

## E/M Coding Changes 2021

Beginning January 1, 2021, changes to the Current Procedural Terminology (CPT®) code structure for office or outpatient evaluation and management (E/M) services will take effect. The Centers for Medicare & Medicaid Services (CMS) finalized these changes in the 2020 Medicare Physician Fee Schedule final rule. The new updates include revisions to the CPT descriptors for codes 99202-99215 and documentation standards. While private payers are not bound by CMS policy, they will likely adopt a similar coding structure.

The new documentation requirements will be based on the traditional subjective, objective, assessment, and plan format—in which physicians document what the patient was there for (subjective), what was learned from their history and exam (objective), what the physician assessed to be the problem, and the plan for resolving it.

### Key elements of the E/M office-visit overhaul include:

- Eliminating history and physical exam as elements for code selection. While significant to both visit time and medical decision-making, these elements alone should not determine a visit's code level.
- Allowing physicians to choose whether their documentation is based on medical decision-making or total time. This builds on the movement to better recognize the work involved in non-face-to-face services like care coordination.
- Changing medical decision-making criteria to move away from simply adding up tasks to instead focus on tasks that affect the management of a patient's condition.

\*\*For 2021, Office or other outpatient services include a **medically appropriate history and/or physical examination**, when performed. The nature and extent of the history and/or physical examination is determined by the provider reporting the service but is not an element in selection of the office or other outpatient LOS. The care team may collect information and the patient or caregiver may supply information directly (i.e., by portal or questionnaire) that is reviewed by the reporting provider.

Office or Other outpatient visits for the E&M of a **new** patient, which requires specific documentation of only the MDM component to determine LOS selected **or** Time:

CPT	History	AND / OR	Exam	MDM	Time	WRVU*
99201	<i>deleted</i>					
99202	<i>Medically Appropriate</i>		<i>Medically Appropriate</i>	Straightforward	15-29	0.93
99203	<i>Medically Appropriate</i>		<i>Medically Appropriate</i>	Low Level	30-44	1.60
99204	<i>Medically Appropriate</i>		<i>Medically Appropriate</i>	Moderate Level	45-59	2.30
99205	<i>Medically Appropriate</i>		<i>Medically Appropriate</i>	High Level	60-74	3.50
99xxx	Prolonged Services - for services 75 minutes or longer ( <i>in 15 min increments</i> )				75+	0.61

Office or Other outpatient visit for the E&M of an **established** patient, which requires specific documentation of only the MDM component to determine LOS selected **or** Time:

CPT	History	AND / OR	Exam	MDM	Time	WRVU*
99211	Minimal Problems				7	0.18
99212	<i>Medically Appropriate</i>		<i>Medically Appropriate</i>	Straightforward	10-19	0.70
99213	<i>Medically Appropriate</i>		<i>Medically Appropriate</i>	Low Level	20-29	1.30
99214	<i>Medically Appropriate</i>		<i>Medically Appropriate</i>	Moderate Level	30-39	1.92
99215	<i>Medically Appropriate</i>		<i>Medically Appropriate</i>	High Level	40-54	2.80
99xxx	Prolonged Services - for services 55 minutes or longer ( <i>in 15 min increments</i> )				55+	0.61

\*WRVUs are proposed... not finalized.

For 2021 time is defined as “total time spent on the day of the encounter”. Physicians will now be able to choose whether their documentation is based on MDM or total time. The definition of “time” is minimum time, not typical time, and represents total physician/qualified healthcare professional (QHP) time on the date of service.

<b>Total Duration of New Patient Office or Other Outpatient Services (use with 99205)</b>	<b>Code(s)</b>
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99XXX X 1
90-104 minutes	99205 X 1 and 99XXX X 2
105 or more	99205 X 1 and 99XXX X 3 or more for each additional 15 minutes.
<b>Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)</b>	<b>Code(s)</b>
less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99XXX X 1
70-84 minutes	99215 X 1 and 99XXX X 2
85 or more	99215 X 1 and 99XXX X 3 or more for each additional 15 minutes.

\*Providers are not allowed to include the activities performed by clinical staff members, such as taking vitals, in the time spent on the visit. The guidelines state that activities performed by clinical staff are NOT used to calculate time.

The table below shows the requirements for the 2021 established patient codes. \*Note the time required difference between the new patient and established patient codes.

Code	History/Exam	MDM	Total Minutes
99212	Medically appropriate history and/or examination	Straightforward	10-19
99213		Low	20-29
99214		Moderate	30-39
99215		High	40-54

# CPT E/M Office Revisions Level of Medical Decision Making (MDM)

## Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	<b>Minimal</b> • 1 self-limited or minor problem	<b>Minimal or none</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
99203 99213	Low	<b>Low</b> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	<b>Limited</b> <i>(Must meet the requirements of at least 1 of the 2 categories)</i> <b>Category 1: Tests and documents</b> • <b>Any combination of 2 from the following:</b> • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or <b>Category 2: Assessment requiring an independent historian(s)</b> <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	<b>Low risk of morbidity from additional diagnostic testing or treatment</b>
99204 99214	Moderate	<b>Moderate</b> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	<b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i> <b>Category 1: Tests, documents, or independent historian(s)</b> • <b>Any combination of 3 from the following:</b> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>Moderate risk of morbidity from additional diagnostic testing or treatment</b>  <i>Examples only:</i> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	<b>High</b> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	<b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i> <b>Category 1: Tests, documents, or independent historian(s)</b> • <b>Any combination of 3 from the following:</b> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or <b>Category 2: Independent interpretation of tests</b> • <b>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</b> or <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>High risk of morbidity from additional diagnostic testing or treatment</b>  <i>Examples only:</i> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

# References

- <https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>
- <https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx>
- <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f>
- <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/eval-mgmt-serv-guide-icn006764.pdf>