



## Getting Ready for 2021

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2021  
approaching  
fast!

Office  
Visit  
coding  
will  
change  
in 2021

- Visits will be coded based on either Time or Medical Decision-Making
- 99201 deleted
- Medically appropriate History and Examination must still be documented
- New code for prolonged services of 15-30 minutes

No change to other Evaluation and Management codes...yet!

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## How did we get here?

- 1992 – Evaluation and Management Coding introduced
- 1995 and 1997 Documentation Guidelines
- Electronic Medical Records and Meaningful Use
  - “Note Bloat”

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## CPT/RUC\* Workgroup on E/M

### Guiding Principles:

1. To decrease the administrative burden of documentation and coding – Remove scoring by History and Examination – **Code the way physicians and other qualified health care professionals think**
2. To decrease the need for audits – **more detail in CPT codes to promote payer consistency if audits are performed and to promote coding consistency**
3. To decrease unnecessary documentation in the medical record that is not needed for patient care – **promote higher-level activities of Medical Decision Making (MDM)**
4. To ensure that payment for E/M is resource-based and that there is no direct goal for payment redistribution between specialties – **use MDM criteria and the use of educational/audit tools**

Start with office and other outpatient codes – eventually include all categories of E/M

\*RUC – Relative Value Update Committee

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## Time – Now and in 2021

### 2020 –

- Evaluation and Management services can be coded based on time only if visit is dominated by counseling and coordination of care – and only face-to-face time counts
- For Medicare, during Public Health Emergency, telehealth visits may be coded based on time even if not dominated by counseling and coordination of care

### 2021 –

- Office visits level will be determined either by time or by revised Medical Decision-Making criteria
- Time is not just face-to-face time

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## 2021 - Time - What Counts?

- preparing to see the patient (eg, review of tests)
- 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 or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (not separately reported)

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## 2021 AMA Times for Office Visit Codes

	Time		Time
		99211	Not specified
99202	15-29	99212	10-19
99203	30-44	99213	20-29
99204	45-59	99214	30-39
99205	60-74	99215	40-54

- Clinical staff time DOES NOT count!
- Only one person per minute – if two providers see patient at same time, only one would be counted for each minute.

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## New Prolonged Services Codes

- 99417 - Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)
- Difference between AMA and CMS in counting time – awaiting Physician Fee Schedule Final Rule

► Total Duration of New Patient Office or Other Outpatient Services (use with 99205)		Code(s)
less than 75 minutes		Not reported separately
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
Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)		Code(s)
less than 55 minutes		Not reported separately
55-69 minutes		99215 X 1 and 99417 X 1
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 15 minutes ◀

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# Current Prolonged Services Codes

## Office and Other Outpatient

- Face-to-Face - When the face-to-face time exceeds the norm for that code by 30 minutes or more

- +99354 – first hour
- +99355 – each additional 30 minutes

In 2021, these will only be used with psychotherapy, consultations, home visits, domiciliary visits, and care planning for cognitive impairment.

## Non Face-to-Face – not on same day, but related to a face-to-face visit

- 99358 – Prolonged E&M service before and/or after direct patient care, first hour
- +99359 – each additional 30 minutes

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# 2021 Medical Decision-Making

Table 2 – CPT E/M Office Revisions  
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:

Note: This content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 1 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202	Straightforward	Minimal	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99212	Low	Low	Limited	Low risk of morbidity from additional diagnostic testing or treatment
99213	Low	Low	Limited	Low risk of morbidity from additional diagnostic testing or treatment
99204	Moderate	Moderate	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment
99214	Moderate	Moderate	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment
99205	High	High	Extensive	High risk of morbidity from additional diagnostic testing or treatment
99215	High	High	Extensive	High risk of morbidity from additional diagnostic testing or treatment

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## Number and Complexity of Problems *Addressed*

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury
99205 99215	High	High • 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

- To receive credit in this category, the problem must be addressed:
  - Management
  - Diagnostic studies ordered
  - Consideration of further treatment even if declined by patient
- Listing a diagnosis without documentation of “management” does not count – prescription, ordering of diagnostic tests, counseling
- Notation that condition is managed by another provider or referral without further workup or consideration of treatment does not qualify

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## Amount and/or Complexity of Data to be Reviewed and Analyzed

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Amount and/or Complexity of Data to be Reviewed and Analyzed <small>(Each unique HPI, vitals, or assessment contributes to the combination of 2 or combination of 3 in Category 1 below.)</small>
99211	N/A	N/A
99202 99212	Straightforward	Minimal or none
99203 99213	Low	Limited <small>(Must meet the requirements of at least 1 of the 2 categories)</small> Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external notes (from each unique source*); • Review of the result(s) of each unique test*; • Ordering of each unique test*; or Category 2: Assessment requiring an independent historian(s) <small>(For the purposes of independent interpretation of each and discussion of management or test interpretation, see moderate or high)</small>
99204 99214	Moderate	Moderate <small>(Must meet the requirements of at least 2 out of 3 categories)</small> Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external notes (from each unique source*); • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not necessarily reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional (appropriate source not separately required)
99205 99215	High	Extensive <small>(Must meet the requirements of at least 2 out of 3 categories)</small> Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external notes (from each unique source*); • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not necessarily reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional (appropriate source not separately required)

Separate credit given for multiple tests or review of prior external notes from multiple sources

Credit not given if test performed and billed in-house on date of service

Categories:

- Order diagnostic test, review of results, review of external notes, independent historian
- Independent interpretation of tests
- Discussion of interpretation or management

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## Risk of Complications and/or Morbidity or Mortality of Patient Management

Code	Level of MDM (Based on Level of Elements of MDM)	Risk of Complications and/or Morbidity or Mortality of Patient Management
9921	N/A	N/A
9922	Diagnostic/Therapeutic	Minimal risk of morbidity from additional diagnostic testing or treatment
9923	Low	Low risk of morbidity from additional diagnostic testing or treatment
9924	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment  Examples only: <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Decision to treat/monitor significant health condition</li> </ul>
9925	High	High risk of morbidity from additional diagnostic testing or treatment  Examples only: <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> <li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization</li> <li>• Decision not to resuscitate or to discontinue care because of poor prognosis</li> </ul>

Similar to Table of Risk in previous guidelines – Risk of Diagnostic Studies and Management Options combined into one column.

Two notable changes:

- Decision **regarding** surgery
- Identified **patient or procedure risk** factors

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## Social Determinants of Health (SDH)

- Potential health hazards related to socioeconomic and psychosocial circumstances
- May be coded from other than treating physician documentation
- Never coded primary

Will be a factor in Medical Decision-Making for new 2021 Office Visit Coding Guidelines

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## Examples of SDH Codes

- Z55.2 – Failed examinations in school
- Z55.3 – Underachievement in school
- Z55.4 – Educational maladjustment and discord with teachers and classmates
- Z59.0 – Homelessness
- Z59.1 – Inadequate housing
- Z59.4 – Lack of adequate food and safe drinking water
- Z59.5 – Extreme poverty
- Z59.7 – Insufficient social insurance and welfare support
- Z60.3 – Acculturation difficulty
- Z62.0 – Inadequate parental supervision and control
- Z62.1 – Parental overprotection
- Z62.21 – Child in welfare custody
- Z63.31 - Absence of family member due to military deployment
- Z63.72 – Alcoholism and drug addiction in family

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99204 99214	Moderate	<b>Moderate</b> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>• 2 or more stable chronic illnesses;</li> <li>or</li> <li>• 1 undiagnosed new problem with uncertain prognosis;</li> <li>or</li> <li>• 1 acute illness with systemic symptoms;</li> <li>or</li> <li>• 1 acute complicated injury</li> </ul>	<b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i> <b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <b>or</b> <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <b>or</b> <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	<b>Moderate risk of morbidity from additional diagnostic testing or treatment</b> <i>Examples only:</i> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health</li> </ul>
99205 99215	High	<b>High</b> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i> <b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <b>or</b> <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <b>or</b> <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	<b>High risk of morbidity from additional diagnostic testing or treatment</b> <i>Examples only:</i> <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> <li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization</li> <li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

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## Example

12yo is seen in the office for ADHD and anxiety follow up. Child is on Adderall and sertraline. They are working with a psychologist every other week. 15 minutes spent in the visit. No changes to current medications.

Detailed History, Detailed Examination

- Current Guidelines – 99213/99214
- 2021 Guidelines – 99212 based on time, 99214 on MDM

Medical Decision-Making

- Moderate: Two stable chronic illnesses - 99214
- Straightforward: No data reviewed - 99212
- Moderate: Prescription drug management - 99214

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## Example

2yo seen in the office for fever and a rash. Also with cough and runny nose for 3 days. Not sleeping well. No previous ear infections. On exam found to have an ear infection and oral antibiotics prescribed. The rash is a contact dermatitis and recommended treatment with OTC hydrocortisone. 15 minutes spent in the visit.

Detailed History, Detailed Examination

- Current Guidelines – 99213/99214
- 2021 Guidelines – 99212 based on time, 99213/99214 on MDM

Medical Decision-Making

- Low/Moderate: Acute, uncomplicated illness or injury – 99213 OR Acute illness with systemic symptoms - 99214
- Straightforward: No data reviewed - 99212
- Moderate: Prescription drug management - 99214

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## Example

17yo is seen in the office for evaluation of an eating disorder. She is avoiding and restricting her eating. Her vitals are normal, but her weight is down 15 pounds since last checked. She is seeing a psychologist weekly. Her exam otherwise is within normal limits. Labs are sent out and will not be available until the next day. 35 minutes spent in the visit. She is scheduled to come back for her next check in 2 weeks.

Detailed History, Detailed Examination

- Current Guidelines – 99214
- 2021 Guidelines – 99214 based on time or MDM

Medical Decision-Making

- Moderate: Chronic illness with exacerbation - 99214
- Low/Moderate?: How many unique tests ordered? – 2 = 99213; 3+ = 99214
- Moderate: ????

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## Example

5yo seen in the office for a sore throat and fever. Rapid test for COVID is negative and rapid test for strep is positive. Antibiotics prescribed. Physician in the room 15 minutes, broken up before and after the lab testing. Patient in room for 25 minutes.

Detailed History, Detailed Examination

- Current Guidelines – 99214
- 2021 Guidelines – 99214

Medical Decision-Making

- Moderate: Acute illness with systemic symptoms - 99214
- Low: 2 tests ordered, reviewed - 99213
- Moderate: Prescription drug management - 99214

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## Example

7yo patient previously diagnosed with asthma presents with acute exacerbation

Detailed History, Detailed Examination

- Current Guidelines – 99214
- 2021 Guidelines – 99214/99215

Medical Decision-Making

- Moderate/High?: Chronic illness with mild exacerbation – 99214 or chronic illness with severe exacerbation – 99215
- High: Recommendation to admit patient, but parent declines, wanting to wait “to give breathing treatments a chance” - 99215

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## Making the Leap to 99205/99215

- Time or
- High Complexity Medical Decision-Making – 2 out of 3
  - Chronic illness(es) with severe exacerbation, progression, or side effects of treatment OR acute or chronic illness or injury that poses a threat to life or bodily function
  - Two out of Three:
    - At least 3 unique tests reviewed or a combination of tests reviewed, review of external notes, ordering of unique test, assessment of independent historian
    - Independent interpretation not separately billed
    - Discussion of management or test interpretation
  - High risk of morbidity from additional diagnostic testing or treatment

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## Getting Ready for 2021

- Review documentation now with an eye to 2021 as well as current guidelines
- Work with physicians to have them document more of thought process in Assessment and Plan rather than just choose the diagnosis in drop-down box
- Look at ways to measure time spent in all activities involving care of the patient on the date of service
- Consider what is medically necessary for History and Examination – it won't affect your office visit coding, but will still be necessary for clinical reasons and medicolegal reasons
- Focus on Social Determinants of Health – diagnoses that may help support level of service
- And remember coding for other sites of service is not changing in 2021 – don't lose any ground you have gained in coding those services

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## Resources

- <https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>
- <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

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