

Coding spotlight: Overview of the 2021 evaluation and management changes

Published: Apr 1, 2021 - State & Federal / Medicaid

Why are these changes necessary?

Changes are meant to simplify code selection criteria, make coding more clinically relevant and to reduce documentation overload for office-based evaluation and management (E/M) services, while continuing to differentiate payment based on complexity of care.

-

Key elements of major revisions for 2021:

- Physicians may choose their documentation based on **medical decision making (MDM)** or **total time** (including non-face-to-face services).
- History and exam are still important parts of the notes and may contribute to both time and MDM, but they will no longer be scored for determining the level of the E/M visit.
- MDM criteria has moved away from simply adding up tasks to instead focusing on tasks that affect the management of a patient's condition.
- Code 99201 was deleted.
- Codes 99202 to 99215 were revised.

Changes to time documentation

Time will now be defined as the **total** time spent by the provider (both face-to-face and time spent on non-face-to-face activities related to this patient's visit performed on the same day as the visit). This may include the services listed below but should not include time spent on separately billable services (such as X-ray interpretation).

Effective January 1, 2021:

- The total time spent must be documented clearly by the provider for the E/M level to be determined by time and does not include ancillary staff time.
- Time will no longer need to be dominated by counseling.
- All time used for leveling the E/M must be on the same day as the face-to-face visit.

-
Services included in total time:

- Preparing for the visit (for example, reviewing test results)
- Obtaining and/or reviewing separately obtained history
- Performing a medically necessary examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering tests, medications, prescriptions or procedures after the visit
- Referring and communicating with other health care professionals (when not reported separately)
- Documenting clinical information in the patient's medical record
- Independently interpreting results (not separately reportable) and communicating results to the patient/family/caregiver
- Care coordination (not separately reportable)

New patient E/M code	Typical time (2020)	Total time (2021)
99201	10 minutes	Code deleted
99202	20 minutes	15 to 29 minutes
99203	30 minutes	30 to 44 minutes
99204	45 minutes	45 to 59 minutes
99205	60 minutes	60 to 74 minutes

Established patient E/M code	Typical time (2020)	Total time (2021)
99211	5 minutes	Time component removed
99212	10 minutes	10 to 19 minutes
99213	15 minutes	20 to 29 minutes
99214	25 minutes	30 to 39 minutes
99215	40 minutes	40 to 54 minutes

Prolonged office services

2021 changes include addition of a new add-on code (**currently labeled 99417**) for prolonged office visits *when time is used for code level selection*, including face-to-face and non-face-to-face provider time of at least 15 additional minutes on the same date of service for level five office visits (99205, 99215).

Medical decision making (MDM)

Using the new MDM table, medical decision making for office/outpatient visits will be based on meeting (or exceeding) two out of three categories:

MDM must meet two out of three elements				
Code	Level 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	N/A	N/A	N/A
99202 99212	Straightforward	Minimal	Minimal or none	Minimal
99203 99213	Low	Low	Limited	Low
99204 99214	Moderate	Moderate	Moderate	Moderate
99205 99215	High	High	Extensive	High

Number and complexity of problems addressed at the encounter:

- **Straightforward:** One self-limited or minor problem
- **Low:** Two or more self-limited or minor problems; one stable chronic illness, one acute, uncomplicated illness or injury
- **Moderate:** One or more chronic illnesses with exacerbation, progression or side effects of treatments; two or more stable chronic illnesses; one undiagnosed new problem with uncertain prognosis; one acute illness with systemic symptoms; one acute complicated injury
- **High:** One or more chronic illnesses with severe exacerbation, progression or side effects of treatment; one acute or chronic illness or injury that poses a threat to life or bodily function.

Amount and/or complexity of data to be reviewed and analyzed

The 2021 guidelines list three categories for data:

1. Tests, documents or independent historians.
2. Independent interpretation of tests
3. Discussion of management or test interpretation.

- **Straightforward:** Minimal or none
- **Low** (one category required):
 - Two tests/documents or independent historian
- **Moderate** (one category required):
 - Three tests, documents and/or independent historian
 - Independent interpretation of a test
 - Discussion of management or test interpretation
- **High** (two categories required):
 - Three items between documents and independent historian
 - Independent interpretation of a test
 - Discussion of management or test interpretation

Risk of complications and/or morbidity or mortality of patient management

For the purposes of MDM, level of risk is based upon the consequences of the problem(s) addressed at the encounter *when appropriately treated*. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization:

- **Minimal:** Rest, gargle, elastic bandages, superficial dressings
- **Low:** OTC drugs, physical therapy, minor surgery with no identified risk factors, IV fluids without additives
- **Moderate:** Management of a prescription drug, minor surgery with identified risk factors, decision regarding major surgery without identified risk factors, diagnosis or treatment

- **High:** Need to discuss higher risk problems that could happen for which physician or other qualified health care professional will watch or monitor.

Tips to prepare your practice for E/M office visit changes:

- Identify project lead
- Schedule team preparation time
- Update practice protocols
- Consider coding support
- Review business liability coverage
- Guard against fraud/abuse
- Update compliance plan
- Check with your electronic health record (EHR) vendor
- Assess financial impact
- Understand medical liability coverage

Resources:

1. CPT® Professional Edition, 2021. AMA
2. AMA Elements of Medical Decision Making. <https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>
3. AMA Press Release 2021 CPT code set. <https://www.ama-assn.org/press-center/press-releases/ama-releases-2021-cpt-code-set>
4. Major E/M Changes Coming Soon. Are you prepared? <https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx>

URL: <https://providernews.anthem.com/indiana/article/coding-spotlight-overview-of-the-2021-evaluation-and-management-changes-4>

Featured In:

April 2021 Anthem Provider News - Indiana

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of

State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.
