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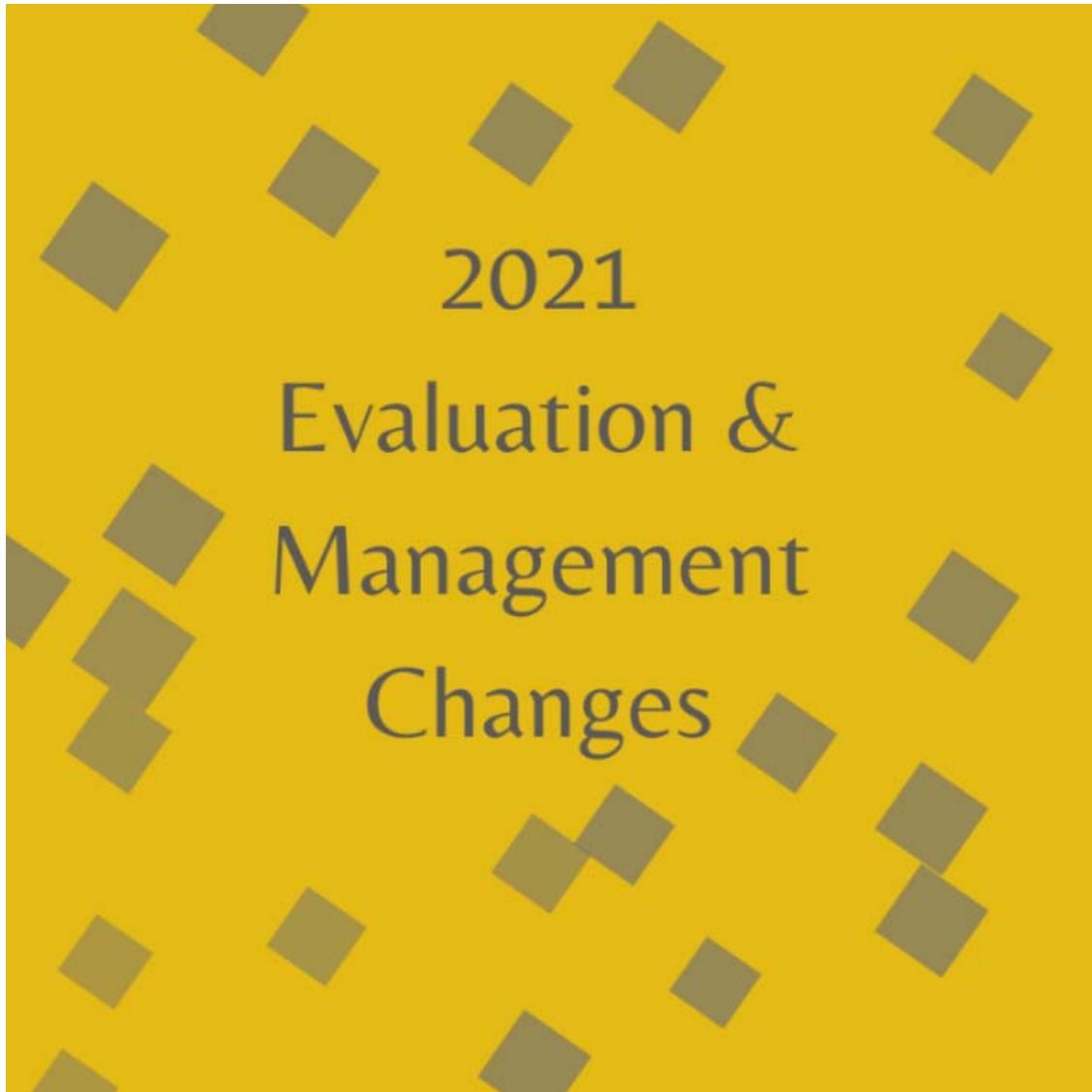
Research Billing Buzz

A Newsletter from the Office of Clinical Research Billing Compliance

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)

- Medical Decision Making
- Time
- Prolonged Services

Code Changes

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.

Medical Decision Making

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	Data	Risk
The number and complexity of problem(s) that are addressed during the encounter	<p>The amount and/or complexity of data to be reviewed and analyzed</p> <p>The data includes:</p> <ul style="list-style-type: none"> • Medical records • Tests • Other information that must be obtained, ordered, reviewed and analyzed for the encounter <p>Data are divided in three categories:</p> <ol style="list-style-type: none"> 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 	<p>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)</p> <p>Includes the possible management options selected and options considered but not selected</p>

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

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

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

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

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

<i>Total Duration of New Patient Office or Other Outpatient Services (use with 99205)</i>	<i>Code(s)</i>
Less than 75 minutes (60-74 minutes)	99205

75-89 minutes	99205 x 1 and 99417 x 1
90-104 minutes	99205 x 1 and 99417 x 2
105 minutes or more	99205 x 1 and 99417 x 3 or more for each additional 15 minutes

<i>Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)</i>	<i>Code(s)</i>
Less than 56 minutes (40-54 minutes)	99215
55-69 minutes	99215 x 1 and 99417 x 1
70-84 minutes	99215 x1 and 99417 x 2
85 minutes or more	99215 x 1 and 99417 x3 or more for each additional 15 minutes

Need More Help?

You can find a wealth of information about these changes in the [Education and Training page of the Office of Johns Hopkins Physicians](#).

Epic made some changes to help with MDM documentation and time calculation and you can find the Tip Sheets [here](#) and [here](#).

References:

- ¹ CPT 2021. American Medical Association. (p.5-20)
- ² CPT Evaluation and Management Code Guidelines. Available: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- ³ CPT 2021. American Medical Association. (p. 43)

If you need help, have questions or want to suggest topics for future newsletters you can email us at:

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