


2021
Evaluation & Management
Code Changes


CPT Codes & Times

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What's covered today?

- Where you can benefit from the changes
- How 'calculating time' has changed
- What is & isn't included in 'time'
- New, streamlined CPT codes/times
- How prolonged coverage works
- Key points



How this benefits YOU.

	Your time is valuable = CMS has listened.
	New/Established patients = SAME Level.
	Less admin. work = MORE Patient Time.




What is included in 'time'?

- Preparing to see the patient
- Obtaining and/or reviewing separately obtained history
- Medically appropriate history and examination
- Counseling and Educating
- Ordering prescriptions, tests and procedures
- Charting
- Communicating results
- Independent review of tests
- Coordination of Care



What is *not* included in "time"?

- 'Slow charting'
- Staff time (Ex. Check-in/check-out administrative work)
- Separately reported and reimbursable tests/procedures
- Any element performed on a different date




Changes to 'time' calculation

- Old time statement, "Spent 30-minutes *face-to-face* with the patient; over 50% spent on counseling and/or coordination of care."
- New time statement, "Spent 30-minutes *face-to-face* AND *non-face-to-face* with patient."

Example:

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



The **NEW** CPT Code Times

New Patient CPT Codes & Times

CPT codes 99202-99205	99202 15-29 minutes	99203 30-44 minutes	99204 45-59 minutes	99205 60-74 minutes	Greater than 75 minutes Add prolonged care
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Established Patient CPT Codes & Times

CPT codes 99212-99215	99212 10-19 minutes	99213 20-29 minutes	99214 30-39 minutes	99215 40-54 minutes	Greater than 55 minutes Add prolonged care
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Managing **Prolonged Service** CPT Code: 99417

New Patient		Established Patient	
Total Duration	CPT Code (s)	Total Duration	CPT Code (s)
Less than 75 minutes	Not separately reported	Less than 55 minutes	Not separately reported
75-89 minutes	99205 x 1 and 99417 x 1	55-69 minutes	99215 x 1 and 99417 x 1
90-104 minutes	99205 x 1 and 99417 x 2	70-84 minutes	99215 x 1 and 99417 x 2
105 minutes or more	99205 x 1 and 99417 x 3 or more for each add'l 15 minutes	85 minutes or more	99215 x 1 and 99417 x 3 or more for each add'l 15 minutes

NEW 2021 CPT CODE: 99417, PROLONGED CARE
* Carrier reimbursement not yet determined.

Medical Decision Making (MDM)

It's time to **DECIDE**. 😊

What's covered today?

- How MDM has changed
- Qualifications of a 'problem addressed'
- Review CPT/AMA risk levels
- Review MDM level (snapshot)
- Key Points



How has MDM changed?

- Includes establishing diagnosis, assessing condition status and selecting management options.
- Number & complexity of Problems Addressed
- Added elements of amount & complexity of data.
- Level determined by two of three MDM elements.
- Co-morbidities & underlying conditions not considered problems UNLESS addressed during encounter.



E&M Worksheet: *Comparison*

2020 E&M WORKSHEET

2021 E&M WORKSHEET

Clarifying 'Problem' vs. 'Problem Addressed'

AMA/CPT guideline's **FINALLY** defined...

- **Problem:** A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, and/or other matter addressed at the encounter with or without a diagnosis being established at the time of the encounter.
- **Problem addressed:** A problem is addressed or managed when it is evaluated or treated at the encounter, including consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian choice.

When does a problem **not qualify** as being addressed?

- A notation in the record that another provider is managing the problem without additional assessment or care coordination documented... **does not qualify** as being addressed or managed by the provider reporting the service.
- A referral without evaluation (by history, exam or diagnostic study) or consideration of treatment... **does not qualify** as being addressed or managed by the provider reporting the service.

AMA/CPT Definition: **Minimal Risk**

- Self-limited... A problem that runs a definite & prescribed course .

AMA/CPT Definition: **Low Risk**

- Stable, chronic illness... A problem with an unexpected duration of a least one year or until the death of the patient.

NOTE: A patient not at their treatment goal is not 'stable', even if the condition is unchanged.

- Acute Uncomplicated illness/injury... A problem that is recent or new, is short-term and low risk of morbidity. Normally self-limited or minor, but is not resolving.

Examples include sprain, cystitis, allergic rhinitis

CPT/AMA Definition: *Moderate Risk*

- Chronic illness w/exacerbation, progression or side effects of treatment – acutely worsening, poorly controlled, uncontrolled, progressing w/intent of control requiring attention but not requiring hospital level of care .
- Undiagnosed new problem with uncertain prognosis.
- Acute illness with systemic symptoms (symptoms affecting one or more organ systems) and has high risk of morbidity without medical intervention.
Examples: Colitis, pneumonitis.
- Acute complicated injury – requires medical intervention that includes evaluation of other body systems not directly related, extensive injury.
Examples: Head injury with brief loss of consciousness.

CPT/AMA Definition: *High Risk*

- Chronic illness w/**severe** exacerbation, progression or **severe side** effects of treatment that have significant risk of morbidity and may require hospitalization.
- One acute or chronic illness or injury that poses a threat to life or bodily function.

Medical Decision Making
(Snapshot)

Minimal 99202 & 99212	Low 99203 & 99213	Moderate 99204 & 99214	High 99205 & 99215
1 self-limited or minor problem	2 or more self-limited or minor problems or 1 stable chronic illness or 1 acute, uncomplicated illness or injury	1 or more chronic illnesses with exacerbation, progression, or side effects 2 or more stable chronic illnesses, 1 new problem with uncertain prognosis, 1 acute illness with systemic symptoms	1 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
Minimal or no data	Limited Data – 1 of 2 categories 1. (2/3) Review external notes, review test, order test OR 2. Independent historian required (parent, spouse)	Moderate Data – 1 of 3 categories 1. (3/4) Review external notes, review test, order test, independent historian required OR 2. Independent interpretation of tests OR 3. Discussion of management of test interpretation with external provider	Extensive Data: 2 of 3 categories 1. (3/4) Review external notes, review test, order test, IH, OR 2. Independent interpretation of external test OR 3. Discussion of management of test interpretation with external provider
Minimal Risk	Low Risk	Moderate Risk (New Editions: CT & MRI, Dx or treatment significantly limited by social determinants of health)	High Risk

Key Points

- CPT code 99201 deleted.
- New or Established = same level.
- History & Exam are **not** counted towards level of service.
- Level of service = by Time **OR** MDM .
- Face-to-Face/Non Face-to-Face time **combine** for total time.
- No other E/M codes changed (inpatient, consults, ER etc.)

How **PSUSA** can help you prepare...

- Staff preparation (training/education)
- Current vs. 2021 E&M Comparative Dashboard
- 2021 E&M Consultative Services

The advantages of using **PSUSA**...

- Educated CPCs on staff
- Remote training available
- 2021 E&M Consultative Services

Inquiries regarding additional training
and/or consulting services:

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