



CPT CODE ALERT:
**NEW CRITERIA FOR E/M
OFFICE VISIT CODES**
EFFECTIVE JAN. 1, 2021



CPT CODE ALERT:
**NEW CRITERIA FOR EVALUATION AND
MANAGEMENT OFFICE VISIT CODES**
EFFECTIVE JAN 1, 2021


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DISCLAIMER:
NO CONFLICTS TO REPORT


CODING CHANGES EFFECTIVE JANUARY 1, 2021:

- OFFICE & OP SERVICE: NEW PATIENT
99202-99205
- OFFICE & OP SERVICE: ESTABLISHED PATIENT 99211-99215
- PROLONGED SERVICE: 99417 [G2212]

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STEP 1: SELECT CODE FAMILY: NEW VS. ESTABLISHED PATIENT

- NEW PT: Not seen by anyone in your practice with the same specialty or subspecialty in 3 YEARS.
- e.g. Pt seen in ED by my C/L colleagues, and then referred to the outpatient clinic, where I see them, is an ESTABLISHED PATIENT

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STEP 2: SELECTING THE E/M CODE LEVEL

- MEDICAL DECISION MAKING (MDM)
- OR: TOTAL TIME (on day of service)
- The choice is **strictly the option** of the physician or other qualified health care professional
- EXCEPT: When a psychotherapy add-on code is reported, the E/M code may NOT be selected based on time


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NOT INCLUDED IN SELECTING CODE LEVEL:

- Extent of history and/or physical examination
 - Services must include a medically appropriate history and/or physical examination
 - Nature and extent determined by the treating physician based on clinical indication; care team may collect information and/or the patient or caregiver may supply information to be reviewed by clinician.
- Extent of counseling and/or coordination of care
- Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services
- Services that are reported using a separate CPT code


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CODING BY MEDICAL DECISION MAKING

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MEDICAL DECISION MAKING

Medical Decision Making includes;
establishing diagnoses,
assessing the status of a condition,
and/or selecting a management option.

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MEDICAL DECISION MAKING IS DEFINED BY THREE ELEMENTS:

1. The number and complexity of problem(s) that are addressed during the encounter




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MEDICAL DECISION MAKING IS DEFINED BY THREE ELEMENTS:

2. The amount and/or complexity of data to be reviewed and analyzed; includes:

- Unique sources of data in addition to the patient: tests, documents, orders, or independent historian(s)
- Independent interpretation of tests
- Discussion with external physician or other qualified healthcare professional or an appropriate source




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MEDICAL DECISION MAKING IS DEFINED BY THREE ELEMENTS:

3. Risk related to management decisions made at the visit.

-This includes the possible management options selected and those considered, but not selected, after shared medical decision making.




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Elements of Medical Decision Making

Level of MDM (based on best of 2 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	
			Minimal or none	High
9911	N/A	N/A	N/A	N/A
9912	Streamlined • 1 self-limited or minor problem	Minimal or none	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
9913	Low • 2 or more self-limited or minor problems; • 1 stable chronic illness or injury	Low Must meet the requirements of at least 2 of the 3 categories: • Category 1: Tests and documents - Any combination of 2 from the following: • "Review of prior external note(s) from each unique source"; • "Review of the results of each unique test"; • "Ordering of each unique test"; • Category 2: Assessment requiring an independent historian(s)	Limited Must meet the requirements of at least 2 of the 3 categories: • Category 1: Tests and documents - Any combination of 2 from the following: • "Review of prior external note(s) from each unique source"; • "Review of the results of each unique test"; • "Ordering of each unique test"; • Category 2: Assessment requiring an independent historian(s)	Low risk of morbidity from additional diagnostic testing or treatment Examples only: • Decision regarding management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors
9914	Moderate • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; • 1 undiagnosed new problem with uncertain prognosis; • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate Must meet the requirements of at least 2 of the 3 categories: • Category 1: Tests and documents - Any combination of 2 from the following: • "Review of prior external note(s) from each unique source"; • "Review of the results of each unique test"; • "Ordering of each unique test"; • Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); • Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation by external physician/other qualified health care professional (appropriate source listed separately reported).	Extensive Must meet the requirements of at least 2 of the 3 categories: • Category 1: Tests and documents - Any combination of 2 from the following: • "Review of prior external note(s) from each unique source"; • "Review of the results of each unique test"; • "Ordering of each unique test"; • Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); • Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation by external physician/other qualified health care professional (appropriate source listed separately reported).	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Decision regarding management • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery
9915	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	High Must meet the requirements of at least 2 of the 3 categories: • Category 1: Tests and documents - Any combination of 2 from the following: • "Review of prior external note(s) from each unique source"; • "Review of the results of each unique test"; • "Ordering of each unique test"; • Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); • Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation by external physician/other qualified health care professional (appropriate source listed separately reported).	Extensive Must meet the requirements of at least 2 of the 3 categories: • Category 1: Tests and documents - Any combination of 2 from the following: • "Review of prior external note(s) from each unique source"; • "Review of the results of each unique test"; • "Ordering of each unique test"; • Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); • Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation by external physician/other qualified health care professional (appropriate source listed separately reported).	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery

DATA COLUMN IS NOT THAT USEFUL

1. "Problems" is risk from the underlying illness.
2. "Risk" is risk from selected or considered management options.
3. Typically risk from the illness and risk from the management options run in lockstep
4. Usually not enough data elements to get to the next level
5. If lots of communicating to other providers, time usually works



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Note: Handwritten annotations in the table highlight specific data review requirements for Low, Moderate, and High risk levels.

Elements of Medical Decision Making

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99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; • 2 or more stable chronic illnesses; • 1 undiagnosed new problem with uncertain prognosis; • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health
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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.




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PROBLEM ADDRESSED

A problem is addressed or managed when it is evaluated or treated at the encounter

1. This includes consideration of further testing or treatment that may or may not be elected
2. 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'
3. Referral without evaluation does not count as 'addressed'



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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.

e.g. An otherwise stable patient whom you see to provide a prescription of benzodiazepine for acute anxiety in advance of a plane trip.



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STABLE CHRONIC ILLNESS

- Chronic:
 - A problem with an expected duration of at least a year or until the death of the patient.
 - Same illness with stage or severity changes
- Stable :
 - A problem that has reached its treatment goal

Examples:

- ADHD, well controlled with medication
- Major depression, minimum symptoms remaining



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ACUTE, UNCOMPLICATED ILLNESS

A recent or new short-term problem with low risk of morbidity for which treatment is considered.

- Little to no risk of mortality with treatment and full recovery without functional impairment is expected.
- Could be a problem that is normally self-limited or minor, but is not resolving consistent with a definite and prescribed course
- Example: recent onset insomnia


Children's Hospital of Richmond at VCU

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CHRONIC ILLNESS W/EXACERBATION, PROGRESSION OR SIDE EFFECTS OF TX

Chronic illness that is acutely worsening, poorly controlled or progressing

- Intent to control progression
- Requires additional supportive care or requiring attention to treatment for side effects
- Does not require consideration of hospital level of care




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UNDIAGNOSED NEW PROBLEM with UNCERTAIN PROGNOSIS


Differential diagnosis includes a condition likely to result in a high risk of morbidity without treatment
e.g. Poor school performance in a child with no diagnosed condition or circumstance to explain it.
OR, auditory hallucinations



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MORBIDITY

- Substantial duration
- Function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment



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ACUTE ILLNESS w/ SYSTEMIC SYMPTOMS

Illness that causes systemic symptoms

- High risk of morbidity without treatment
- Not a minor illness
- examples: New onset depression, New onset psychosis




ACUTE ILLNESS w/ SYSTEMIC SYMPTOMS***

At the request of AACAP, CPT Assistant (November, 2020) published a Q&A:

- May certain acute psychiatric illnesses be considered "acute illness with systemic symptoms"?
- The answer in CPT Assistant is, "Yes"
- Psychiatric disorders are not limited to emotional and behavioral problems
- Association with systemic symptoms, such as changes in sleep, appetite, energy, restlessness, and muscle tension
- Association with metabolic, cardiovascular, and other inflammation-related disorders


Examples Include depression, psychosis, and posttraumatic stress



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ACUTE COMPLICATED INJURY

- An injury
- 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
- Example:
Head injury with brief loss of consciousness




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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
- May require hospital level of care
- examples: Patient with a history of bipolar disorder now experiencing a manic episode
- extensive rash in a patient treated with lamotrigine



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ACUTE or CHRONIC ILLNESS or INJURY THAT POSES A THREAT TO LIFE or BODILY FUNCTION

- An acute illness with systemic symptoms,
- 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

- e.g. Psychiatric illness with potential threat to self or others




Elements of Medical Decision Making

Code	Level of MDM (based on both Problems and Risk)	Number and Complexity of Problems Addressed	Risk of Complications and/or Morbidity or Mortality from Patient Management (Includes options considered but not selected after shared medical decision making)
99211	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; • 1 stable chronic illness, or • 1 acute, uncomplicated illness or injury	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; • 2 or more stable chronic illnesses; • 1 undiagnosed new problem with uncertain prognosis; • 1 acute illness with systemic symptoms, or • 1 acute complicated injury	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health
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	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization

RISK


- The probability and/or consequences of an event
- Level of risk is affected by the nature of the event under consideration
- In CPT examples: a **low** probability of death may be **high** risk, whereas a **high** chance of a minor, self-limited adverse effect of tx may be low risk.
- Based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty
- Based upon consequences of the problem(s) addressed at the encounter when appropriately treated
- Includes consideration related to the need to initiate or forego further testing, treatment and/or hospitalization



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The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problems, diagnostic procedures and treatments **INCLUDES** the possible management options selected **AND THOSE CONSIDERED BUT NOT SELECTED** after shared medical decision making with the patient or family.

e.g. Decision about hospitalization




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Elements of Medical Decision Making			
Code	Level of MDM (based on both Problems and Risk)	Number and Complexity of Problems Addressed	Risk of Complications and/or Morbidity or Mortality (Includes values considered but not selected after shared medical decision making)
99211	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; • 2 or more stable chronic illnesses; • 1 undiagnosed new problem with uncertain prognosis; • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health
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	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization

PRESCRIPTION DRUG MANAGEMENT

- Assessment of indications, effects, side effects.
- Does not require a prescription written or a dosage change



Elements of Medical Decision Making			
Code	Level of MDM (based on Both Problems and Risk)	Number and Complexity of Problems Addressed	Risk of Complications and/or Morbidity or Mortality from Patient Management (Includes actions considered but not selected after shared medical decision making)
99211	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; • 1 stable chronic illness or • 1 acute, uncomplicated illness or injury	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; • 2 or more stable chronic illnesses; • 1 undiagnosed new problem with uncertain prognosis; • 1 acute illness with systemic symptoms, or • 1 acute complicated injury	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health
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	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization


SOCIAL DETERMINANTS OF HEALTH

- Economic and social conditions that influence the health of people and communities.
- examples: food or housing insecurity; significant family tension



EXTERNAL


- External refers to records, communications, or test results from an external source.
- An external physician or other qualified health professional is an individual who is in a different specialty or subspecialty, or different practice.
- May also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency



Code	Level of MDM (based on best of 2 out of 3)	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	
				Minimal or none	Low, Moderate, or High
99021	High	None	None	None	None
99022	Stratified/low	Minimal	Minimal or none	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99023	Low	Low	Low	Low	Low risk of morbidity from additional diagnostic testing or treatment
99024	Moderate	Moderate	Moderate	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment
99025	High	High	High	High	High risk of morbidity from additional diagnostic testing or treatment

INDEPENDENT HISTORIAN


- An individual who provides a history in addition to a history provided by the patient, when:
 - Patient is unable to provide a complete or reliable history (e.g. due to developmental stage, dementia, or psychosis),
 - Confirmatory history is judged to be necessary, or
 - Conflict or poor communication between multiple historians and more than one historian(s) is needed.



Elements of Medical Decision Making			
Level of MDM (based on best of 2 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
Code	MDM	MDM	MDM
99211	N/A	N/A	N/A
99212	Minimal	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99213	Low	Low	Low risk of morbidity from additional diagnostic testing or treatment
99214	Moderate	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment
99215	High	Extensive	High risk of morbidity from additional diagnostic testing or treatment

INDEPENDENT INTERPRETATION


- Requires test for which there is a CPT code and an interpretation or report is customary.
- Not reported separately by the clinician
- The interpretation should be documented.
- Performed by another physician/qualified health care provider (interpretation of a rating scale performed by you or your office does NOT qualify)



Elements of Medical Decision Making			
Level of MDM (based on best of 2 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
Code	MDM	MDM	MDM
99211	N/A	N/A	N/A
99212	Minimal	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99213	Low	Low	Low risk of morbidity from additional diagnostic testing or treatment
99214	Moderate	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment
99215	High	Extensive	High risk of morbidity from additional diagnostic testing or treatment

APPROPRIATE SOURCE

- Professionals who are not health care professionals, but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher)
- Does not include discussion with family or informal caregivers

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CODING BY TIME

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USING TIME TO SELECT E/M CODE:

- Includes both the face-to-face and non-face-to-face time personally spent on the day of the encounter
 - Includes time in activities that require the physician or other qualified health care professional
 - Does not include time in activities normally performed by clinical staff
 - When two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted.
 - CPT does not address time spent by trainees

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TOTAL TIME INCLUDES:

- Preparing to see the patient (eg, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Ordering medications, tests, or procedures
- Counseling and educating the patient/family/caregiver
 - This is NOT psychotherapy!
- Referring and communicating with other health care professionals
- 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

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TIMELINE FOR NEW PATIENT CODES

Total time (min)	<15	15-29	30-44	45-59	60-74			
New Patient	N/A	99202	99203	99204	99205			
	Do not report using time							

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TIMELINE FOR ESTABLISHED PATIENT CODES

Total time (min)	<10	10-19	20-29	30-39	40-54		
Established Patient	N/A	99212	99213	99214	99215		
	Do not report using time						

Children's Hospital of Richmond at VCU

TIME USED (minimum)

99202	15 min	99211	not reportable using time
99203	30 min	99212	10 min
99204	45 min	99213	20 min
99205	60 min	99214	30 min
		99215	40 min

Children's Hospital of Richmond at VCU

PROLONGED SERVICE 99417 (NEW)

- Prolonged office or other outpatient E&M service(s): each 15-minute increment **after the time threshold of the highest-level service has been met**. (60 min for 99205, 40 min for 99215)
- To report a unit of 99417, 15 full minutes of additional time must have been attained. Do not report 99417 for any additional time increment of less than 15 minutes.
- Only use when the office or other outpatient service has been selected using time alone as the basis.
- Must be on the date of office or other outpatient services

Children's Hospital of Richmond at VCU

TIME USED (minimum)

NEW PATIENT		ESTABLISHED PATIENT	
99202	15 min	99211	not reportable using time
99203	30 min	99212	10 min
99204	45 min	99213	20 min
99205	60 min	99214	30 min
+99417	75 min	99215	40 min
		+99417	55 min

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PROLONGED OFFICE/OUTPATIENT E/M SERVICES (MEDICARE)

- HCPCS ADD ON CODE: G2212
- Prolonged office or other outpatient E&M service(s): each 15-minute increment after the **MAXIMUM REQUIRED** time of the highest-level service has been met. (74 min for 99205, 54 min for 99215)
- To report each unit of G2212, 15 full minutes of additional time must have been attained.
- Only use when the office or other outpatient service has been selected using time alone as the basis. Must be on the date of office or other outpatient services

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TIMELINE FOR NEW PATIENT CODES

Total time (min)	<15	15-29	30-44	45-59	60-74	89-103	104-119	120+
New Patient	N/A	99202	99203	99204	99205	99205	99205	99205
						+1 unit	+2 unit	+1 additional unit
						G2212	G2212	G2212
	Do not report using time							For each full increment of 15 min. above 74 min.

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TIMELINE FOR ESTABLISHED PATIENT CODES

Total time (min)	<10	10-19	20-29	30-39	40-54	69-83	84-98	99+
Established Patient	N/A	99212	99213	99214	99215	99215	99215	99215
						+1 unit	+2 unit	+1 additional unit
						G2212	G2212	G2212
	Do not report using time							For each full increment of 15 min. above 54 min.

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“LEGACY” PROLONGED SERVICE CODES

- 99354 Prolonged service with Direct Patient Contact, first hour (use with psychotherapy)
- 99345
- 99356 Prolonged service in the Inpatient Setting, first hour
- 99357
- 99358 Prolonged E/M service before and/or after direct patient care, first hour (DO NOT REPORT w/ 99417)
- 99359

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CPT CODING AND REIMBURSEMENT COMMITTEE

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