CPT 2021 FAQ: E&M Changes

Background: The Centers for Medicare & Medicaid Services (CMS) and American Medical Association have proposed a significant change to Evaluation and Management (E&M) coding to reduce documentation burden and promote “patients over paper”. New rules will take effect on January 1st, 2021.

What is changing? The changes affect ambulatory E&M codes 99201-99205 and 99211-99215. CPT 2021 also provides new prolonged service codes, modifiers and enhanced fees for primary and non-proceduralist specialty services.

Documentation requirements for hospital care, consultations and other services are not included in this change.

Key elements of the E/M office-visit overhaul include:

1) Eliminate history and physical exam as elements for code selection. While significant to both visit time and medical decision-making, these elements alone should not determine a visit’s code level.
2) Allow physicians to choose whether their documentation is based on medical decision-making (MDM) or total time. This builds on the movement to better recognize the work involved in non-face-to-face services like care coordination.
3) Focus medical decision-making criteria to focus on problems, data and risk related work that affect the management of a patient’s condition.
4) Time-based coding includes ALL time invested by the billing provider in care on the date of service (DOS), including chart review and documentation time. This expands on current rules that count face-to-face time only. Learner time is not counted.

How is DOS time determined? The E&M 2021 Time thresholds for billing are similar to E&M 2020. There will be a new prolonged service code (99XXX) for outpatient/office services that should be added on to codes 99205 and 99215 when total DOS time is exceeded. Learner time is not counted.

Are there other changes? The new patient code 99201 code for low complexity new patients will be dropped, leaving nine E&M codes. Modifiers for primary care, and long-term provider management relationships have been added and will increase revenue for long-term E&M management services.

Are hospital notes and consultations included? No. At the present time, there is no change to documentation requirements for other ambulatory services such as Transitional Care and Consultation codes. Rules for hospital and procedural documentation are not changing.

Can I still use team-based documentation and student contributions? Billing providers have been permitted to review and attest to documentation of the HPI by non-billing team members, functioning within their scope, since January 1, 2019. Student documentation rules changed in January 2018.

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2 See the link to the MDM and Time criteria for E&M 2021 Table.
3 Threshold for 99213 increases to 20 from 15 minutes, and 99214 increases to 30 from 25 minutes: Table.
4 Effective Date: January 1, 2018; Implementation Date: March 5, 2018: Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.

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