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Guide to 2021 Evaluation and Management Changes

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Guide to 2021 Evaluation and Management Changes

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Changes to Evaluation and Management Codes in 2021: Overview

As of **January 1, 2021**, there were significant changes to the office and outpatient Evaluation and Management (E&M) services (CPT ® codes 99202-99215) for both new and established patients. Practices, physicians, and staff must be aware of the modifications to avoid any disruption in reimbursement.

CPT ® code 99201 (new patient, level 1) will be deleted

CPT ® code 99201 is rarely reported by oncologists, and therefore its deletion should have a relatively minimal impact on oncology practices. CPT code 99211 (established patient, level 1) remains a reportable service.

History and examination will be removed as key components for selecting the level of E&M service.

Previously, history and exam were two of the three components used to select the appropriate E&M service. In 2021, history and exam are no longer used to select an E&M service, but still must be performed in order to report CPT ® codes 99202-99215.

Criteria for code selection

In 2021, E&M code selection is based on either 1) the level of medical decision making (MDM) OR 2) the time performing the service on the day of the encounter.

Definition of time

The definition of time associated with CPT ® codes 99202-99215 has been revised from the typical face-to-face time to total time spent on the day of the encounter. The total time corresponding to CPT ® codes 99202-99215 has been defined as specific intervals. For example, in order to report 99215, 40-54 minutes of total time must be spent on the date of the encounter. Currently, the time requirement for 99215 is “typically” 40 minutes.

Medical decision-making elements.

The medical decision-making elements associated with codes 99202-99215 consist of three components: 1) The number and complexity of problems addressed 2) Amount and/or complexity of data to be reviewed and analyzed AND 3) Risk of complications and or morbidity or mortality of patient management. In order to select a level of E&M service, two of the three elements must be met or exceeded. A new medical decision-making table further outlines the criteria for the E&M code level selection.

New Prolonged Services CPT Code

A new prolonged services code (with or without direct patient contact) has been created to describe a prolonged office and outpatient E&M service of 15 minutes beyond the total time of the primary E&M procedure (either CPT ® code 99205 or 99215). It can only be reported when the E&M service has been selected based on time alone (not medical decision making) AND only after the total time of a level 5 service (either 99205 or 99215) has been exceeded.

2021 Evaluation and Management Changes: Clarifications and Updates

In March 2021, American Medical Association issued errata and technical corrections further clarifying the original Panel intent for the current code structure.

Guidelines Common to All Evaluation and Management Services

Time

Time should not account for the following:

- Performance of other services that are reported separately.
  Example: care coordination as part of a care management service, professional interpretation of a test that can be billed. These would be billed under the appropriate CPT code, not the evaluation and management code.
- Travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient

Services Reported Separately

- The ordering and the actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in the determination of E/M levels if the professional interpretation of the studies is reported separately by the physician or other qualified health professional reporting the E/M service.

  Example: An x-ray done in the office and interpreted by the doctor would be billed under the appropriate CPT code and not counted in the E/M service.

- Tests that do not require separate interpretation (tests that are results only) and are analyzed as part of MDM (Medical Decision Making) do not count as independent interpretation but may be counted towards ordered or reviewed as part of selecting an MDM level.

  Example: Hemoglobin and glucose do not require independent interpretation, but the results are taken into consideration for medical decision making.

Number and Complexity of Problems Addressed at the Encounter

- Presenting problems that are likely to represent a highly morbid condition may contribute to the MDM even when the ultimate diagnosis is not highly morbid. The assessment and/or treatment should be consistent with the probable nature of the condition.

Example: A patient may present with lower extremity swelling requiring an ultrasound to rule out pulmonary embolism as they are at risk due to the treatment the patient is receiving. The decision was made to hold treatment until the PE is ruled out. This contributes to the MDM of the encounter.

Amount/Complexity of Data Reviewed and Analyzed

- Ordering a test may include those considered, but not selected after shared decision making. A patient may request diagnostic imaging that is not necessary for their condition and discussion of the lack of benefit may be required. Also, a test may normally be performed, but due to the risk for a specific patient the test is not ordered. These considerations must be documented.

  Example: A patient with known cancer has a lung nodule on imaging. A biopsy is determined to be needed but cannot be performed due to performance status of the patient. Physician would document the rationale and be considered in medical decision making.

Updated Definitions and Clarifications

Unique tests

- Defined by CPT® code set.
- Multiple results of the same test = 1 element
- Overlapping elements are not unique, even with distinct CPT ® codes.

Sources

- Physician/QHP in a different group.
- All materials from any one source = 1 element

Elements

- Combo of elements can be summed.

Risk of condition ≠ risk of management

Risk of patient management refers to risk from treatment

"Analyzed" refers to process of using data elements in the thought process for diagnosis, evaluation, or treatment of patient.

Pulse oximetry not a test for the purposes of data elements reviewed and analyzed.

What constitutes a discussion?

Discussions are

Interactive.

Provider to provider

In a short timeframe after a visit. (1-2 days)

Counted once in MDM

Discussions are not

Notes/exchanges within progress notes.

Always on the date of encounter.

Required to be in person.

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What qualifies as an independent historian?

Independent historian: must be obtained directly from historian, but not necessarily in person. Document why independent history is needed.

What are the surgery criteria?

Elective
Planned in advance

Emergent
Performed immediately or without delay

- Includes minor and major procedures
- Defined by common meaning, not surgical package classification
- Risk factors are relevant to patient and procedure
- Evidence-based risk factors can be used in assessing risk (not required).

Common Errors

Counting time

- Do not count time that is not on the date of service, i.e., chart prep the day before the encounter.

Cancer = High Complexity

- Cancer does not always constitute a high level of complexity
- The current condition must pose an acute threat to life or bodily function (i.e., consideration of admission).

Social Determinants of Health

- A patient's SDOH may be considered in determining the risk of complications/morbidity.

Intensive Monitoring for Toxicity

- A chemotherapy patient requiring labs before chemotherapy does not necessarily constitute drug therapy requiring intensive monitoring for toxicity.
- If the testing is to check for therapeutic efficacy or is routine in nature, the monitoring does not meet criteria.
- The drug in question must have risk of serious morbidity or death.

Resources

Errata and technical corrections in CPT® 2021 (ama-assn.org)

2021 Evaluation and Management Changes: Selecting a Code Based on Time

Starting on **January 1st, 2021**, providers may select the level of office and outpatient Evaluation and Management (E&M) services based on either **Time** or **Medical Decision Making**.

Using Time to Select an E&M Code

Prior to 2021, the definition of time associated with CPT ® codes 99202-99215 was based on the typical *face-to-face* time the physician/qualified health care professional (QHP) spent on the day of the encounter. In 2021 the definition is based on the **total** time (face-to-face and non-face-to-face) spent by a physician/qualified health care professional (QHP) on the day of the encounter. The time-related rule requiring 50% of the visit be spent on counseling and/or coordination of care to report the service based on time will no longer be applicable as of 2021.

The definition of time will include ***both*** face-to-face and non-face-to face activities performed by the physician or qualified healthcare professional on the date of the encounter. It does not, however, include time in activities that are normally performed by clinical staff. This is a significant departure from E&M guidelines which only allowed for face-to-face time be counted.

Current (Prior to January 1st, 2021)	January 1st, 2021
Time may only be used/selected if 50% of the encounter is spent on counseling and/or coordination of care.	Time can be used to select an E&M code whether or not counseling and/or coordination of care dominates the visit.
Time is based on only face to face activities on the date of service.	Time includes are both face to face and non-face to face activities on the date of service
Time criteria is based on a *typical* time for the level of service.	Time is based on defined intervals of time.

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Activities that count towards time

- ☑ Preparing to see the patient (e.g., review of tests)
- ☑ Obtaining and/or reviewing separately obtained history
- ☑ Ordering medications, tests, procedures
- ☑ Referring and communicating with other health care professionals
- ☑ Documenting clinical information in the electronic or other health record
- ☑ Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- ☑ Care coordination

Total Time Intervals

The intervals of total time corresponding to CPT ® codes 99202-99215 are defined in the table below for 2021 (and beyond). For example, to report 99215, 40 to 54 minutes of total time must be spent on the date of the encounter.

2021 Time Intervals: CPT ® Codes 99202-99215			
New Patient		Established Patient	
Code	***Time***	***Code***	***Time***
99202	15-29 min	99211	N/A
99203	30-44 min	99212	10-19 min
99204	45-59 min	99213	20-29 min
99205	60-74 min	99214	30-39 min
		99215	40-54 min

Split/Shared Visits

In circumstances where the physician and qualified healthcare professional each perform the face-to-face and non-face to face work for a visit, the time spent by each is summed for the total time. For example, a physician spends five minutes of time with an established patient and a physician assistant spends 25 minutes on the date of the encounter. The total time of the visit would be 30 minutes (5 + 25); and therefore, CPT code 99214 (30 to 39 minutes) would be selected per the new time intervals.

Resources

CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes

Selecting an E/M Code Based on Medical Decision Making in 2021

Starting on **January 1st, 2021**, providers may select the level of office and outpatient Evaluation and Management (E/M) services based on either Time or **Medical Decision Making**.

Medical decision making is currently part of the Evaluation and Management selection components. However, changes have been made to the key elements of medical decision making (listed below) and the criteria for selection, which are described in a new medical decision-making table.

Key Elements of Medical Decision Making

The medical decision-making elements associated with codes **99202-99215** will consist of three components:

1) Problem: The number and complexity of problems addressed

2) Data: Amount and/or complexity of data to be reviewed and analyzed

3) Risk: Risk of complications and or morbidity or mortality of patient management.

In order to select a level of an E/M service, **two** of the **three** elements of medical decision making must be **met or exceeded**.

Medical Decision-Making Definitions

The new guidelines provide updated definitions of the elements of medical decision making. It is important to understand these definitions to ensure you are selecting the appropriate CPT code.

Minimal problem: A problem that may not require the presence of the physician or other qualified health care professional, but the service is provided under the physician's or other qualified health care professional's supervision (see 99211).

Self-limited or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

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Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient.

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered.

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity.

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, which poses a threat to life or bodily function in the near term without treatment.

A full list of definitions can be found in the "CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and
Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes"

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2021 Medical Decision-Making Table

A new medical decision-making table was created to provide guidelines for E/M code level selection in 2021. The full table can be found in the linked source. Documentation should support the E/M service chosen. Refer to CPT® Evaluation and Management (E/M) Office or Other Outpatient and Prolonged Services Code and Guideline Changes.

Features of the 2021 Medical Decision-Making Table

Column 1	Column 2	Column 3	Column 4	Column 5
CPT ® Code	Level of Medical Decision Making	Number and Complexity of Problems Addressed	Amount and Complexity of Data to Be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
The far-left hand column contains CPT ® codes 99202-99205 and 99211-99215.	Four levels of medical decision making are recognized. Each office and outpatient E/M service correspond to a specific level of medical decision making. The four levels of medical decision making are: ▪ Straightforward (99202 and 99212) ▪ Low (99203 and 99213) ▪ Moderate (99204 and 99214) ▪ High (99205 and 99215)	During an encounter with the patient, multiple new or established conditions may be addressed. Several symptoms or conditions may be related to a specific diagnosis but are not always unique conditions. Comorbidities and underlying diseases are not considered in determining the level of MDM *unless* they are addressed at the encounter and contribute to the amount and complexity of data to be reviewed. The final diagnosis may not determine complexity or risk. For example, the evaluation of multiple, but low severity	Data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. It also includes information obtained from multiple sources or interprofessional communications that are not separately reported, and interpretation of tests not separately reported. Ordering a test is part of the category of “test result(s)” and the review of the test result is part of the same encounter and not a subsequent encounter. Each level of medical decision making contains 1-3 qualifying categories of amount and complexity of data to be reviewed and analyzed. Category 1: Tests and documents Category 2: Assessment requiring independent historian (level 3) OR	This includes the possible management options selected and those considered, but not necessarily selected, after shared medical decision making with the patient and/or family.

		symptoms may create higher risk due to interaction.	independent interpretation of tests (level 4 or 5) Category 3: Discussion and management or test interpretation.	

Selecting an E/M Code Using the 2021 Medical Decision-Making Table

Step 1: Problem- Select the applicable number and complexity of problems addressed at the encounter.

Code	Level of MDM	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	**Straightforward**	**Minimal** ☐ 1 self-limited or minor problem
99203 99213	**Low**	**Low** ☐ 2 or more self-limited or minor problems OR ☐ 1 stable chronic illness OR ☐ 1 acute, uncomplicated illness or injury
99204 99214	**Moderate**	**Moderate** ☐ 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
99205 99215	**High**	**High** ☐ 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

Step 2: Data- Select the amount and/or complexity of data to be reviewed and analyzed. *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1.

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed
99211	N/A	N/A
99202 99212	**Straightforward**	**Minimal or none**
99203 99213	**Low**	**Limited** (*Must meet the requirements of at least 1 of the 2 categories*) **Category 1: Tests and documents** Any combination of 2 from the following: ☐ 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** **Category 2: Assessment requiring an independent historian(s)** (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
99204 99214	**Moderate**	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** Any combination of 3 from the following: ☐ 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**

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed
		Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **OR** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
99205 99215	**High**	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** Any combination of 3 from the following: • 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** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **OR** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care • professional/appropriate source (not separately reported)

Step 3: Risk- Select the risk of complications and/or morbidity or mortality of patient management.

Code	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A
99202 99212	**Straightforward**	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	**Low**	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	**Moderate**	Moderate risk of morbidity from additional diagnostic testing or treatment
99205 99215	**High**	High risk of morbidity from additional diagnostic testing or treatment

Step 4: Put the selections together to determine the appropriate E/M code selection and level. Example:

		Elements of Medical Decision Making		
Code	**Level of MDM (Based on 2 out of the 3 elements of MDM)**	**Number and Complexity of Problems Addressed**	**Amount and/or Complexity of Data to be Reviewed and Analyzed**	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
99211	N/A			
99202 99212	Straightforward			
99203 99213	Low			☑ Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	☑ 1 undiagnosed new problem with uncertain prognosis;	**Category 1: Tests, documents, or independent historian(s)** ☑ Review of prior external note(s) from each unique source*; ☑ Review of the result(s) of each unique test*; ☑ Ordering of each unique test*;	
99205 99215	High			

Selection: The appropriate code level to select would be 4 (99204 or 99214), as two of the three elements of medical decision making were met in that category.

Resources

American Medical Association

CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes

Table 2 – CPT E/M Office Revisions Level of Medical Decision Making (MDM)

Revisions to the CPT E/M Office Visits: new Ways to Report Using Medical Decision Making (MDM)

Using MDM criteria to document an office visit

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2021 Evaluation and Management Changes: New Prolonged Services Code

A major component of the 2021 Evaluation and Management (E/M) changes is the introduction of CPT ® code 99417 and HCPCS code G2212 effective January 1st, 2021. Both codes reflect a "prolonged office or other evaluation and management services that requires at least 15 minutes or more of total time either with OR without direct patient contact on the date of the primary E&M service (either CPT® codes 99205 or 99215)".

CPT ® Code Description for 99417

99417-Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services.)

CPT ® 99417 Code Reporting

CPT ® code 99417 may only be reported in conjunction with 99205 or 99215 if the codes were selected based on the time alone and not medical decision making. A service of less than 15 minutes should not be reported.

Total Duration of a New Patient Office or Other Outpatient Level 5 Service (99205)		**Total Duration of an Established Patient Office or Other Outpatient Level 5 Service (99215)**	
Time	Codes	Time	Codes
Less than 75 minutes	Not reported	Less than 55 minutes	Not reported
75-89 minutes	99205 and 99417 (1x)	55-69 minutes	99215 and 99417 (1x)
90-104 minutes	99205 and 99417 (2x)	70-84 minutes	99215 and 99417 (2x)
105 or more	99205 and 99417 (3x or more for each additional 15 min)	85 or more	99215 and 99417 (3x or more for each additional 15 minutes)

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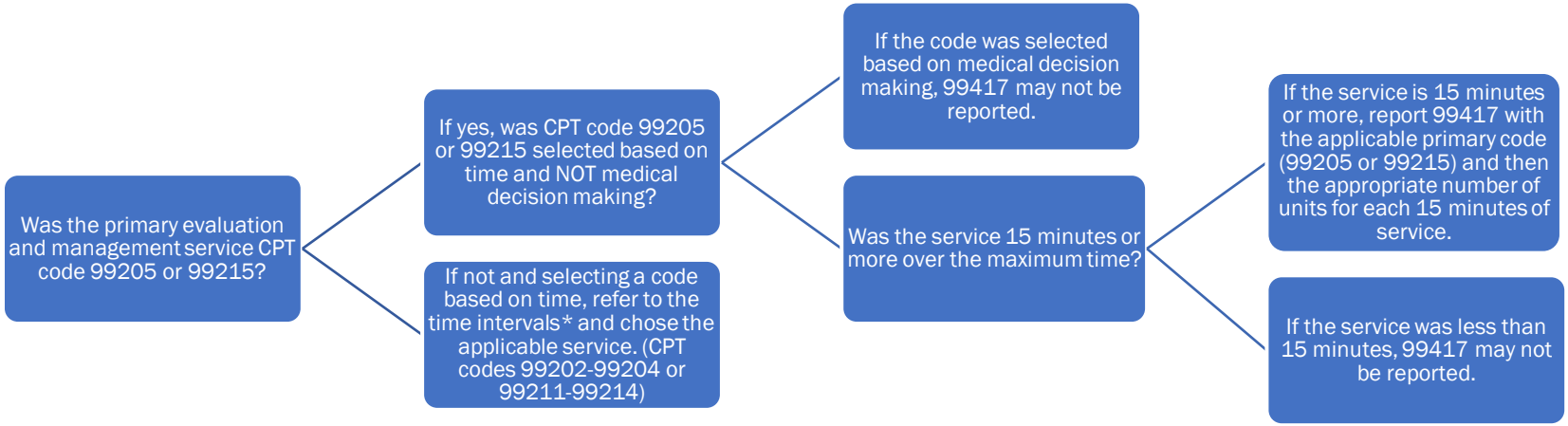
Decision Tree for CPT Code 99417



Reporting Example

A physician spends 84 minutes with a patient on the date of an office or other outpatient visit.

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Minutes	Code Reported	Notes
54	99215	40-54 minutes of total time is spent on the date of the encounter; report 99215 once to account for the maximum number of minutes.
15	99417	Report 2 units of 99417 for each additional 15- minute increment.
15	99417	
84	**Total Minutes**	

Disclaimer: The above illustration is based on the example provided in the "CPT ® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99417) Code and Guideline Changes."

Additional Changes to Prolonged Services Codes

There have also been amendments to the guidelines for other prolonged services codes 99354-99357 and 99358-99359.

Since CPT code 99417 was created to describe a 15-minute prolonged office or other evaluation and management services (with OR without direct patient contact), CPT codes 99354 and 99358 can no longer be reported with CPT codes 99201-99215 in 2021.

If CPT codes 99202-99204 and 99211-99214 are chosen based on time ("2021 Evaluation and Management Changes: Selecting a Code Based on Time"), the E&M service would be selected based on the appropriate time intervals. If a prolonged service occurs past the intervals for 99205 and 99215, then CPT code 99417 would be reported for each 15-minute unit of service.

Resource

CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99417) Code and Guideline Changes