

# Internal Medicine CPT Cheat Sheet

Office E/M levels, Medicare Annual Wellness Visits, chronic and transitional care management, advance care planning, behavioral health integration, and the telehealth rules internal medicine billing teams need at their fingertips for 2026.

Most internal medicine revenue leakage traces to **under-coded E/M levels** (99213 billed when 99214 documentation supports it), **CCM time logs that fall short of the 20-minute threshold**, and **AWV billed as a preventive E/M** (or vice versa). 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	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	Default level — often defaulted to when 99214 supported
99214	Established patient, moderate MDM or 30-39 min	Bill when 2+ stable chronic conditions managed
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
G2212	Prolonged outpatient E/M, each 15 min (Medicare add-on)	Medicare equivalent of 99417

## MEDICARE ANNUAL WELLNESS VISITS (AWV)

CPT/HCPCS	Description	Watch For
G0402	Initial preventive physical exam (IPPE), "Welcome to Medicare"	One-time, w/in 12 mo of Part B start
G0438	Annual Wellness Visit (AWV), initial	First AWV after 12 mo on Part B
G0439	Annual Wellness Visit (AWV), subsequent	Every 12+ months thereafter
G0468	FQHC visit including IPPE or AWV	FQHC only — wraps AWV into encounter rate
G0444	Annual depression screening (add-on)	15 min, billable w/ G0438/G0439

CPT/HCPCS	Description	Watch For
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	Up to 22 visits/yr
99497	Advance care planning, first 30 min	No cost-share when billed w/ AWW
99498	Advance care planning, each additional 30 min	Add-on to 99497

## CHRONIC CARE & TRANSITIONAL CARE MANAGEMENT

CPT/HCPCS	Description	Watch For
99490	CCM, first 20 min staff time, $\geq 2$ chronic conditions, per month	Most common CCM code — must hit full 20 min
99439	CCM, each additional 20 min staff time (add-on)	Add-on to 99490 — max 2 units/month
99491	CCM, first 30 min physician/QHP time, per month	MD-personally provided, not staff
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	Requires moderate-high MDM + care plan revision
99489	Complex CCM, each additional 30 min staff time	Add-on to 99487 only
99495	Transitional Care Management, moderate MDM, 14-day post-discharge contact	Face-to-face within 14 days of discharge
99496	Transitional Care Management, high MDM, 7-day post-discharge contact	Higher acuity; face-to-face within 7 days
G0511	RHC/FQHC general care management, 20+ min/month	RHC/FQHC equivalent for CCM/BHI

## ADVANCE CARE PLANNING & BEHAVIORAL HEALTH INTEGRATION

CPT/HCPCS	Description	Watch For
99497	Advance care planning, first 30 min face-to-face	Time-based; document start/stop
99498	Advance care planning, each additional 30 min (add-on)	Add-on to 99497
99492	Initial psychiatric collaborative care management (CoCM), 70 min/month	First month of CoCM episode
99493	Subsequent psychiatric CoCM, 60 min/month	Recurring CoCM months
99494	Add-on CoCM, each additional 30 min	Add-on to 99492 or 99493
99484	General Behavioral Health Integration (BHI), 20 min/month	Non-psychiatric BHI model
G2214	CoCM, 30 min initial or subsequent (Medicare brief CoCM)	Shorter CoCM episode

## TELEHEALTH & VIRTUAL CARE

CPT/HCPCS	Description	Watch For
99202-99215	Office E/M via telehealth — append modifier 95 + POS 10 or 11	POS 10 = patient home; POS 11 = office (in-person)
G2010	Remote evaluation of patient-submitted video/image, 5-10 min	Asynchronous, est. patient
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
99441-99443	Telephone E/M, 5-10 / 11-20 / 21-30 min (audio-only)	Coverage varies by payer post-PHE

**POS reminders:** POS 10 = telehealth provided in patient's home. POS 02 = telehealth other than patient's home. POS 11 = office (in-person). Pair POS 10/02 with modifier 95 on telehealth E/M.

## CRITICAL INTERNAL MEDICINE MODIFIERS

Modifier	When to apply
25	Significant, separately identifiable E/M on same day as procedure or AWW. Critical when a problem-focused E/M happens during a Medicare AWW — without it, the E/M bundles into the wellness visit for \$0.
59	Distinct procedural service. Use when two procedures are at different sites/sessions. Prefer XE/XS/XP/XU subset modifiers when applicable.
33	Preventive services. Append when an otherwise diagnostic service is delivered as a USPSTF Grade A or B preventive — ensures \$0 patient cost share under ACA.
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).
GT	Interactive audio + video telemedicine (legacy). Medicare retired GT in favor of 95 + POS, but some commercial plans still require GT — check payer policy.
24	Unrelated E/M during postoperative period of another procedure. Use when patient returns for an unrelated issue within a procedure's global period.
AI	Principal physician of record (Medicare). Append to initial hospital/SNF admit E/M when you are the admitting/attending of record — distinguishes you from consulting specialists.

## TOP 10 INTERNAL MEDICINE DENIAL REASONS

#	Denial Pattern	Fix
1	<b>99214 down-coded to 99213</b> by payer audit — missing 2 of 3 MDM elements (problems, data, risk)	Document number/severity of conditions managed, data reviewed (labs, records), and Rx management. Time-based coding (30-39 min) is a clean alternative.
2	<b>CCM (99490) denied — time under 20 minutes</b> in monthly log	Track staff time in EHR with start/stop timestamps. Don't bill the month unless you cleared 20 min.
3	<b>AWV (G0438/G0439) denied — billed within 12 months</b> of prior AWV or IPPE	Confirm last AWV/IPPE date in Medicare eligibility check before scheduling.
4	<b>Same-day E/M + AWV bundled</b> because modifier 25 not appended to the E/M	Append modifier 25 to the problem-focused E/M (99213/99214) when a separate medical issue is addressed during the AWV.
5	<b>TCM (99495/99496) denied — face-to-face visit not within 14 or 7 days</b> of discharge	Schedule the TCM face-to-face visit before discharge. Document interactive contact within 2 business days separately.
6	<b>CCM and TCM billed in the same calendar month</b>	These are mutually exclusive in the same month for the same patient. Pick one based on the higher-value service.
7	<b>99497 (Advance Care Planning) denied — not voluntary or time not documented</b>	Document patient/family voluntary participation and start/stop times for the 30-minute threshold.
8	<b>Telehealth E/M denied — missing modifier 95 or wrong POS</b>	Append modifier 95 and use POS 10 (patient home) or 02 (other location). POS 11 with mod 95 will deny.
9	<b>99492/99493 (CoCM) denied — psychiatric consultant time not documented</b>	CoCM requires a behavioral health care manager AND psychiatric consultant. Log both roles' time separately in care plan notes.
10	<b>G0444 (depression screening) denied — billed alone</b>	G0444 is an add-on to AWV (G0438/G0439). Bill it on the same claim, not on a separate date of service.

## Save this cheat sheet for your billing team.

Want a full internal medicine billing audit of your last 90 days — E/M level distribution, AWV vs. E/M bundling, CCM time-log compliance, TCM timing, and telehealth coding? AMS Solutions delivers:

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