

New Coding You Should Have Implemented by Now

Codes 99201-99215

Went into effect 1/1/2021

Today is June 5th!

Gary N. Gross, M.D.

No Relevant Disclosures

Learning Objectives

- Upon completion of this learning activity, participants should be able to:
 - Understand the two major components when choosing an EM code
 - Record correct documentation for coding
 - Access sites to answer future questions



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Target Audience: Medicare Fee-For-Service Providers

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NOTE: The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

ICD-10-CM, ICD-10-PCS, CPT, AND HCPCS CODE SETS



Codes Affected in 2021

- New patient office visits
 - Level 2-5 (level 1 deleted)
 - 99201-99205
- Follow up patient office visits
 - Level 2-5
 - 99212-99215
- NB: Definition of New Patient

New Patient: An individual who did not receive any professional services from the physician/non-physician practitioner (NPP) or another physician of the same specialty who belongs to the same group practice within the previous 3 years.

Determine Level of Service

- **Time**
- **Medical Decision Making**
- Must still complete medically appropriate history and/or physical exam but they do not determine level of service (CPT code to be used)



TIME

- Time is inclusive of all time spent by physician or other qualified health professional (QHP) for patient the date of face-to-face visit
- Time includes non face-to-face time
- Time is defined in increments
- If time exceeds level 5, add-on codes can be used (prolonged service)

TIME

- Face-to-face with physician or other QHP is required but non face-to-face time for prolonged service counts
 - Review of tests
 - Obtain history or review separately obtained history
 - Medically appropriate exam or evaluation
 - Counseling and educating patient/family/caregiver
 - Ordering tests, medication, procedures
 - Referring and communicating with other HCP
 - Documenting in electronic or other health record
 - Independently interpreting result and communicating results to patient/family/caregiver

Time to Determine Level

- **99202** 15-29 minutes of total time is spent on the date of the encounter.
- **99203** 30-44 minutes
- **99204** 45-59 minutes
- **99205** 60-74
- For services 75 minutes or longer, see Prolonged Services

- **99212** 10-19 minutes
- **99213** 20-29 minutes
- **99214** 30-39 minutes
- **99215** 40-54 minutes
- For services 55 minutes or longer, see Prolonged Services

A complicated patient

- The complicated patient with extensive records to review
 - As a new patient it took more than an hour and 15 minutes
 - As a follow up patient who has not been in for the past two years it took an hour
- Use the prolonged service code



▶ Prolonged Service With Direct Patient Contact (Except with Office or Other Outpatient Services) ◀

▶ Codes 99354-99357 are used when a physician or other

Prolonged Service Without Direct Patient Contact

▶ Codes 99358 and 99359 are used when a prolonged service is provided that is neither face-to-face time in the outpatient, inpatient, or observation setting, nor additional unit/floor time in the hospital or nursing

any level. This prolonged service may be reported on a different date than the primary service to which it is related. For example, extensive record review may relate to a previous evaluation and management service

▶ Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service ◀

#★+● 99417

Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required 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 of total time (List separately in addition to codes 99205, 99215 for office or other outpatient **Evaluation and Management** services)

▶ Total Duration of New Patient Office or Other Outpatient Services (use with 99205)

Code(s)	
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99417 X 1
90-104 minutes	99205 X 1 and 99417 X 2
105 minutes or more	99205 X 1 and 99417 X 3 or more for each additional 15 minutes

Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)

Code(s)	
less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99417 X 1
70-84 minutes	99215 X 1 and 99417 X 2
85 minutes or more	99215 X 1 and 99417 X 3 or more for each additional 15 minutes ◀

Separate Service (Not EM)

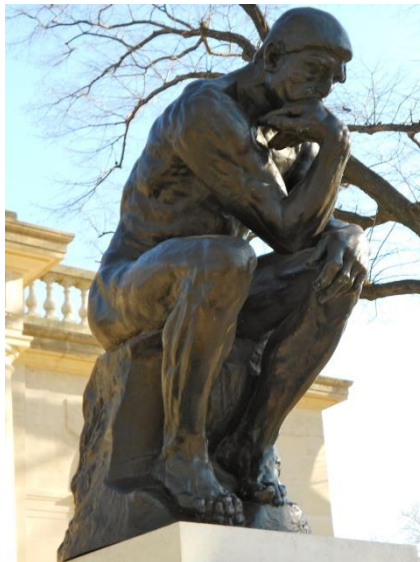
- The actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services **when reported separately**
- Physician performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code.

Separate Service (Not EM)

- The physician's interpretation of the results of diagnostic tests/ studies (ie, professional component) with **preparation of a separate distinctly identifiable signed written report** may also be reported separately, using the appropriate CPT code and, if required, with modifier 26 appended.
- If a test/study is independently interpreted in order to manage the patient as part of the E/M service, but is not separately reported, it is part of medical decision making

MDM

- Maintained three current MDM elements
 - Number and complexity of problem(s)
 - Amount or complexity of data to review/analyze
 - Risk of complications or morbidity



Types of MDM

- Straightforward
- Low
- Moderate
- High

Level 2 and 3 MDM

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury 	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> Category 1: Tests and documents <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • 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) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment

Problem that runs definite and prescribed course is transient in nature and not likely to permanently alter health

Expected duration at least one year

Short-term with low risk of morbidity for which treatment is considered Full recovery without functional impairment

The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.

Level 4 and 5 MDM

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99204 99214	Moderate	Moderate <ul style="list-style-type: none"> 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 	Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> <ul style="list-style-type: none"> 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
99205 99215	High	High <ul style="list-style-type: none"> 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 	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> <ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision regarding elective major 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

Acutely worsening, poorly controlled with intent to control requiring add'l care but not hospital level

Condition likely to result in high risk of morbidity without treatment

And has high risk of morbidity without treatment

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

significant risk of morbidity and may require hospital level of care

References

- American Medical Association (AMA) CPT Evaluation and Management Revisions Page
- AMA: 10 Tips to prepare your practice for E/M office visit changes
- AMA: Office Evaluation and Management (E/M) CPT code revisions Educational Module
- AMA: Medical Decision-Making E/M Grid
- <https://mdm2021.com/>



Thank you!