



Northern Virginia
Health Foundation

Preparing Your Practice for the 2021 E/M Documentation and Coding Changes

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RS&F Healthcare Services

- ❑ Coding, Medical Record Audits, and Compliance Plans
- ❑ Third Party Provider Credentialing and Contract Negotiations
- ❑ Fee Schedule and RVU Analysis, including Cost and Collection Metrics
- ❑ ACO and NCQA PCMH Recognition and Support
- ❑ Community Health Center/FQHC Operational and Billing Support
- ❑ Patient Satisfaction Surveys and Customer Service Training
- ❑ Outsourced Practice Management
- ❑ Practice Start-Up, including Planning and Promotion
- ❑ Hospital Physician Enterprise Optimization
- ❑ CLIA/OSHA/HIPAA Compliance Review, Training, and Implementation

History of E/M Coding Guidelines

Two Set of Guidelines from 1995 and 1997:

- History level based on meeting 3/3 sub-component levels.
- Exam level based on 1995 OR 1997 criteria.
- Medical decision-making level based on 2/3 subcomponents.
- New patient code levels based on 3/3 major components.
- Established patient levels based on 2/3 major components.
- Only direct face-to-face time was factored into time-based service.

History of E/M Coding Guidelines

2020 CHANGES TO DOCUMENTATION REQUIREMENTS:

- Focus on what has changed or pertinent factors that have not changed since the last encounter.
- Acknowledge, rather than re-document that a patient's HPI or CC has been reviewed and verified.
- Acknowledge and verify, rather than re-document notations made by other members of the medical team.

Benefits of New 2021 E/M Documentation Changes

- Decreased administrative burden of documentation and coding.
- Decrease unnecessary documentation that may not be pertinent to patient care.
- Addition and expansion of key definitions and guidelines would reduce the need for audits.
- Payment is resource-based with no direct goal for payment redistribution among specialties.

2021 E/M Coding Changes

UPCOMING MAJOR CHANGES:

- Eliminating the History and Physical exam components as a requirement for determining the level of service.
- Basing the level of E/M service on Medical Decision Making (MDM) only **OR** Time only, regardless of 50% counseling.
- Revising the definition and duration of times associated with each level of Medical Decision Making

2021 E/M Coding Changes

WHAT DOES NOT CHANGE – MEDICAL NECESSITY STANDARDS

- Medical Necessity is the overarching criteria to meet the level of E/M service.
- Medical Necessity dictates that a “condition appropriate” History and Exam must be documented.
- Notes that are copied and pasted (cloned) without updates do not meet Medical Necessity standards.

Effective January 1, 2021

- Only the New and Established Office/Outpatient E/M codes are subject to the new guidelines.
- History and physical exam are removed as a key component.
- Code selection should be based on MDM or Time.
- Time will be based on the total time personally spent on the date of the encounter either by the physician or other qualified healthcare professional.

Effective January 1, 2021

- Elimination of CPT code 99201 because the level of medical decision making is the same as 99202.
- Code descriptions contain a “medically appropriate history and/or exam” for each level of service.
- Code descriptions include the specified level of medical decision making.
- Descriptions are revised to include specific time based instruction.

Sample New E/M Code Descriptor

99204 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.

2021 E/M Office/Outpatient Codes

CODE	MDM	TIME	
99201	Straightforward		Deleted 1-1-2021
99202	Straightforward	15-29 minutes	
99203	Low	30-44 minutes	
99204	Moderate	45-59 minutes	
99205	High	60-74 minutes	

2021 E/M OFFICE/OUTPATIENT CODES

CODE	MDM	TIME	
99211	Minimal		Physician or QHP's presence not required
99212	Straightforward	10-19 minutes	
99213	Low	20-29	
99214	Moderate	30-39	
99215	High	40-54	

Coding Based on Time

- Time preparing for the visit, (e.g., review of records, tests, obtaining results).
- Time obtaining and/or reviewing separately obtained history.
- Time performing a medically appropriate exam and/or evaluation.
- Time counseling and educating the patient and/or family/caregiver.
- Time ordering medications, tests or procedures.

Coding Based on Time

- Referring and communicating with other health care professionals (when not separately reported)
- Documenting the clinical information in the patient's medical record.
- Independently interpreting results (not separately reported) and communicating results to the patient and/or family/caregiver.
- Care coordination (not separately reported).

Coding for Additional Time

- **+ • 99417** Prolonged office or other outpatient evaluation and management service(s) (beyond the minimum 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 **E/M** services).

Total Duration of New Patient E/M	Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 and 99417 X 1
90-104 minutes	99205 and 99417 X 2
105 or more	99205 and 99417 X3 or more for each additional 15 minutes
Total Duration of Established Patient E/M	Code(s)
Less than 55 minutes	Not reported separately
55-69 minutes	99215 and 99417 X 1
70-84 minutes	99215 and 99417 X 2
85 minutes or more	99215 and 99417 X 3 or more for each additional 15 minutes

Coding Based on Medical Decision Making (MDM)

- The level of service is based ONLY on the level of MDM.
- The final level of MDM remains based on meeting or exceeding the level in 2 out of 3 elements of MDM.
- Use the current level descriptors of straightforward, low, moderate and high complexity.

Coding Based on MDM

The 3 elements of MDM have been re-defined.

EXPIRES 12-31-2020		
Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk associated with presenting problem, diagnostic test ordered or management option
EFFECTIVE 1-1-2021		
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.

Definitions- Number & Complexity

Problem: 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.

Problem addressed: When it is evaluated or treated at the encounter. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/surrogate choice. *The mere presence of a condition listed in the patient's record or managed by another provider does not qualify as being addressed.*

Definitions- Number & Complexity

Minimal problem: One that does not require MDM or the presence of a physician or QHCP. (99211)

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

Acute, uncomplicated illness or injury: 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. A minor problem that is not resolving.

Definitions- Number & Complexity

Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient. The patient is at their treatment goal.

Chronic illness with exacerbation, progression, or side effects of treatment: Acutely worsening, poorly controlled or progressing and requiring additional supportive care, 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 that is likely to result in a high risk of morbidity without treatment.

Definitions- Number & Complexity

Acute illness with systemic symptoms: One that causes systemic symptoms and has a high risk of morbidity without treatment.

Acute, complicated injury: Requiring 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

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.

REVISED MDM DEFINITIONS

CODE	Level of MDM	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	Straight-forward	Minimal <ul style="list-style-type: none">• 1 self-limited or minor problem
99203 99213	Low	Low <ul style="list-style-type: none">• 2 or more self-limited or minor problems; or• 1 stable chronic illness; or• 1 acute, uncomplicated illness or injury

REVISED MDM DEFINITIONS

CODE	Level of MDM	Number and Complexity of Problems Addressed
99214 99204	Moderate	Moderate <ul style="list-style-type: none">• 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

REVISED MDM DEFINITIONS

CODE	Level of MDM	Number and Complexity of Problems Addressed
99215 99205	High	High <ul style="list-style-type: none">• 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment OR <ul style="list-style-type: none">• 1 acute or chronic illness or injury that poses a threat to life or bodily function.

THREE CATEGORIES OF DATA

- Category 1 – **Tests and documents** (each unique test or document is counted to contribute to the level)
- Category 2 – **Assessment requiring an independent historian(s)**(each independent historian is counted to contribute to the level) OR **Independent interpretation of tests** not separately reported
- Category 3 – **Discussion of management or test interpretation(s)** with external physician or other QHP or appropriate source.

Data Definitions

Tests: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (e.g., basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined within the CPT code set.

External: Records, communications and/or test results that 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

Data Definitions

Independent historian(s): An individual or individuals who provide a history in addition to that provided by the patient who is unable to provide a complete or reliable history or because a confirmatory history is judged to be necessary.

Independent interpretation: The interpretation of a test for which there is a CPT code and an interpretation or report is customary. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.

Discussion of management: A source that includes professionals who are not health care professionals but may be involved in the management of the patient (e.g., lawyer, parole officer, case manager, teacher).

REVISED MDM DEFINITIONS

CODE	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed * Each unique test, order or document is counted in Category 1
99211	NA	NA
99202 99212	Straight-forward	Minimal or none
99203 99213	Low	<p>Limited – Meet the requirement of 1 out of 2 categories</p> <ul style="list-style-type: none"> • Category 1 – at least 2 of the following: <ul style="list-style-type: none"> • Review of prior external note(s) per source* • Review of the result(s) of each test* • Ordering of each unique test* • Category 2 <ul style="list-style-type: none"> • Assessment requiring an independent historian(s)

REVISED MDM DEFINITIONS

CODE	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed * Each unique test, order or document is counted in Category 1
99204 99214	Moderate	<p>Must meet the requirement of at least 1 out of 3 categories.</p> <p>Category 1 – Any combination of 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) per source* • Review of the result(s) of each test* • Ordering of each unique test* • Assessment requiring an independent historian(s) <ul style="list-style-type: none"> • Category 2- Independent interpretation of a test performed by another Provider • Category 3 – Discussion of management of test interpretation with external Provider or appropriate source.

REVISED MDM DEFINITIONS

CODE	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed * Each unique test, order or document is counted in Category 1
99205 99215	High	<p>Must meet the requirements of at least 2 out of 3 categories.</p> <p>Category 1 – Any combination of 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) per source* • Review of the result(s) of each test* • Ordering of each unique test* • Assessment requiring an independent historian(s) <ul style="list-style-type: none"> • Category 2- Independent interpretation of a test performed by another Provider • Category 3 – Discussion of management of test interpretation with external Provider or appropriate source.

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

Risk: For the purposes of MDM, the 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.

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.

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

Social determinants of health (SDOH): Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity that would add moderate risk to the patient's management.

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 (high risk). The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy.

REVISED MDM DEFINITIONS

CODE	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	NA	NA
99202 99212	Straight-forward	Minimal risk of morbidity from additional diagnostic testing or treatment.
99203 99213	Low	<p>Low risk of morbidity from additional diagnostic testing or treatment.</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • Over the counter drugs • Superficial biopsies • Minor surgery with no identified patient or procedure risk factors • Physical therapy • PFT's or imaging studies with contrast (non-cardiovascular)

Revised MDM Definitions

CODE	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99204 99214	Moderate	<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• Physiologic tests under stress• Cardiovascular imaging studies with contrast and no risk factors

Revised MDM Definitions

CODE	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99205 99215	High	<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 to deescalate care because of poor prognosis• Cardiac electrophysiological tests• Diagnostic endoscopies with identified risk factors

Medical Decision Making Grid

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	
			Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	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	Low <ul style="list-style-type: none"> 2 or more self-limited or minor problems; or 1 stable chronic illness; or 1 acute, uncomplicated illness or injury 	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> Category 1: Tests and documents <ul style="list-style-type: none"> Any combination of 2 from the following: <ul style="list-style-type: none"> Review of prior external note(s) 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) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment

Medical Decision Making Grid

<p>99204 99214</p>	<p>Moderate</p>	<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 <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (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/other qualified health care professional\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
<p>99205 99215</p>	<p>High</p>	<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 illness or injury that poses a threat to life or bodily function 	<p>Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (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/other qualified health care professional/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 to de-escalate care because of poor prognosis

Coding Scenarios

99202 or 99212: A 69 year old male with HTN and type 2 diabetes presents with sudden worsening of hearing in the left ear over a period of several days. He is found to have cerumen occluding the entire external auditory canal, which is amenable to removal by irrigation. The physician performs the procedure in the office. The HTN and diabetes are not addressed at this visit and are not factored into the MDM. The performance of the procedure is not factored into the MDM.

One acute uncomplicated illness = low

Amount and complexity of data = minimal

Risk of complications/morbidity = minimal

Coding Scenarios

99203/99213: A 28 year old male presented urgently with a power-saw wound to his left palm. The patient was conscious but nauseated and was accompanied by his girlfriend. A targeted history was obtained . The physician evaluated him and ordered and interpreted a hand X ray reported separately to verify the apparent superficial depth of the injury. The physician advised that the wound would require layered closure with sutures.

One acute uncomplicated injury = low

Amount and complexity of data = straightforward

Risk of complication/morbidity = low

Coding Scenarios

99204 or 99214: Patient presents with history of HTN, DM Type 2 and hypercholesteremia for transfer of care or follow-up. Provider reviews patient's recordings of BP and home glucose monitoring which are under good control. Discussion of diet and exercise reveal poor choices. Orders CMP (80053), A1c (83036), Lipid panel (80061) and ECG (93000) performed in-house. Assessment is stable HTN, DM2 and hypocholesteremia and all prescriptions are renewed.

Amount and complexity of problems = moderate

Amount and complexity of data = moderate

Risk of complications/morbidity = moderate

Coding Scenarios

99204 or 99214: A 5 year old female presents with upper respiratory symptoms and sore throat with pain when swallowing. Per mom there has been no associated fever or nausea. Provider examines HEENT and chest. Provider orders a quick strep and throat culture. Strep comes back positive and a course of antibiotics is administered.

One acute uncomplicated illness = low

Amount and complexity of data = moderate (≥ 3 T, D, Ihx)

Risk of complications/morbidity = Moderate

Coding Scenarios

99204 or 99214: A 12 year old male with ADHD present for follow up of mild symptoms and minimal medication side effects. The patient is accompanied by his mother and history is obtained from both. They report that grades are good but appetite is poor and per mom teachers report that he is distracted during class. Physician reviews previous progress notes and plan to renew the stimulant prescription with increased dosage.

Amount and complexity of problems = moderate

Amount and complexity of data = low

Risk of complications/morbidity = moderate

Coding Scenarios

99204 or 99214: A 48 year old female with a long history of anxiety and depression for follow up and medication adjustment. She complains that she has missed work, is unable to sleep and is emotional with crying episodes most days. She worries about the pandemic situation and has began washing her hands 15 times a day. She denies suicide ideations and feelings of rage. Physician reviews previous progress notes and maintains her current Paxil dosage and adds Cymbalta.

Amount and complexity of problems = moderate

Amount and complexity of data = minimal

Risk of complications/morbidity = moderate

Coding Scenarios

99205 or 99215: Elderly patient with history of cardiovascular disease presents with shortness of breath and chest pain, accompanied by daughter who is the primary caregiver. Daughter describes compliance with current medications and progression of symptoms. Treatment plan includes chest x-ray to rule out pneumonia, CBC and ECG. Chest x-ray indicates pneumothorax and ECG shows arrhythmia. Hospitalization discussed for management with IV diuretics and cardiac observation.

Amount and complexity of problems = high

Amount and complexity of data = high

Risk of complications/morbidity = high



Health Care Division

Separately Reportable Services

- Services reported separately are not to be counted in the time spent on the encounter or as an independent interpretation contributing to the level of MDM.
- **Modifier 25** should be appended to the E/M service to unbundle it from minor procedures performed on the same date as the E/M.
- When separately reported services are performed on the same date as a time based E/M service, time should be documented as exclusive of other reported services.

Separately Reportable Services

- **Modifier 25** should be appended to the E/M service when reporting the office E/M visit on the same date as a preventive visit (routine physicals).
- TIP: Use MDM to determine the level of the E/M that may be reported on the same date as a preventive service to eliminate differentiating time spent on simultaneously performed portions of the visit (obtaining history and performing an exam)
- Associate orders and plan of care with specific diagnoses or problems evaluated or identified during the routine exam.

Work RVU Changes

CODE	2020	2021	% Increase
99201	0.48	NA	NA
99202	0.93	0.93	0%
99203	1.42	1.6	13%
99204	2.43	2.6	7%
99205	3.17	3.5	10%
99211	0.18	0.18	0%
99212	0.48	0.70	46%
99213	0.97	1.30	34%
99214	1.50	1.92	28%
99215	2.11	2.80	33%

How to Prepare for the Changes

- Educate your providers and staff.
- Review your templates to eliminate unnecessary documentation of History and Exam.
- Revise your time-keeping procedures to incorporate the new time frames and to account for non face to face time.
- Talk to your EMR vendors to update the MDM calculators.
- Contact your payers to verify their readiness to accept the new guidelines.
- Calculate the financial impact on your organization.

Resources

- AMA Education Hub <https://edhub.ama-assn.org/cpt-education/interactive/18057429>
- AAPC <https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx>
- CMS Final Rule-Physician Fee schedule <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched>
- Novitas Reference- <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00238707>



Questions?



PRESENTERS



Marie Pelino, CPC

mpelino@rsandf.com

(410) 581-0800



Denise Walsh, CPC, CHSP

dwalsh@rsandf.com

(410) 581-0800

Northern Virginia Health Foundation

<https://novahealthfdn.org/>



Medical Decision Making for Outpatient E/M Codes (effective January 2021)



E/M code	Time (minutes)	MDM (Two out of three elements)	Number and complexity of problems addressed	Amount and/or complexity of data to review and analyze (Combination of two or combination of three in Category 1)			Risk of complications and/ or morbidity or mortality of patient management (diagnostic testing or treatment)
				CATEGORY 1	CATEGORY 2	CATEGORY 3	
Level 1							
99211	0	N/A	N/A	N/A			N/A
Level 2			Minimal	Minimal or none			Minimal risk
99202	15-29	Straightforward	• 1 self-limited or minor problem	Minimal or no complexity and/or data reviewed			<ul style="list-style-type: none"> • Rest • Gargles • Bandages • Superficial dressings
99212	10-19						
Level 3			Low	Limited (Must meet the requirements of at least 1 of the 2 categories)			Low risk
99203	30-44	Low	<ul style="list-style-type: none"> • 2 or more self-limited or minor problems or • 1 stable chronic illness or • 1 acute, uncomplicated illness or injury 	Category 1: Tests and documents At least 2 from the following:	Category 2: Assessment requiring an independent historian(s)	N/A	<ul style="list-style-type: none"> • OTC drugs • Minor surgery without risk factors • PT/OT • IV fluids without additives
99213	20-29			<ul style="list-style-type: none"> • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test 			
Level 4			Moderate	Moderate (Must meet the requirements of at least 1 out of 3 categories)			Moderate risk
99204	45-59	Moderate	<ul style="list-style-type: none"> • 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 	Category 1: Tests, documents, or independent historian(s) At least 3 from the following:	Category 2: Independent interpretation of tests	Category 3: Discussion of management or test interpretation	<ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified risk factors • Decision regarding elective major surgery without risk factors • Diagnosis or treatment significantly limited by social determinants of health (SDoH) [e.g., socioeconomic status, geographic location, education, employment, transportation access]
99214	30-39			<ul style="list-style-type: none"> • Review of prior external note(s) from each source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historian(s) 	<ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified healthcare professional 	<ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified healthcare professional/ appropriate source 	

MGMA
KNOWLEDGE EXPANSION

Make yourself indispensable. And make your practice invincible.

Access a breadth of educational tools and certification programs that help you personally develop and make meaningful change in practice management.

Ask an Advisor
Find answers to your critical questions with access to our experienced Ask an Advisor team.

Find more coding and documentation content to boost your organization's revenue cycle on the [MGMA Resources page](#)

MEMBER-BENEFIT TOOLS | PODCASTS | WEBINARS | DATA REPORTS | ARTICLES | ASK AN ADVISOR

Medical Decision Making for Outpatient E/M Codes (effective January 2021)



Level 5		High	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i>			High risk	
99205	60-74	High	<ul style="list-style-type: none"> 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 	Category 1: Tests, documents, or independent historian(s) At least 3 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each source Review of the result(s) of each test Ordering of each test Assessment requiring an independent historian(s) 	Category 2: Independent interpretation of tests <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified healthcare professional 	Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified healthcare professional/appropriate source 	<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 to de-escalate care because of poor prognosis
99215	40-54						
Time-based coding elements* <i>(when performed and documented)</i>							
<ul style="list-style-type: none"> Reviewing patient's record prior to visit Performing a medically appropriate history and examination Ordering prescription medications, tests, or procedures Independently interpreting results Communicating results to the patient/family/caregiver Obtaining/reviewing separately obtained history from someone other than patient Counseling/educating the patient/family/caregiver Referring and communicating with another healthcare provider(s) when not separately reported during the visit Documenting clinical information in the patient's electronic health record Coordination of care for the patient 							
* Time-based coding is based on total time spent on the date of the encounter.							
Important notes:							
<ul style="list-style-type: none"> E/M code 99201 is deleted in 2021 due to low utilization. Documentation of history and exam will not be counted as an element, but medical necessity must be established by documenting risk and MDM relevant to management of patient's condition. Interpretation of tests or discussion of management with another qualified healthcare professional is considered only when not separately reported. 							

[For more information on these changes, consult the American Medical Association's E/M office revisions for level of MDM \(effective Jan. 1, 2021\).](#)

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MGMA Chart Auditing and Coding Education Services puts our team of coders to work, creating personalized experiences that teach and lead your team through practices of establishing accurate coding. Our team works in conjunction with your providers, medical coders, administrators and revenue cycle staff to ensure coding on all levels is compliant. [Learn more](#)