



# E/M 2026 Updates and Optum Solutions

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E/M coding continues to apply to a wide range of services, including:



**Office and  
outpatient visits**



**Inpatient and  
observation visits**



**Emergency  
department, nursing  
facility, and  
home/residence  
visits**



**Prolonged and  
critical care  
services**

Simplifying E/M accuracy with Optum resources designed for every clinical workflow.

# 2026 Remote Physiologic Monitoring (RPM) CPT® Code Revisions and Structure



## Device Monitoring Periods

RPM codes now differentiate device monitoring into 2–15 days and 16–30 days within a 30-day cycle for clinical accuracy.



## Device Setup and Supply Codes

Code 99453 covers device setup and education; 99445 and 99454 define supply with data for short and longer monitoring durations.



## Tiered Treatment-Management

Treatment-management codes 99470, 99457, and 99458 reflect tiered time-based activities with required interactive communication.

The revisions improve reporting accuracy and distinguish device supply from clinician management activities in RPM.

# Additional codes were added to the list of telehealth services recognized by CMS

## New Procedure Codes Added

CMS added several procedure codes to the Medicare Telehealth Services List for CY 2026, including: 90849, 92622-92623, G0473, G0545

## Supervision (Audio-Video)

CMS continues to permit real-time audio-video to meet direct supervision requirements, except for services with 10- or 90-day global periods, which must still follow traditional supervision rules.



## Extension of Telehealth Flexibilities

Medicare extends pandemic-era telehealth flexibilities through 2027 ensuring continued remote care support for clinicians and patients.

## Frequency Limit Changes

CMS eliminated certain frequency limits for telehealth services, allowing clinicians to schedule follow-ups based on clinical need rather than administrative thresholds.

## Teaching Physician Virtual Presence

Teaching physicians may use virtual presence only in structured three-way encounters (teaching physician + resident + patient).

# Prolonged Services & 2026 Add-On Code Updates

## Use prolonged services when:

- The base E/M code has reached its required maximum time
- Thresholds are met (e.g., 69 minutes for 99215 + G2212)
- Total time and activities are clearly documented

## Avoid prolonged services when:

- Base-code time requirements are not fully met
- Time is estimated, rounded, or unclear
- A procedure is billed during the same encounter



CMS continues to allow the use of G2212 for prolonged office/outpatient visits and G0316–G0318 for prolonged services across inpatient/observation, nursing facility, and home/residence settings in 2026.

## 2026 CMS Update: G2211 Expansion

Beginning in CY 2026, CMS allows G2211 to be billed with home or residence E/M codes (99341 — 99345, 99347 — 99350). This expansion supports payment for complexity and the ongoing work involved in longitudinal primary care delivered in the home setting.



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## Optum E/M Resources

# Optum – E/M Auditing Tool

<p>Examination</p> <p>Risk/Complexity ▾</p> <p><input checked="" type="radio"/> MDM</p> <p><input type="radio"/> Time Based</p> <p>E/M</p>	<p>The total number of unique tests ordered, prior external notes reviewed from a unique source, or test results reviewed from a unique test ⓘ</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3 or more</p> <p><input type="checkbox"/> An assessment requiring an independent historian(s) ⓘ</p> <p><input type="checkbox"/> An independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) ⓘ</p> <p><input type="checkbox"/> A discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) ⓘ</p>	
	<p><b>Number and Complexity of Problems</b></p> <p><input type="radio"/> Minimal</p> <p><input type="radio"/> Low</p> <p><input type="radio"/> Moderate</p> <p><input type="radio"/> High</p>	<p><b>Number and Complexity of Problems</b></p> <ul style="list-style-type: none"> <li>• See the AMA CPT® book for full definitions of each problem, illness, or injury category.</li> <li>• New or established conditions may be addressed during the same encounter.</li> <li>• Symptoms may correspond to a specific diagnosis and do not necessarily represent a unique condition.</li> <li>• Comorbidities and underlying diseases are only considered if they are addressed, and they increase the amount and/or or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.</li> <li>• A presenting problem that is likely to represent a highly morbid condition can be considered when determining complexity, even when the final diagnosis is not highly morbid.</li> <li>• Multiple, less severe problems may add up to create a higher risk due to interaction.</li> <li>• The term "risk" relates to the risk from the condition itself and is distinct from the risk of the management.</li> </ul>
<p><input type="checkbox"/> MDM.Risk of Complications and/or Morbidity or Mortality of Patient Management [Minimal]</p> <p><input type="checkbox"/> Minor Surgery w/ No Risk Factors</p> <p><input type="checkbox"/> Physical or Occupational Therapy</p> <p><input type="checkbox"/> IV Fluids Without Additives</p> <p><input type="checkbox"/> Other Low Risk Testing or Treatment</p> <p><input type="checkbox"/> Prescription Drug Mgmt</p>		<p><b>MDM.Risk of Complications and/or Morbidity or Mortality of Patient Management</b></p> <p>Selection of the level of risk is based on the probability and/or consequences of an event. Consider the consequences of the problems addressed at the encounter when treated appropriately. The risk categories are defined by the usual behavior or thought processes of a provider in the same specialty. The risk of patient management criteria pertains to the patient management decisions made by the reporting provider as a part of the reported encounter. See the AMA CPT® book for more details of the elements used within the risk category.</p>

# Optum – E/M Auditing Tool

Optum | Optum LYNX Outpatient Charge Capture

Per the AMA: "Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty. Trained clinicians apply common language usage meanings to terms such as high, medium, low, or minimal risk and do not require quantification for these definitions (though quantification may be provided when evidence-based medicine has established probabilities)." For more information about E/M Guidelines refer to the AMA documentation: <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>

E/M Type	Home or Residence Services - New Patient (99341-99345) <span style="float: right;">Check Code Level</span>	
History	<b>MDM.Data [Minimal or None]</b>	
Examination	<p>The total number of unique tests ordered, prior external notes reviewed from a unique source, or test results reviewed from a unique test ⓘ</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3 or more</p>	
Risk/Complexity	<p><input type="checkbox"/> An assessment requiring an independent historian(s) ⓘ</p> <p><input type="checkbox"/> An independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) ⓘ</p> <p><input type="checkbox"/> A discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) ⓘ</p>	
E/M	<p><input checked="" type="radio"/> MDM</p> <p><input type="radio"/> Time Based</p>	
<b>MDM.Data</b> Click on the information icons to the left to see information for each MDM.Data element.		
<p><b>A unique test</b> can include laboratory, radiology, psychometric, or physiologic data. A test is defined by the CPT® code set. For example, 80047 [Basic metabolic panel (Calcium, ionized)] includes multiple lab components, but counts as one unique test. Multiple results of the same test (e.g., serial blood glucose testing) that are compared during an E/M service count as one unique test. Tests with overlapping elements (e.g., CBC with differential incorporates hemoglobin, CBC without differential, and platelet count) count as one unique test. A <b>unique source</b> includes a physician or other qualified health care professional in a distinct group or different specialty/subspecialty, or a unique entity. Review of all prior external note(s) from any unique source counts as one data element. ⓘ</p> <p>Examples of an independent historian include, but are not limited to, a spouse, witness, surrogate, guardian, or parent. This person provides additional history for a patient who cannot provide a complete or reliable history (e.g., dementia, developmental stage), or when a confirmatory history is needed. ⓘ</p> <p>The provider performs an independent interpretation of a test that was performed by another physician or other qualified health care professional. The test should be one where an interpretation or report is customary and has a defined CPT® code. This element does not apply when the provider reporting the E/M service is also reporting or has previously reported the test. ⓘ</p> <p>The provider discusses the management or test interpretation with an external physician, other qualified health care professional (QHP), or appropriate source. A discussion requires a direct, interactive exchange. An external physician or other QHP is one who is not in the same group practice or is in a different specialty/subspecialty. This includes licensed professionals practicing independently or a provider from a hospital, nursing facility, or home health agency. An appropriate source includes professionals who are involved in the management of the patient but are not health care professionals. Examples of appropriate sources include, but are not limited to, a teacher, lawyer, parole officer, or case manager. This element does not apply when the provider reporting the E/M service is also reporting or has previously reported services related to the discussion of management or test interpretation. ⓘ</p>		
<b>Number and Complexity of Problems</b>		
<p><input type="radio"/> Minimal</p> <p><input type="radio"/> Low</p> <p><input type="radio"/> Moderate</p> <p><input type="radio"/> High</p> <p><b>Number and Complexity of Problems</b></p> <ul style="list-style-type: none"> <li>See the AMA CPT® book for full definitions of each problem, illness, or injury category.</li> <li>New or established conditions may be addressed during the same encounter.</li> <li>Symptoms may correspond to a specific diagnosis and do not necessarily represent a unique condition.</li> <li>Comorbidities and underlying diseases are only considered if they are addressed, and they increase the amount and/or or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.</li> <li>A presenting problem that is likely to represent a highly morbid condition can be considered when determining complexity, even when the final diagnosis is not highly morbid.</li> <li>Multiple, less severe problems may add up to create a higher risk due to interaction.</li> <li>The term "risk" relates to the risk from the condition itself and is distinct from the risk of the management.</li> </ul>		

New

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E/M Type	Office or Other Outpatient Services - New Patient (99202-99205) <span>Check Code Level</span>	
History	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 or more	
Examination	<input type="radio"/> 3 or more	
Risk/Complexity	<input type="checkbox"/> An assessment requiring an independent historian(s) ⓘ <input checked="" type="radio"/> MDM <input type="radio"/> Time Based	
E/M	<input type="checkbox"/> A discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) ⓘ	
	<b>Number and Complexity of Problems</b> <input type="radio"/> Minimal <input checked="" type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High	<b>Number and Complexity of Problems</b> <b>2 OR MORE SELF-LIMITED OR MINOR PROBLEMS</b> or <b>1 STABLE, CHRONIC ILLNESS</b> or <b>1 ACUTE, UNCOMPLICATED ILLNESS OR INJURY</b> or <b>1 STABLE, ACUTE ILLNESS</b> or <b>1 ACUTE, UNCOMPLICATED ILLNESS OR INJURY REQUIRING HOSPITAL INPATIENT OR OBSERVATION LEVEL OF CARE</b> <ul style="list-style-type: none"> <li>• See the AMA CPT® book for full definitions of each problem, illness, or injury category.</li> <li>• New or established conditions may be addressed during the same encounter.</li> <li>• Symptoms may correspond to a specific diagnosis and do not necessarily represent a unique condition.</li> <li>• Comorbidities and underlying diseases are only considered if they are addressed, and they increase the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.</li> <li>• A presenting problem that is likely to represent a highly morbid condition can be considered when determining complexity, even when the final diagnosis is not highly morbid.</li> <li>• Multiple, less severe problems may add up to create a higher risk due to interaction.</li> <li>• The term "risk" relates to the risk from the condition itself and is distinct from the risk of the management.</li> </ul>
	<input type="checkbox"/> MDM Risk of Complications and/or Morbidity or Mortality of Patient Management [Minimal] <input type="checkbox"/> Minor Surgery w/ No Risk Factors <input type="checkbox"/> Physical or Occupational Therapy	<b>MDM Risk of Complications and/or Morbidity or Mortality of Patient Management</b> Selection of the level of risk is based on the probability and/or consequences of an event. Consider the consequences of the problems addressed at the encounter when treated appropriately. The risk categories

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	<b>Number and Complexity of Problems</b> <input type="radio"/> Minimal <input type="radio"/> Low <input checked="" type="radio"/> Moderate <input type="radio"/> High	<b>Number and Complexity of Problems</b> <b>1 OR MORE CHRONIC ILLNESSES WITH EXACERBATION, PROGRESSION, OR SIDE EFFECTS OF TREATMENT</b> or <b>2 OR MORE STABLE, CHRONIC ILLNESSES</b> or <b>1 UNDIAGNOSED NEW PROBLEM WITH UNCERTAIN PROGNOSIS</b> or <b>1 ACUTE ILLNESS WITH SYSTEMIC SYMPTOMS</b> or <b>1 ACUTE, COMPLICATED INJURY</b> <ul style="list-style-type: none"> <li>• See the AMA CPT® book for full definitions of each problem, illness, or injury category.</li> <li>• New or established conditions may be addressed during the same encounter.</li> <li>• Symptoms may correspond to a specific diagnosis and do not necessarily represent a unique condition.</li> <li>• Comorbidities and underlying diseases are only considered if they are addressed, and they increase the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.</li> <li>• A presenting problem that is likely to represent a highly morbid condition can be considered when determining complexity, even when the final diagnosis is not highly morbid.</li> <li>• Multiple, less severe problems may add up to create a higher risk due to interaction.</li> <li>• The term "risk" relates to the risk from the condition itself and is distinct from the risk of the management.</li> </ul>
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#### Release Notes December 1, 2023

11/29/2023

The release notes for recent application enhancements for the December 1, 2023 release are now available in 'What's New'.

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11/03/2023

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# EncoderPro – Additional E/M Resources

The screenshot displays the EncoderPro.com Expert interface. At the top, the Optum logo is on the left, and 'EncoderPro.com Expert | EncoderPro.com Plus' is on the right. Below the header, there are navigation tabs for 'Code Set Search', 'Image Search', 'Drug/Reimbursement.com Search', 'Index Only Search', and 'EncoderPro.com Plus Search'. A search bar contains 'Enter Term / Code' and a 'Search' button. A dropdown menu shows 'All Code Sets' and another dropdown shows 'Current'. Below the search bar, there are tabs for 'Coding', 'Policy Lookup', 'Reimbursement', and 'Optum P'. The main content area is titled 'Optum Specialty Articles' and features a search options section with checkboxes for 'Physician/Professional' and 'Facility', and search filters for 'Year', 'Specialty', and 'Article Type'. A list of specialties is shown on the left, with 'All Specialty' checked. The main article detail window is open, showing the following information:

**Article Detail**

**Date:** 11/06/2025  
**Title:** Medical Decision Making as the Key for E&M Coding with Psychotherapy Services  
**Article Type:** Article  
**Health care Type:** All Types  
**Source:** AMA CPT® book 2026; <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57480>; Evaluation and Management EM Codes and Psychotherapy-documenting your work; AMA CPT® Assistant, August 2022, 32-8  
**Abstract:** E&M services billed with psychotherapy must follow CPT® guidance by using MDM for E&M code selection, excluding psychotherapy time from E&M calculations, and ensuring separate documentation for both services.

**Article Text:**

When reporting Evaluation and Management (E&M) services in conjunction with psychotherapy, it is essential to follow CPT® and CMS guidelines to ensure accurate coding and compliance.

Psychotherapy services performed alongside E&M visits are reported using time-based add-on codes:

**90833** Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

**90836** Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

**90838** Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

These codes are time-based, but the time counted is only for the psychotherapy portion, not for the E&M service.

Per CPT® guidelines, the psychotherapy code should be selected based on the face-to-face time devoted exclusively to the psychotherapy intervention. Documentation must clearly indicate the start and stop times for psychotherapy, the techniques used, and the patient's progress and response. A separate diagnosis is not required when reporting both E&M and psychotherapy on the same date.

Unlike psychotherapy codes, E&M services in this scenario cannot be selected based on total time. CPT® coding conventions prohibit using time for E&M level selection when psychotherapy is performed concurrently because psychotherapy codes already account for time. Instead, Medical Decision Making (MDM) is the

Close

Below the article detail, a table shows search results:

2023	September 06	MLN901705, June 2023 <a href="https://www.cms.gov/files/document/mln901705-telehealth-services.pdf">https://www.cms.gov/files/document/mln901705-telehealth-services.pdf</a> , List of Telehealth Services	Telehealth Services After the Public Health Emergency	90833, 90834, 90836, 90837, 90838, 90839, 90840, 9
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# Q&A



# Thank you

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