



# 2021 E&M Coding Changes- Lessons Learned

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# Time

- Changed from typical to minimum
- Time will include
  - Face to face
    - Examination and/or evaluation
    - Counseling and education
  - Non face to face
    - Preparation to see patient-reviewing test results and obtained history
    - Orders
    - Documentation
    - Interpreting of test results with communication
    - Care Coordination
- ALL HAS TO DONE ON THE SAME CALENDAR DAY

# Time Restrictions

You cannot count:

- Waiting time for patient
- Any time spent for procedures or services reimbursed by a separate CPT<sup>®</sup> code
- Time spent with clinical staff- a person who works under the supervision of a physician or other qualified healthcare professional
- Individual encounters of a physician and qualified healthcare professional reported on the same day

# Time Assignments

Code	Minutes
99202	15-29
99203	30-44
99204	45-59
99205	60-74
99211	
99212	10-19
99213	20-29
99214	30-39
99215	40-54

## Prolonged Services

- 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
- G2212- Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using the total time on the date of the primary service; each additional 15 minutes by the physician or QHP, with or without direct patient contact

## Coding Example- Time

A 23-year-old female referred from the local emergency room (ER) presents to the orthopedist with a sprained shoulder after a fall. The sprain is fairly straightforward and can be treated with over-the-counter painkillers, ice, and rest. The patient also has a number of bruises, including some that make the provider concerned about possible abuse. The patient denies any abuse or any fear or concerns, but the provider spends some time checking her medical record for previous injuries. The provider then furnished the patient with information about a women's shelter and other alternatives for help. Finally, the provider attempts to refer the patient to a local therapist, but she declines. The total encounter time is 45 minutes.

- Source: Orthopedic Coding Alert March 2020

## Time Cautions!

- 30 patients at 99213 @ 20 minutes each  
= 10 hours
- If more than 1 provider is participating,  
each should document their involvement
- 99354 and 99355 cannot be used with  
99202-99215
- Most practices are not considering time,  
but medical decision making, except for  
exceptions when time is unusual

## Medical Decision Making

- Number and complexity of problems addressed (diagnoses)
- Amount and complexity of data to be reviewed and analyzed (diagnostic tests and records)
- Risk of complications and/or morbidity or mortality of patient management



# Medical Decision Making

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
Minimal	Minimal	Minimal
Low	Limited	Low
Moderate	Moderate	Moderate
High	Extensive	High

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## Problems Addressed at the Encounter

99202 99212	Straightforward <i>Contusion</i> <i>Sprain</i> <i>Simple laceration</i>	Minimal <ul style="list-style-type: none"> <li>• 1 self-limited or minor <i>problem- temporary in nature and not likely to permanently affect health status</i></li> </ul>
99203 99213	Low <i>Patient with little or no current symptoms of a chronic disease</i> <i>Non-displaced fracture with normal healing</i>	Low <ul style="list-style-type: none"> <li>• 2 or more self-limited or minor problems</li> </ul> OR <ul style="list-style-type: none"> <li>• 1 stable chronic illness- <i>expected duration of at least 1 year or until patient's death</i></li> </ul> OR <ul style="list-style-type: none"> <li>• 1 acute, uncomplicated illness or injury-<i>recent with low risk of morbidity but treatment is considered</i></li> </ul>

99204 99214	<p>Moderate <i>Arthritis with pain above 7?</i></p> <p><i>A new problem that requires testing for diagnosis</i></p> <p><i>Displaced closed fracture that did not require admission</i></p>	<ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation- <i>actively worsening, poorly controlled, uncontrolled, requiring supportive care but not hospitalization</i></li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• 2 or more stable chronic illnesses</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• 1 undiagnosed new problem- <i>condition resulting in high risk of morbidity if not treated</i></li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• 1 acute illness with systemic symptoms- <i>symptoms of one or more organ systems and high risk of morbidity if not treated</i></li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• 1 acute complicated injury- <i>injury is extensive or there are multiple treatment options or associated with risk of morbidity</i></li> </ul>

## Problems Addressed at the Encounter

99205 99215	High <i>Spine condition with foot drop. Open injuries</i>	<ul style="list-style-type: none"><li>• 1 or more chronic illnesses with severe exacerbation- <i>severe exacerbation or severe side effects</i></li></ul> OR <ul style="list-style-type: none"><li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li></ul>

## 3 Types of Data

1. Tests, documents, orders, or independent historian(s)
2. Independent interpretation of tests
3. Discussion of management or test interpretation with external physician or other QHP or appropriate source

# Diagnostic Testing

- Order- any test ordered regardless of who performs it
- Review- review of test results that provider did not bill for
- Independent Interpretation- images reviewed and DOCUMENTED interpretation

# Data- 3 Categories

Category 1	Category 2	Category 3
Review of prior external note(s) from each unique source	Assessment requiring an independent historian(s)*	Discussion of management or test interpretation with external source
Review of the result(s) of each unique test	OR	
Ordering of each unique test	Independent interpretation of tests	

\*Becomes a Category 1 element for moderate and extensive data

# What Counts

- Any test reported by a separate CPT code
  - Bilateral x-rays= 2
  - EMG= 2 or more (each code used)
  - Each lab test separately reported



## Office X-rays- Billed by Office

- Count each ordered
- Cannot count for report review
- Cannot count independent interpretation

## MRI Performed by Different Facility

- Count order
- Count review of report
- Count independent interpretation  
(Category 2)

## Data Requirements

99202 99212	Minimal or None	Straight forward					
99203 99213	Limited	Low	<b>2 elements from Category 1</b>	OR	Category 2		
99204 99214	Moderate	Moderate	<b>3 elements from Category 1</b>	OR	Category 2	OR	Category 3
99205 99215	Extensive	High	<b>3 elements from Category 1</b>	<b>AND/OR</b>	Category 2	<b>AND/OR</b>	Category 3

- Extensive requires 2 of the 3 categories

# Risk

99202 99212	Minimal	rest elastic bandages braces
99203 99213	Low	OTC drugs minor surgery w/o risk factors PT/OT
99204 99214	Moderate	Rx minor surgery w/ risk factors elective major surgery w/o risk factors diagnosis or treatment significantly limited by social determinant of health
99205 99215	High	drug therapy requiring intensive monitoring elective major with risk factors emergency major surgery decision to hospitalize

# AMA Resources

CPT® Evaluation and Management Code and Guideline Changes- <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

E/M Office visit revisions- <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>

Practice Checklist for 2021 transition- <https://www.ama-assn.org/practice-management/cpt/em-prep-your-house-practice-checklist-2021-transition>

Revised table of risk- <https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>

- ASSH members- Table of examples for medical decision making

# AMA E/M Compendium 2021

- Use code DCVV5020 for 30% off!
- [https://commerce.ama-assn.org/store/ui/catalog/productDetail?product\\_id=prod3070006&sku\\_id=sku3090032&utm\\_source=Selligent&utm\\_medium=email&utm\\_term=%25m%25d%25y&utm\\_content=HS\\_PD\\_EM\\_Comp\\_DMO\\_2\\_012621&utm\\_campaign=HS\\_PD\\_EM\\_Comp\\_DMO\\_1\\_011421&utm\\_uid=8764614&utm\\_effort=&utm\\_h=](https://commerce.ama-assn.org/store/ui/catalog/productDetail?product_id=prod3070006&sku_id=sku3090032&utm_source=Selligent&utm_medium=email&utm_term=%25m%25d%25y&utm_content=HS_PD_EM_Comp_DMO_2_012621&utm_campaign=HS_PD_EM_Comp_DMO_1_011421&utm_uid=8764614&utm_effort=&utm_h=)



# QUESTIONS?