

# 2021 E/M Changes: Billing Based on Time vs. Medical Decision Making

Brought to you by:

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On behalf of the

AHS Practice Management Committee

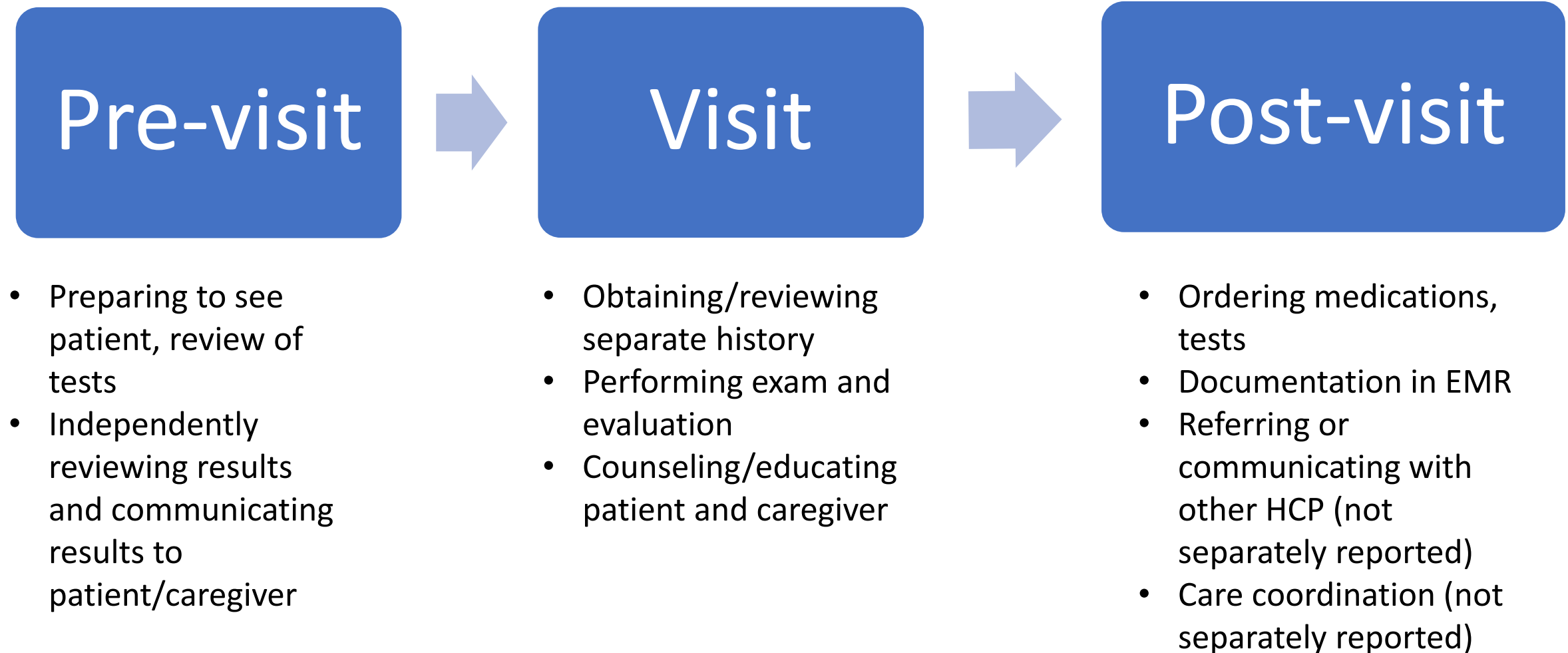
# New E/M CPT Code Changes

- CMS Physician Fee Schedule Final Rule released December 1, 2020
- Took effect January 1, 2021
- Applies only to outpatient E/M new patient and established patient CPT codes
- Office outpatient services will use medical decision making (MDM) or total time as the basis for selecting a code level
  - Defined elements of history and exam no longer required to determine E/M level of service
- Other E/M codes use the same rules as in 1995/1997 guidelines
  - They still require specified elements of history and exam with the 3 elements factor into code level

## 2 Methods of Selecting Level of Service

- Time
  - Calendar day of visit, new time intervals
  - Not necessary to do >50% counseling/coordination of care
  - Face-to-face and non-face-to-face time counts, including orders, documentation
  - Before and after visit
  - Perform medically appropriate hx and exam
- Medical Decision Making (MDM):  
Understand AMA Table of Risk
  - 3 elements to MDM
    - Problems addressed
    - Data reviewed
    - Patient management
  - Must meet 2 out of 3 elements to determine LOS
    - Straightforward- level 2
    - Low- level 3
    - Moderate- level 4
    - High- level 5

# Total Time Spent on Day of Encounter



# Time Based Billing

## New Patients

CPT	Time 2020	Time 2021
99202	20	15-29
99203	30	30-44
99204	45	45-59
99205	60	60-74

## Established Patients

CPT	Time 2020	Time 2021
99212	10	10-19
99213	15	20-29
99214	25	30-39
99215	40	40-54

Prolonged service code 99417/G2212:  
15 minute increments, use with level 5 only

# Outpatient E/M Documentation in 2021 Billing by Time

- Code selection based on **total** time spent with patient on date of encounter (*including non-face-to-face services*)
- Can *also* bill additional 15-minute increments for prolonged service code
- Slight differences in 99417 and G2212 for Medicare



# Time Based Billing: Add on code 99417

## Prolonged Service Codes

CPT	Time 2021
99205	60-74
+99417	75-89
+99417x 2	90-104
+99417x3	105-119

CPT	Time 2021
99215	40-54
+99417	55-69
+99417x 2	70-84
+99417x3	85-99

Prolonged service code: 15 minute increments, use with level 5 only

99417: Use for every 15 minutes after 60 min for a new, 40 minutes for follow-up

G2212: For Medicare patients, use for every 15 minutes after 74 min for a new, 54 minutes for follow-up

# E/M MDM coding level elements

***Code E/M level based on the top 2 of 3 elements below:***

**1. Number and Complexity of Problems Addressed at the Encounter**

- le. Disease, syndrome, injury, symptom, sign, finding, or complaint

**2. Amount and/or Complexity of Data to be Reviewed and Analyzed**

- Category 1: Tests & Documents, or independent historian
- Category 2: Independent interpretation of tests
- Category 3: Discussion of management or test interpretation

**3. Risk of Complications and/or Morbidity or Mortality of Patient Management**



**Table 2 – CPT E/M Office Revisions  
Level of Medical Decision Making (MDM)**

**Revisions effective January 1, 2021:**

*Note: this content will not be included in the CPT 2020 code set release*



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making 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 • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or 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 requirements of at least 1 of the 2 categories) <b>Category 1: Tests and documents</b> • Any combination of 2 from the following: • 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 <b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
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 prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • Any combination of 3 from the following: • 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 <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <b>Category 3: Discussion of management or test interpretation</b> • 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> • 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 • 3 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 (Must meet the requirements of at least 2 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • Any combination of 3 from the following: • 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 <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <b>Category 3: Discussion of management or test interpretation</b> • 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> • 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

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# MDM table

## Element 1:

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
99204 99214	Moderate	<b>Moderate</b> <ul style="list-style-type: none"><li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li></ul> or <ul style="list-style-type: none"><li>• 2 or more stable chronic illnesses;</li></ul> or <ul style="list-style-type: none"><li>• 1 undiagnosed new problem with uncertain prognosis;</li></ul> or <ul style="list-style-type: none"><li>• 1 acute illness with systemic symptoms;</li></ul> or <ul style="list-style-type: none"><li>• 1 acute complicated injury</li></ul>

# MDM table, Element 2:

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	<b>Elements of Medical Decision Making</b> <b>Amount and/or Complexity of Data to</b> <b>be Reviewed and Analyzed</b> <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>
<b>99204</b> <b>99214</b>	<b>Moderate</b>	<b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i> <b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>Any combination of 3 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <b>or</b> <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <b>or</b> <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)</li> </ul>

# MDM table Element 3:

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Risk of Complications and/or Morbidity or Mortality of Patient Management
99204 99214	Moderate	<p><b>Moderate risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health</li> </ul>

# wRVU Adjustments and *Total* Payments: 2020 versus 2021

CPT Code	2020 wRVU	2020 Total Payment*	2021 wRVU	2021 Total Payment*	% Incr/ Decr in wRVU Value	% Incr/Decr in Payment
99202	0.93	\$77.23	0.93	\$68.71	0%	-11%
99203	1.42	\$109.35	1.60	\$105.65	13%	-3.0%
99204	2.43	\$167.09	2.60	\$157.83	7%	-6%
99205	3.17	\$211.12	3.50	\$208.39	10%	-1%
99211	0.18	\$23.46	0.18	\$21.39	0%	-9%
99212	0.48	\$46.19	0.70	\$52.83	46%	14%
99213	0.97	\$76.15	1.30	\$85.88	34%	13%
99214	1.50	\$110.43	1.92	\$121.86	28%	10%
99215	2.11	\$148.33	2.80	\$170.14	33%	15%
99417/ G2212 <sup>1</sup>	N/A	N/A	0.61	\$31.11	N/A	N/A

1 This is an add-on code for every 15 minutes of extended patient office visit time.

\*Payment rates are based on national fee schedule and are subject to regional variances.

# Conclusion

- New time based system - calendar day of encounter
- Reduced documentation burden, medically appropriate history and physical exam
- Understand Table of Risk for Medical Decision Making (MDM)
- Decide MDM vs. Time based on your practice style and patient population
- Outpatient ONLY