Evaluation & Management (E/M) Services Guidelines

- Effective Date: January 1, 2021 (latest technical updates announced on March 9, 2021)
- Impacted Codes: 99201-99215
  - Deleted Code effective 1/1/2021: 99201
- New Codes Introduced:
  - 99417 (only reported in conjunction with CPT 99205 and 99215)
- What Changed?
  - From 1995 to 2020, E&M was selected based on patient history; exam and medical decision making.
  - Starting January 1, 2021, E&M will be selected based on medical decision making and/or the amount of time spent in the visit.
- Why Change Documentation/Coding Requirements? CMS launched the Patients over Paperwork initiative in 2017 to reduce documentation overall and provide more time with patients.

Decision-Making Guide for Appropriate E&M Selection

Primary Decision-Making Driver: Medical Decision Making

The three categories for determining MDM has been updated with more specific definitions. Below is a comparison of guidelines through 2020 and guidelines established for 2021:

1992 -2020	2021
Number of diagnoses or treatment option	Number and complexity of problems addressed during the visit
Amount and/or complexity of data to be reviewed	The amount and/or complexity of data to be reviewed and analyzed
Risk of complications and/or morbidity or mortality – based on the risk associated with presenting problem(s), diagnostic procedure(s), and possible management options	The risk of complications, morbidity, and/or mortality of patient management – further defined as being based on patient management decisions made at the visit, associated with the patient's problem(s), diagnostic procedure(s) and treatment(s)

For greater clarity, below is the full table from the AMA guidance on the "Elements of Medical Decision Making"

Code	Level of MDM (based on 2 out of 3 elements of MDM)	Number and Complexity of Problems Address	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing and treatment
99203 99213	Low	Low *2 or more self-limited or minor problems Or *1 stable chronic illness Or *1 acute, uncomplicated illness or injury	Limited (must meet the criteria of at least 1 of the 2 categories) *Category 1: Tests & Documents (any two): *Review of prior external notes from unique source (s) *Review of the results of each unique test *Ordering of each unique test *Category 2: Assessment requiring an independent historian	Low risk of morbidity from additional diagnostic testing or treatment

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Code	Level of MDM (based on 2 out of 3 elements of MDM)	Number and Complexity of Problems Address	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity of Patient Management
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 diagnosis Or *1 acute complicated injury	Moderate (must meet the criteria of at least 1 of the 3 categories) *Category 1: Tests & Documents (any two): *Review of prior external notes from unique source(s) *Review of the results of each unique test *Ordering of each unique test *Assessment requiring an independent historian(s) *Category 2: Independent Interpretation of Tests Or *Category 3: Discussion of Management or Test Interpretation with external physician/other qualifies healthcare professional	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: *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

Code	Level of MDM (based on 2 out of 3 elements of MDM)	Number and Complexity of Problems Address	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity of Patient Management
99205 99215	High	High *1 or more chronic illnesses with exacerbation; progression; or side effects of treatment; Or *1 acute or chronic illness or injury that poses a threat to life or bodily function.	Extensive (must meet the criteria of at least 2 of the 3 categories) *Category 1: Tests & Documents (any combination of three of the following) *Review of prior external notes from unique source(s) *Review of the results of each unique test *Ordering of each unique test *Assessment requiring an independent historian(s) *Category 2: Independent Interpretation of Tests Or *Category 3: Discussion of Management or Test Interpretation With external physician/other qualified healthcare professional	High risk of morbidity from additional diagnostic testing or treatment Examples: *Drug therapy requiring intensive monitoring for toxicity *Decision regarding major elective 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

Below are two examples comparing differences between current guidelines and those being implemented in 2021:

- Patient presents with an acute fever, abdominal pain, and painful urination for two days. The provider documents the medical history and exam. The provider orders a urine analysis, which comes back positive and prescribes an antibiotic.
  - In 2020, we would give three diagnosis points for a new problem with no additional workup. For data, one point for ordering the urine analysis, and table of risk would be moderate for prescription drug management. The E/M level assigned to this would be 99214.
  - With this same scenario using the 2021 MDM table, the problem is acute and uncomplicated, the amount of complexity is limited, and risk of management falls under "moderate" due to prescription drug management. Applying two of three MDM elements with 2021 guidelines, the level of service supported would be 99213.
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- Now let's consider an established patient who has a follow up office visit for asthma management. The provider documents a medically appropriate history and exam and reviews an independent interpretation of a pulmonary function test. The provider makes a change to current medication and sends to the pharmacy.
  - Utilizing the 2020 scoring tool, we would assign one point for the stable chronic diagnosis, two points for the independent interpretation of the PFT test, and risk would be moderate. Overall, this would be a low complexity and the E/M level would score to a 99213.
  - In the 2021 MDM table, the number and complexity of the problem addressed meets one stable chronic illness, which supports a low level. The provider reviewed and independently interpreted tests which falls under a moderate level for amount and/or complexity of data. Finally, the risk of complication is moderate due to prescription drug management. Since we have two elements that would be categorized as moderate, this would support the assignment of 99214.

The outcome of many visits will change in 2021 due to the history and exam no longer being a factor.

The revised Rule has also introduced some social determinants of health (SDOH) as valid risks of complications, potentially elevating the risk level of visits due to underlying conditions. SDOH typically include homelessness, food insecurity, and economic insecurity. Capturing SDOH via ICD-10-CM diagnosis codes (e.g., Z59.0 for homelessness or Z59.5 for extreme poverty) may help support a more complex MDM.

Secondary Decision-Making Driver: Total Time Spent

In 2021, time will be defined as total time spent, including non-face-to-face work done on that day, and will no longer require time to be dominated by counseling with the patient. Pre- and post-time (time spent before or after meeting with the patient), and time spent meeting with the patient during the visit will be calculated within the overall time spent. For example, this would include communication with a referring physician and ordering tests for the same calendar day. Please note that only the billing professional's time is counted; other clinical staff time is excluded from the time count. The new guidelines establish the standard time threshold for each of these codes:

CPT Code	2020- New Patient	2021- New Patient	2020- Established Patient	2021- Established/ Patient
992_1	Deleted	X	5 minutes	Time component removed
992_2	20 minutes	15-29 minutes	10 minutes	10-19 minutes
992_3	30 minutes	30-44 minutes	15 minutes	20-29 minutes
992_4	45 minutes	45-59 minutes	25 minutes	30-39 minutes
992_5	60 minutes	60-74 minutes	40 minutes	40-54 minutes

Prolonged Service Codes to Be Utilized Only If E&M Selection Is Based On Total Time Spent

Beginning in 2021, there will be a new code for reporting prolonged service with an office visit. The new prolonged service CPT code 99417 will be in increments of 15 minutes. The revised guidelines include prolonged service codes to be reported only when the visit is based ***on time*** and after the total time of the highest-level service (e.g., 99205, 99215) has been exceeded.

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 (1) Unit	55-69 minutes	99215 and 99417 (1) Unit
90-104 minutes	99205 and 99417 (2) Unit	70-84 minutes	99215 and 99417 (2) Unit
105 or more minutes	99205 and 99417 (3 unit or more for each additional 15 min.)	85 or more minutes	99205 and 99417 (3 unit or more for each additional 15 min.)

Medicare has assigned a status indicator of invalid to code 99417, and developed a HCPCS code to replace it, G2212. If using either code, only report it with codes 99205 and 99215, use only clinician time, and use it only when time is used to select the code.