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A New Era of Coding Evaluation and Management (E&M) Services

After 25 years, the AMA CPT office and outpatient evaluation and management (E&M) codes received a major overhaul that went into effect January 1, 2021. These changes will help to reduce administrative burden on providers and roll back some of the rigid requirements for E&M coding by simplifying the code selection criteria and making them more clinically relevant and intuitive.

The code changes will only affect CPT codes 99201-99215. Some of the key changes include:

- Elimination of history and physical examination as elements for code selection
- Allowing providers to choose level of service based on medical decision-making or time
- Modifications to the medical decision-making (MDM) criteria
- Deletion of CPT code 99201
- Adding guidelines for split/shared visits
- Changes for billing prolonged service codes

History and Exam Are Required, but Not Scored
The approved revisions to 99202-99215 require that a medically appropriate history and examination be performed: beyond this requirement, the history and exam do not affect coding. Instead, the E&M service level is chosen either by the level of medical decision making (MDM) performed, or by the total time spent performing the service on the day of the encounter.

Coding tip: According to CMS, "medical necessity" is still the "overarching criterion" in selecting a level of service. So, keep in mind that there is still an impact of history and exam in the E&M visit even though they are not used in the calculation of the overall level of services.

Deletion of CPT ® 99201 (new patient, level 1)
Based on billing data, CPT ® code 99201 is rarely reported by almost all specialties for a level 1 new patient; therefore, deleting it will have a relatively minimal impact on practices. CPT code 99211 (established patient, level 1) will remain as a reportable service.

Criteria for code selection in 2021
In 2021 and beyond, E&M code selection will be based on either 1). the level of medical decision-making (MDM) or 2). the time performing the service on the day of the encounter. For step-by-step guidelines on code selection by MDM or time, click on the links below:

- 2021 Code Selection Based on Medical Decision-Making
- Selection an E&M level Based on Time in 2021

Time
The definition of time associated with the office and outpatient E&M CPT ® codes 99202-99215 has been revised from the typical face-to-face time to "total" time spent on the day of the encounter. The total time corresponding to CPT ® codes 99202-99215 has been defined at specific intervals. For example, to report code 99215, 40-54 minutes of total time must be spent on the date of the encounter. Now, total time spent on the day of the encounter, including non-face-to-face time the provider spends,

for example, to review various diagnostic results after the patient goes home, can be included.

Prior to January 1, 2021	Effective January 1, 2021 (and beyond)
Time may only be used/selected if 50% of the encounter is spent on counseling and/or coordination of care.	Time can be used to select an E&M code whether or not counseling and/or coordination of care dominates the visit.
Time is based on only face to face activities on the date of service.	Time includes are both face-to-face and non-face-to-face activities on the date of service.
Time criteria is based on a typical time for the level of service	Time is based on defined intervals of time.

Activities that count towards time

- ✓ Preparing to see the patient (e.g., review of tests)
- ✓ Obtaining and/or reviewing separately obtained history
- ✓ Ordering medications, tests, procedures
- ✓ Referring and communicating with other health care professionals
- ✓ Documenting clinical information in the electronic or other health record
- ✓ Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- ✓ Care coordination

2021 Time Intervals: CPT ® Codes 99202-99215			
New Patient		Established Patient	
Code	Time	Code	Time
99202	15-29 mins	99211	N/A
99203	30-44 mins	99212	10-19 mins
99204	45-59 mins	99213	20-29 mins
99205	60-74 mins	99214	30-39 mins
[redacted]	[redacted]	99215	40-54 mins

Medical Decision-Making Element

The medical decision-making elements associated with CPT ®codes 99202-99215 consist of three components:

1. The number and complexity of problems addressed,
2. Amount and complexity of data to be reviewed and analyzed, and
3. Risk of complications and/or morbidity or mortality of patient management

To select a level of E&M service, two of the three elements must be met or exceeded. The new medical decision-making Table 2 further outlines the criteria for the E&M code level selection.

Key tip:

- The MDM for a 99212 is exactly equivalent to the MDM required for a 99202. Similarly, 99213 and 99203 have the same requirements, 99214 and 99204 have the same requirements, and 99215 and 99205 have the same requirements.

Step 1: Problem- select the applicable number and complexity of problems addressed at the encounter.
Step 2: Data- select the amount and/or complexity of data to be reviewed and analyzed. *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1.
Step 3: Risk- select the risk of complications and/or morbidity or mortality of patient management.

The new guidelines provide updated definitions of the elements of medical decision-making. It is important to understand these definitions to ensure selection of the most appropriate E/M level.

A full list of the AMA definitions can be found in the "CPT® Evaluation and Management (E/M) Office or Other Outpatient Code and Guideline Changes".

Split/Shared Visits
In circumstances where the physician and qualified healthcare professional each perform face-to-face and non-face to face work for a visit, the time spent by each is summed for the total time. For example, a physician spends five minutes of time with an established patient and the NP/PA spends 25 minutes on the date of the encounter, the total time of the visit would be 30 minutes (5 + 25); and therefore, CPT code 99214 (30 to 39 minutes) would be selected per the new time intervals**.**

New Prolonged Services CPT Code
New prolonged services CPT ®codes G2212 or 99417 (with or without direct patient contact) were created to describe a prolonged office and outpatient E&M service of 15 minutes beyond the total time of the primary E&M procedure (either CPT ® code 99205 or 99215). It can only be reported when the E&M service has been selected based on time alone (not medical decision making) AND only after the total time of a level 5 service (either 99205 or 99215) has been exceeded.

There is still a lot of vagueness in billing for the prolonged service CPT codes. The Centers for Medicare & Medicaid Services (CMS) assigned a status indicator of invalid to code 99417, and developed willy only accept HCPCS G2212 when billing for the prolonged services.

Coding tip: Providers cannot report CPT codes 99417 or G2212 in conjunction with other prolong service codes. It is important to understand the key coding guidelines which include:

- List G2212/99417 separately in addition to codes 99205/99215 for office or outpatient E&M services,
- Use the prolonged codes G2212/99417 only with level 5 services when time is the contributing factor,
- Do not report G2212/99417 in conjunction with existing prolonged codes 99354/99355 (face-to-face prolonged care) and 99358/99359 (non-face-to-face prolonged care),
- Do not report G2212/99417 for any time unit less than 15 minutes.

The ACR encourages practices to verify with individual payers on their billing/coding guidelines for these new codes. Keep in mind, the HHS Office of Inspector General (OIG) states, "The necessity of prolonged services are considered to be rare and unusual. The Medicare Claims Processing Manual includes requirements that must be met to bill for a prolonged E&M service code (Medicare Claims Processing Manual, Pub. 100-04, Ch. 12, §30.6.15.1)."

To ensure compliance and accuracy, the ACR practice management department is offering a one-hour E&M Overview Lunch & Learn series for members and their staff to get familiar with the new coding and documentation guidelines. For more information, questions, or to schedule a session for your practice, contact Antanya Chung at achung@rheumatology.org

Created: January 18, 2021 @ 4:30pm