



Patient-facing Encounter Codes

What are Patient-facing Encounters?

The Centers for Medicare and Medicaid Services (CMS) considers a patient-facing encounter as an instance in which a Merit-based Incentive Payment System (MIPS) eligible clinician billed for services such as general office visits, outpatient visits, and procedure codes under the Medicare Physician Fee Schedule.

What is the Patient-facing Encounter Codes List?

The list of patient-facing encounter codes is used to determine the non-patient facing status of MIPS eligible clinicians. Non-patient facing status is defined by ([§ 414.1305](#)):

- An individual MIPS eligible clinician who bills 100 or fewer patient-facing encounters during the non-patient facing determination period (including Medicare telehealth services defined in section [1834\(m\) of the Social Security Act](#)); or
- A group or virtual group who meet the definition of a non-patient facing individual MIPS eligible clinician during the non-patient facing determination period. A group or virtual group is defined as more than 75% of the clinicians billing under the group's taxpayer identification number (TIN) or within a virtual group.

The list of patient-facing encounter codes includes 2 general categories of codes: (1) Evaluation and Management Codes and (2) Surgical and Procedural Codes.

Evaluation and Management Codes capture clinician-patient encounters that occur in the office or other outpatient settings, hospital inpatient settings, emergency departments, and nursing facilities, in which clinicians use information provided by patients regarding their medical history, present illness, and symptoms to determine the type of assessments to conduct. Clinicians conduct assessments on the affected body area(s) or organ system(s) to make medical decisions that establish a diagnosis and appropriate selection of treatment and management option(s). Evaluation and Management Codes account for patient-facing encounters at the initial care level.

Surgical and Procedural Codes capture clinician-patient encounters that involve procedures, surgeries, and medical services clinicians conduct to treat medical conditions.

Both categories of patient-facing encounter codes (Evaluation and Management Codes and Surgical and Procedural Codes) describe direct services furnished by MIPS eligible clinicians, which directly impact patient safety, quality of care, and health outcomes.

For purposes of the non-patient facing policies under MIPS, the use of Evaluation and Management Codes as well as Surgical and Procedural Codes allows for accurate identification of patient-facing encounters and, thus, accurate eligibility determinations regarding non-patient facing status. As a result, MIPS eligible clinicians can use this list to determine their status as a non-patient facing clinician and then focus their preparation to meet requirements specific to non-patient facing MIPS eligible clinicians.

Questions?

Contact the Quality Payment Program (QPP) Service Center by email at QPP@cms.hhs.gov, create a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET).

- People who are hearing impaired can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.

Version History

Date	Change Description
1/20/2026	Original version