

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.

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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.

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Updated Definitions and Clarifications



Risk of condition \neq 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.

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.

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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.

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.

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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).

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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 \(ama-assn.org\)](https://www.ama-assn.org)

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