# Coding spotlight: Overview of the 2021 evaluation and management changes

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**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<br>99212 | Straightforward | Minimal | Minimal or none | Minimal |
| 99203<br>99213 | Low | Low | Limited | Low |
| 99204<br>99214 | Moderate | Moderate | Moderate | Moderate |
| 99205<br>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



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