staff time (add-on)	Add-on to 99490 — max 2 units
99491	CCM, first 30 min physician/QHP time, per month	MD-personally provided
99437	CCM, each additional 30 min MD/QHP time (add-on)	Add-on to 99491
99487	Complex CCM, first 60 min staff time, per month	Moderate-high complexity MDM required
99489	Complex CCM, each additional 30 min staff time	Add-on to 99487
99495	Transitional Care Management, moderate MDM, 14-day post-discharge	Bill w/in 30 days of discharge
99496	Transitional Care Management, high MDM, 7-day post-discharge	Higher acuity transitions
G2065	Remote physiologic monitoring (RPM) setup, education	RPM initial
99453	RPM device set-up & patient education	One-time per episode
99454	RPM device supply w/ daily recording or alerts, 30 days	Monthly recurring
99457	RPM treatment management, first 20 min/month	Time-based, MD/QHP
99458	RPM treatment management, each addl 20 min	Add-on to 99457

TELEHEALTH & BEHAVIORAL HEALTH INTEGRATION

CPT/HCPCS	Description	Watch For
99202-99215	Office E/M via telehealth — append modifier 95 + POS 10/02	PHE rules → permanent post-2024
G2010	Remote evaluation of patient-submitted video/image, 5-10 min	Asynchronous
G2012	Brief virtual check-in, 5-10 min, est. patient	Phone or audio-only
G2252	Brief virtual check-in, 11-20 min, est. patient	Extended virtual check-in
99421	Online digital E/M, 5-10 min cumulative over 7 days	Patient portal-based
99422	Online digital E/M, 11-20 min cumulative over 7 days	Patient portal-based
99423	Online digital E/M, 21+ min cumulative over 7 days	Patient portal-based
99492	Initial psychiatric collaborative care management, 70 min/month	CoCM model
99493	Subsequent psychiatric CoCM, 60 min/month	Recurring CoCM

CPT/HCPCS	Description	Watch For
99494	Add-on CoCM, each 30 min	Add-on to 99492/3

CRITICAL FAMILY PRACTICE MODIFIERS

Modifier	When to apply
25	Significant, separately identifiable E/M on same day as procedure or preventive visit. Critical when sick-visit E/M happens during a preventive — without it, the E/M bundles into the preventive for \$0.
59	Distinct procedural service. Use when two procedures (e.g., wound repair + I&D;) are at different sites/sessions. Prefer XE/XS/XP/XU subset modifiers when applicable.
33	Preventive services. Append when an otherwise diagnostic service is being delivered as a USPSTF Grade A or B preventive — ensures patient \$0 cost share under ACA. Common for screening colonoscopy converted from diagnostic.
95	Synchronous telemedicine service. Append to E/M codes (99202-99215) when visit is via real-time audio + video. Pair with POS 10 (home) or 02 (other than home).
24	Unrelated E/M during postoperative period of another procedure. Use when patient returns for an unrelated issue within a procedure's global period.
GT/93	GT = interactive audio + video telemedicine (legacy, some payers still require). 93 = audio-only telemedicine. Check payer policy — Medicare retired GT but some commercial plans want it.

Save this cheat sheet for your billing team.

Want a full family practice billing audit covering your last 90 days of E/M level distribution, AWV vs preventive bundling, CCM time tracking, and telehealth coding? AMS Solutions has handled primary care billing since 1992 — AAPC-certified, HIPAA-compliant, 100% U.S.-based. Email madison@ams-solutions.com or call 866-973-2221 for a no-obligation review.