

2021 Evaluation and Management (E/M) Coding Changes



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Agenda

- Overview of the 2021 CPT® Evaluation and Management (E/M) Code Changes
- Time Calculations
- Medical Decision Making Updates
- Prolonged Services Reporting



Caution

- Applies to Current Procedural Terminology (CPT®) codes 99202-99215 Office Visits, Prolonged Services
- Will continue by section, Nursing Home, Preventive, etc.
- No estimate (at this time) when E/M Section would be completed
- No change for facilities reporting Medicare G-code instead of 99202-99215
 - Facilities continue to use their own E/M coding guidelines

Overview of 2021 CPT® E/M Code Changes

Overview of Evaluation and Management (E/M) Changes of E/M Changes, Cont.

- Revisions to code descriptions
- Revisions to MDM
- New guidelines for using time for 99202-99215
- Time range provided in E/M code
- No need for “midrange” to bump up
- Exceptions for emergency department levels due to the intensity of services
- New definitions in MDM
- New Prolonged Services codes

Overview of E/M Changes, Cont.

- Time may be only component used for code selection (except 99211)
- Counseling and coordination of care does not have to dominate visit
- Time is stated within the service descriptor
- No need to use “mid-range” guidance
- Different categories use time differently – review guidelines for each



**“Good news.
Your cholesterol has stayed the same,
but the research findings have changed.”**

Overview of E/M Changes, Cont.

Total time on the date of the encounter (office or other outpatient services [99202-99205, 99212-99215]):

For coding purposes, time for these services is the total time on the date of the encounter. It includes **both the face-to-face and non-face-to-face time** personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff).

New Patient Office Visit 99201

99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family

- Deleted with suggested replacement 99202
- The American Medical Association (AMA) felt that a new patient visit should never be able to be completed in such a small amount of time

Revised Description - 99202

2020

- Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, **20 minutes are spent face-to-face with the patient and/or family.**

2021

- Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, **15-29 minutes of total time is spent on the date of the encounter.**

Revised Description - 99203

2020

- Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

2021

- Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, **30-44 minutes** of total time is spent on the date of the encounter.

Revised Description - 99204

2020

- Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

2021

- Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, **45-59 minutes** of total time is spent on the date of the encounter.

Revised Description - 99205

2020

- Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

2021

- Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, **60-74 minutes** of total time is spent on the date of the encounter.
- (For services 75 minutes or longer, see Prolonged Services 99417)

Revised Description - 99211

2020

- Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

2021

- **Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.**
- **Change is the last sentence, removing time element**

Revised Description - 99212

2020

- Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

2021

- Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, **10-19 minutes** of total time is spent on the date of the encounter.

Revised Description - 99213

2020

- Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

2021

- Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, **20-29 minutes** of total time is spent on the date of the encounter.

Revised Description - 99214

2020

- Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

2021

- Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, **30-39 minutes** of total time is spent on the date of the encounter.

Revised Description - 99215

2020

- Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

2021

- Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, **40-54 minutes** of total time is spent on the date of the encounter.
- (For services 55 minutes or longer, see Prolonged Services 99417)

New Code – Complexity Adjustment

Healthcare Common Procedure Coding System (HCPCS) code G2211 Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)

For furnishing services to patients on an ongoing basis that result in a comprehensive, longitudinal, and continuous relationship with the patient and involves delivery of team-based care that is accessible, coordinated with other practitioners and providers, and integrated with the broader health care landscape

New Code – Complexity Adjustment

- Use for 68-year old patient with congestive heart failure, diabetes, gout
- Do not use for seasonal allergies
- Not restricted to any specialty
- Includes patient education, expectations and responsibilities, shared decision-making around therapeutic goals, and shared commitments to achieve those goals

Time Calculations

Physician or QHP Time Includes

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



Services Reported Separately

Specifically identifiable service or procedure may be reported separately

- Performance and/or interpretation of diagnostic tests/studies not included in time spent
- Physician's interpretation of results of diagnostic tests/studies with preparation of a separate, distinctly identifiable signed, written report may be separately reported
- If test/study is independently interpreted in order to manage the patient as part of the E/M but not separately reported, it is part of the E/M

Modifier usage remains the same

Split/Shared Visits

A physician and other qualified healthcare professional(s) jointly provide face-to-face and non-face-to-face work

Time spent personally by those providers is summed and used to define total time

Only use distinct time

Time spent meeting jointly with patient or discussing patient is only counted by one individual

- Nurse Practitioner (NP) sees patient for 10 minutes, talks to doctor for 5 minutes, then doctor sees patient for 10 minutes
- Calculate time $10 + 5 + 10 = 25$

Medical Decision Making (MDM) Updates

History and/or Examination

Includes a medically appropriate history and/or physical exam, **when performed**

Extent of history and exam is not an element in code selection

- Nature and extent determined by treating physician or NPP reporting the service
- Care team may collect information
- Patient or caregiver may supply information directly (portal or questionnaire)
- Information provided must be reviewed by physician or NPP



Number and Complexity of Problems Addressed

- Multiple new or established conditions may be addressed at the same time
- May (or may not) affect MDM
- Symptoms may be for a specific diagnosis
- Each symptom not necessarily a unique condition
- Co-morbidities or underlying diseases not considered in selecting E/M level
- UNLESS co-morbidities/underlying diseases increase the amount and/or complexity of data to be reviewed or analyzed
- OR increase of risk of complications and/or morbidity or mortality of patient's management
- Multiple problems of lower severity may create higher risk due to interaction

Definition - Problem

Problem: A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter. Treatment dependent upon patient's condition

Problem addressed: A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient's medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being 'addressed' or managed by the physician or other qualified health care professional reporting the service. Referral without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service. Check the CDSM for AUC

Definition - Problem

Minimal problem: A problem that may not require the presence of the physician or other qualified health care professional, but the service is provided under the physician's or other qualified health care professional's supervision (see 99211).

Self-limited or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity **without** treatment is significant. Examples may include well-controlled hypertension, non-insulin dependent diabetes, cataract, or benign prostatic hyperplasia.

Definition - Problem

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor, but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. Examples may include cystitis, allergic rhinitis, or a simple sprain.

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. An example may be a lump in the breast.

Definition - Problem

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for 'self-limited or minor' or 'acute, uncomplicated.' Systemic symptoms may not be general, but may be single system. Examples may include pyelonephritis, pneumonitis, or colitis.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity. An example may be a head injury with brief loss of consciousness.

Definition - Problem

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Examples may include acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status.

Definitions:

Amounts/Complexity of Data

Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set. Quick, easy access to decision support tool

External: External records, communications and/or test results are from an external physician, other qualified health care professional, facility or healthcare organization.

External physician or other qualified healthcare professional: An external physician or other qualified health care professional is an individual who is not in the same group practice or is a different specialty or subspecialty. Communicate information to ordering provider. It includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.

Definitions:

Amounts/Complexity of Data

Independent historian(s): An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.

Independent Interpretation: The interpretation of a test for which there is a CPT code and an interpretation or report is customary. This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.

Appropriate source: For the purpose of the **Discussion of Management** data element, an appropriate source includes professionals who are not health care professionals, but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers. Communicate to patient

Definitions:

Amounts/Complexity of Data

Risk: The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty. Trained clinicians apply common language usage meanings to terms such as 'high', 'medium', 'low', or 'minimal' risk and do not require quantification for these definitions, (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.

Definitions: Amounts/Complexity of Data

Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment. Quick, easy access to decision support tool

Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

Definitions:

Amounts/Complexity of Data

Drug therapy requiring intensive monitoring for toxicity: A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent, but may be patient specific in some cases. Intensive monitoring may be long-term or short term. Long-term intensive monitoring is not less than quarterly. The monitoring may be by a lab test, a physiologic test or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of medical decision making in an encounter in which it is considered in the management of the patient. Examples may include monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis. **Examples of monitoring that does not qualify include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.**

Code Selection Based Is Based On

Level of MDM defined for each service

or

Total time for E/M services performed on the date of the encounter



MDM has Three Elements

- Number and complexity of problems addressed
- Amount and/or complexity of data to be reviewed and analyzed
- Risk of Complications, morbidity and/or mortality of patient management decisions
- MDM levels straightforward, low, moderate or high
- No MDM for CPT® 99211
- Shared MDM involves eliciting patient and/or family preferences, education, explaining risks and benefits of management options
- MDM may be influenced by role and management responsibility
- New & established patient MDM parallel

Amount and/or Complexity of Data

- Includes medical records and tests
- Other information that must be maintained, ordered, reviewed and analyzed for encounter
- May be obtained from multiple sources
- May be obtained from interpersonal communications that are not separately reported

Amount and/or Complexity of Data

- Divided into three categories
- Tests, documents, orders, or independent historian(s)
 - Each unique item counted until threshold reached
- Independent interpretation of tests
- Discussion of management or test interpretation with external physician, QHP, or appropriate source

Risk of Complications

The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), treatment (s). This includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family. For example, a decision about hospitalization includes consideration of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

Possible management options discussed may also include options not selected

Level of Medical Decision Making Table

- Used as guide to assist in code selection
- Contains four levels of MDM
- Contains three elements of MDM
- Contains risk of complications and/or morbidity or mortality
- Must meet or exceed two of three levels
- *Each unique test, order or document contributes to the combination of 2 or combination of 3 in Category 1

99202, 99212 - Straightforward

Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
Minimal <ul style="list-style-type: none">• 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

99203, 99213 - Low

Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
<p>Low</p> <ul style="list-style-type: none">• 2 or more self-limited or minor problems <p>or</p> <ul style="list-style-type: none">• 1 stable, chronic illness <p>or</p> <ul style="list-style-type: none">• 1 acute, uncomplicated illness or injury	<p>Limited</p> <p>Must meet the requirements of at least 1 of the 2 categories</p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none">• Any combination of 2• Review of prior external note(s) from each unique source• Review of the result(s) of each unique test• Ordering of each unique test <p>Category 2: Assessment requiring an independent historian</p>	<p>Low risk of morbidity from additional diagnostic testing or treatment</p>

99204, 99214 - Moderate

Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression or side effects of treatment <p>or</p> <ul style="list-style-type: none"> • 2 or more stable, chronic illnesses <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms <p>or</p> <ul style="list-style-type: none"> • 1 acute, complicated injury 	<p>Moderate</p> <p>Must meet requirements of at least 1 out of 3 categories</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • 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 • Assessment requiring an independent historian <p>or</p>	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • 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

99204, 99214 – Moderate, cont.

Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression or side effects of treatment <p>or</p> <ul style="list-style-type: none"> • 2 or more stable, chronic illnesses <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms <p>or</p> <ul style="list-style-type: none"> • 1 acute, complicated injury 	<p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician or QHP (not separately reported) <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician or QHP or appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • 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

Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
<p>High</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment <p>or</p> <ul style="list-style-type: none"> 1 acute or chronic illnesses or injury that poses a threat to life or bodily function 	<p>Extensive</p> <p>Must meet the requirements of at least 2 out of 3 categories</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> 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) <p>or</p>	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> 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 too de-escalate care because of poor prognosis

99205, 99215 – High, cont.

Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
<p>High</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment <p>or</p> <ul style="list-style-type: none"> 1 acute or chronic illnesses or injury that poses a threat to life or bodily function 	<p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician or QHP (not separately reported) <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician or QHP or appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> 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 too de-escalate care because of poor prognosis

Prolonged Services Reporting

Caution for Reporting

- The Centers for Medicare & Medicaid Services (CMS) disagree on the time reporting
- CPT uses the low end of the time
- CMS uses the high end of the time
- Example: 99215 is 40-54 minutes
- Parenthetical note: (For services 55 minutes or longer, see Prolonged Services 99417)
- CMS uses the 54 minute mark, so Prolonged Services don't start until minute 69
 - New HCPCS code established

New HCPCS Code G2212

Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)

(Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416)
(Do not report G2212 for any time unit less than 15 minutes)

Revised Description – 99354, 99355

2020

- Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)

2021

- Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, **except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]**)

Revised Description – 99356, 99357

2020

- Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)

2021

- Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for **inpatient or observation** Evaluation and Management service)

Table Tip – 99356, 99357

Total Duration of Prolonged Services	Code(s)
Less than 30 minutes	Not reported separately
30-74 minutes (30 minutes – 1 hour 14 minutes)	99356 X 1
75-104 minutes (1 hour 15 minutes – 1 hour 44 minutes)	99356 X 1 AND 99357 X 1
105 minutes or more (1 hour 45 minutes or more)	99356 X 1 AND 99357 X 2 or more for each additional 30 minutes

Codes 99358, 99359

- Use when a prolonged service is provided that is neither face-to-face time in the outpatient, inpatient, or observation setting, nor additional unit/floor time in the hospital or nursing facility setting
- Use during the same session of an evaluation and management service, except office or other outpatient services (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215)
- May be used for prolonged services on a date other than the date of a face-to face encounter
- This prolonged service may be reported on a different date than the primary service to which it is related
 - Extensive record review may relate to a previous evaluation and management service performed at an earlier date
 - Must relate to a service or patient where (face-to-face) patient care has occurred or will occur and relate to ongoing patient management

Prolonged Evaluation and Management Service Before and/or After Direct Patient Care

- 99358 Prolonged evaluation and management service before and/or after direct patient care; first hour
- 99359 each additional 30 minutes (List separately in addition to code for prolonged service)
- (Use 99359 in conjunction with 99358)
- (Do not report 99358, 99359 on the same date of service as 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99417)
- (Do not report 99358, 99359 during the same month with 99484, 99487-99489, 99490, 99491, 99492, 99493, 99494)
- (Do not report 99358, 99359 when performed during the service time of codes 99495 or 99496, if reporting 99495 or 99496)

Table Tip – 99358, 99359

Total Duration of Prolonged Services Without Direct Face-to-Face Contact	Code(s)
Less than 30 minutes	Not reported separately
30-74 minutes (30 minutes – 1 hour 14 minutes)	99358 X 1
75-104 minutes (1 hour 15 minutes – 1 hour 44 minutes)	99358 X 1 AND 99359 X 1
105 minutes or more (1 hour 45 minutes or more)	99358 X 1 AND 99359 X 2 or more for each additional 30 minutes

Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision

- Facilities may not report 99415, 99416
- 99415 Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient **Evaluation and Management** service)
- (Use 99415 in conjunction with 99205, 99215)
- (Do not report 99415 in conjunction with 99354, 99355, 99417)

Table Tip – 99415, 99416

Total Duration of Prolonged Services	Code(s)
Less than 30 minutes	Not reported separately
30-74 minutes (30 minutes – 1 hour 14 minutes)	99415 X 1
75-104 minutes (1 hour 15 minutes – 1 hour 44 minutes)	99415 X 1 AND 99416 X 1
105 minutes or more (1 hour 45 minutes or more)	99415 X 1 AND 99416 X 2 or more for each additional 30 minutes

Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision

- Facilities may not report 99415, 99416
- 99416 each additional 30 minutes (List separately in addition to code for prolonged service)
- (Use 99416 in conjunction with 99415)
- (Do not report 99416 in conjunction with 99354, 99355, 99417)

Table Tip – 99205 and 99417

Total Duration of Prolonged Services	Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 AND 99417
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 30 minutes

Table Tip – 99215 and 99417

Total Duration of Prolonged Services	Code(s)
Less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 AND 99417
70-84 minutes	99215 X 1 AND 99417 X 2
85 minutes or more	99215 X 1 AND 99417 X 3 or more for each additional 30 minutes

Table Tip – CMS New Patient

CPT® Code(s)	Total Time Required for Reporting*
99205	60-74 minutes
99205 x 1 and G2212 x 1	89-103 minutes
99205 x 1 and G2212 x 2	104-118 minutes
99205 x 1 and G2212 x 3 or more fore each additional 15 minutes	119 or more

*Total time is the sum of all time, with and without direct patient contact and including prolonged time, spent by the reporting practitioner on the date of service of the visit.

Table Tip – CMS New Patient

CPT® Code(s)	Total Time Required for Reporting*
99215	40-54 minutes
99215 x 1 and G2212 x 1	69-83 minutes
99215 x 1 and G2212 x 2	84-98 minutes
99215 x 1 and G2212 x 3 or more for each additional 15 minutes	99 or more

- *Total time is the sum of all time, with and without direct patient contact and including prolonged time, spent by the reporting practitioner on the date of service of the visit



Questions?

A large, faint, light blue watermark of the Vitalware logo, which consists of a stylized 'W' inside a circle, is centered in the background of the slide.

Thank you!

References

- American Medical Association E/M Hub: <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>
- AMA Resources: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- CMS Resources: <https://www.cms.gov/files/document/r10505cp.pdf>