Research Billing Buzz Newsletter - Volume 18

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Volume 18

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2021 Evaluation & Management Changes
The New Year is officially here and so are the newly revised Evaluation and Management (E&M) documentation guidelines set forth by the American Medical Association (AMA).¹

These changes are effective January 1, 2021 and pertain only to evaluation and management services in the office or other outpatient setting:

- New Patient (99202-99205) and Established Patient (99212-99215)
These are the most important changes:

- The history and exam will no longer be used to select the level of code for *office outpatient E&M* visits. Selection of the code level is based on either the Medical Decision Making (MDM) or the total time personally spent by the reporting practitioner on the date of the encounter.

- These changes also apply to telemedicine visits billed using 99202-99215.

MDM includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option.

It is defined by these three elements:
### Presenting Problems

The number and complexity of problem(s) that are addressed during the encounter

### Data

The amount and/or complexity of data to be reviewed and analyzed

- Medical records
- Tests
- Other information that must be obtained, ordered, reviewed and analyzed for the encounter

Data are divided in three categories:
1. Tests, documents, orders or independent historian(s)
2. Independent interpretation of tests
3. Discussion of management or tests interpretation with external physical or other qualified health care professional or appropriate source

### Risk

The risk of complications and/or morbidity or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedures(s), treatment(s)

Includes the possible management options selected and options considered but not selected

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You can find the AMA MDM table [here](#)

You can find the Hopkins Tip Sheet [here](#)

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# Time Defined

For coding purposes, time for these services is the total time on the date of service and it includes both the face-to-face and non-face to face time personally spent by the physician and/or other qualified healthcare professional(s). It includes the following activities:

- Preparing to see the patient
- Obtaining and or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported) ²

<table>
<thead>
<tr>
<th>New Patient</th>
<th>Total Time</th>
<th>Established Patient</th>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Code Deleted</td>
<td>99211</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>99202</td>
<td>15-29 minutes</td>
<td>99212</td>
<td>10-19 minutes</td>
</tr>
<tr>
<td>99203</td>
<td>30-44 minutes</td>
<td>99213</td>
<td>20-29 minutes</td>
</tr>
<tr>
<td>99204</td>
<td>45-59 minutes</td>
<td>99214</td>
<td>30-39 minutes</td>
</tr>
<tr>
<td>99205</td>
<td>60-74 minutes</td>
<td>99215</td>
<td>40-54 minutes</td>
</tr>
</tbody>
</table>

**Prolonged Services**

Code 99147 is used to report prolonged total time provided by the physician or other qualified health care professional on the date of the office or other outpatient services (ie.99205, 99215). This code can be used when the level of the outpatient service was selected based on time and it has exceeded the minimum time required to report the highest level of services by 15 minutes.³

<table>
<thead>
<tr>
<th>Total Duration of New Patient Office or Other Outpatient Services (use with 99205)</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 75 minutes (60-74 minutes)</td>
<td>99205</td>
</tr>
<tr>
<td>Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)</td>
<td>Code(s)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Less than 56 minutes (40-54 minutes)</td>
<td>99215</td>
</tr>
<tr>
<td>55-69 minutes</td>
<td>99215 x 1 and 99417 x 1</td>
</tr>
<tr>
<td>70-84 minutes</td>
<td>99215 x1 and 99417 x 2</td>
</tr>
<tr>
<td>85 minutes or more</td>
<td>99215 x 1 and 99417 x3 or more for each additional 15 minutes</td>
</tr>
</tbody>
</table>

**Need More Help?**


**References:**

1. CPT 2021. American Medical Association. (p.5-20)