

October 2020

#### OVERVIEW:

The Centers for Medicare & Medicaid Services (CMS) have made changes to Evaluation and Management (E/M) coding for outpatient office visits effective January 1, 2021.

In general, these changes will:

- reduce the service levels from five (5) to four (4) for new patients.
- no longer rely on physical examination (PE) and history as required elements for code selection. (PE and history should be performed if clinically necessary. However, they do not serve as the basis for code selection.)
- allow providers to base their documentation on either of the following:
  - a [complexity level of Medical Decision-Making \(MDM\)](#) – straightforward, low, moderate, or high
  - on total time on the date of the encounter – including face-to-face and non-face-to-face time.

#### 2021 E/M Codes

The following tables reflect code changes for New Patient Visits and Established Patient Visits:

2021 E/M CPT Code Changes for New Patient Visits	
CPT Code	Code Description
99201	This code was deleted for 2021.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. (For services 75 minutes or longer, use Prolonged Services 99XXX.)

2021 E/M CPT Code Changes for Established Patient Visits	
CPT Code	Code Description
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. (For services 55 minutes or longer, use Prolonged Services 99XXX.)

### Prolonged Services

A new CPT code, 99XXX, was added to reflect the reporting of prolonged services in conjunction with an office visit. Use this code when the visit is based on time (not on MDM):

- only with codes 99205 or 99215
- after the total time of the service (for code 99205 or 99215) has been exceeded

New Patient visits (99205) are increased in 15 minute increments and Established Patient (99215) visits are increased in 10 minute increments.

### Complexity Level of Medical Decision-Making

The following table demonstrates the elements of each level of Medical Decision-Making:

Medical Decision-Making (MDM) by Complexity Level	Number of Diagnoses/Management Options	Amount and/or Complexity of Data to Review	Risks (Significant Complications, Morbidity, and/or Mortality)
Straightforward	Minimal	None to Minimal	Minimal
Low	Limited	Limited	Low
Moderate	Multiple	Moderate	Moderate
High	Extensive	Extensive	High

The following article<sup>1</sup> was published online by the American Medical Association (AMA) and addresses questions providers might have about the 2021 E/M changes.

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### ***10 tips to prepare your practice for E/M office visit changes***

The AMA is dedicated to reducing documentation burdens that interfere with patient care. We worked together with CMS to overhaul Evaluation and Management (E/M) office visit codes for the first time in more than 25 years.

To learn more about these significant code set revisions, visit our CPT E/M webpage. Additionally, the AMA has created an interactive educational module, a detailed description of the code and guideline changes, along with a table illustrating MDM revisions to educate physician practices.

Physician practices are encouraged to start planning now for the operational, infrastructural and administrative workflow adjustments that will result from this overhaul. The following checklist will help you prepare and keep you out in front of these changes.

#### **1 Identify a project lead**

The transition to the revised E/M office visit coding guidelines will require staff education, review of internal policies and procedures and financial tracking. Specify a project lead who is charged with leading the transition. For pointers on how to lead change within your practice, see the AMA STEPS Forward™ module on organizational leadership and change management.

#### **2 Schedule team preparation time**

The best way to educate your practice about these upcoming changes will be to walk through them with the practice's physicians, other clinical staff and administrative personnel. Practices should schedule time for in-person gatherings to review the changes and to surface and address questions. AMA STEPS Forward™ outlines how to run an efficient and productive team meeting. An AMA Moving Medicine podcast addresses this topic as well.

#### **3 Update practice protocols**

Practice procedures and protocols must be updated to be consistent with the new guidelines. AMA recommends leveraging your practice's established coding resources and expertise early in the update process.

#### **4 Consider coding support**

There are significant changes to the codes and documentation for office visits. See the AMA's resources on ancillary staff E/M documentation and the AMA STEPS Forward™ module on team documentation. Use all appropriate coding resources to properly prepare for these revisions. Visit the AMA's E/M office visit educational website to learn more about the changes and take the module to see how the revisions will help reduce administrative burden.

<sup>1</sup> 10 tips to prepare your practice for E/M office visit changes. American Medical Association. <https://www.ama-assn.org/practice-management/cpt/10-tips-prepare-your-practice-em-office-visit-changes>. Accessed October 21, 2020.

### 5 Be aware of medical malpractice liability

Although the requirements around E/M documentation may have lessened or become more flexible, physicians should still carefully document the work that is being done and how to protect themselves from medical malpractice suits. The AMA Litigation Center actively advocates for physicians on issues related to liability and is a resource on this topic

### 6 Guard against fraud & abuse law infractions

The False Claims Act and other federal and state fraud and abuse laws remain in effect. Although the new E/M office visit coding guidelines allow greater flexibility, practices should continue to document appropriately and guard against inadvertent overbilling. If your practice does bill appropriately under the new E/M documentation guidelines but still receives an overpayment demand, the AMA has resources to help you navigate the audit and appeal process.

### 7 Update your compliance plan

Many practices have a compliance plan to help avoid ethical and legal mistakes. The U.S. Department of Health & Human Services has a roadmap to help physician practices develop and implement a compliance plan. As your practice undergoes the transition to the new E/M guidance, ensure that your updated protocols and procedures remain consistent with your current compliance plan.

### 8 Check with your electronic health record (EHR) vendor

Practices should communicate with their EHR vendor to confirm their schedule for implementing these E/M office visit code changes. The AMA is working closely with EHR vendors from across the country to make it as straightforward as possible to implement the changes in their systems.

### 9 Assess financial impact

Guard against an unanticipated financial impact by understanding the rules in advance and performing a prospective financial analysis. This may help you anticipate a dip or increase in revenue and aid in other practice business decisions. The AMA has resources on when to engage an external advisor to help navigate business issues.

### 10 Understand additional employer or payor or medical liability coverage requirements

Employers or payors may still require documentation of additional information above and beyond the new E/M office visit coding guidelines. Physicians should carefully evaluate the flexibilities allowed under the new guidelines and ensure that their documentation will satisfy any other obligations and requirements that they may be expected to fulfill. The AMA is engaging a number of entities to ensure that the burden reduction potential of the new E/M office visit changes is fully realized.

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ABHLA will continue to disseminate additional materials to educate providers on the upcoming E/M changes.

### Questions and Support:

Contact [LAProvider@AETNA.com](mailto:LAProvider@AETNA.com) or call 1-855-242-0802 and follow the prompts.