



## The Future of Evaluation and Management Coding

### BASED ON THE PROPOSED 2021 CHANGES

by Tina L. Johnson, RHIT, CCS, CRCR and Svetlana Woersching, MBA, RHIA, CCS, CPC

Based on providers' feedback regarding the administrative burden plaguing them in nearly every specialty due to mandatory standards, the American Medical Association (AMA) proposed several changes to the office evaluation and management (E/M) code set. These proposed changes were designed to allow providers to prioritize patient care over paperwork and align with administrative burden relief initiatives established by Centers for Medicare and

Medicaid Services (CMS). The last AMA edition of the coding guidelines for E/M services was created in 1997; it was felt that there was an urgent need to update the guidelines to reflect current changes in the healthcare industry.

CMS incorporated AMA's revisions to the current CPT E/M office or other outpatient visit reporting guidelines and stakeholder's comments on those changes into the new Medicare Physician Fee Schedule (MPFS) final rule on November 1, 2019. The CPT code set revisions to office and other outpatient (99202-99215) and prolonged services (99354, 99355, 99356, 99XXX) codes will become effective January 1, 2021.

**In summary, the revisions to CY2021 CPT codes 99201-99215 for office are:**

**THESE PROPOSED CHANGES WERE DESIGNED TO ALLOW PROVIDERS TO PRIORITIZE PATIENT CARE OVER PAPERWORK AND ALIGN WITH ADMINISTRATIVE BURDEN RELIEF INITIATIVES**

1. The history and physical (H&P) as the key component for determining the appropriate E/M code selection has been eliminated. The amount of work by a provider to perform a medically appropriate history and physical exam can contribute to the total time spent and towards medical decision making (MDM), but this would not be the sole determinant for the appropriate level of service code. The performance of a history and exam would be required only when medically appropriate.
2. CPT code 99201 has been deleted due to low utilization.
3. Providers will be able to choose whether documentation is based upon either MDM or total time. During the public health emergency COVID-19, the federal government has allowed use of time to determine the level of E/M code.
4. The definition of "time" associated with codes 99202-99205, 99212-99215 has been changed from "typical face-to-face time" to "total time spent on the day of the encounter". Total time on the date of the encounter includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified healthcare professional(s) on the day of the encounter; includes time in activities that require the physician or other qualified healthcare professional but does not include time in activities normally performed by clinical staff.
5. The three current MDM components did not significantly change, but clarification was made to the definitions in the E/M guidelines. Criteria for MDM has been modified from vague terms or concepts which were removed or more clearly defined with the added MDM table. The MDM table applicable to codes 99202-99215 is to be used as a guide to assist in selecting the level of medical decision making for reporting an office or other outpatient E/M service code. Since MDM includes

establishing diagnoses, social determinates of health (SDoH) with diagnostic Z Code categories from Chapter 21 of ICD-10-CM are represented in the 2021 revisions to drive appropriate payment and impact the health and well-being of patients.

6. For prolonged services, a new shorter add-on code, +99XXX, has been created for reporting with 99205 and 99215 after the total time of the highest level of service has been exceeded. +99XXX is reported when 15 minutes of additional time has been spent and time is the basis for prolonged services code selection. Code +99XXX is only used when the office or other outpatient service has been selected using time alone as the basis and only after the total time of the highest-level service has been exceeded.

On top of the current CMS administrative burden relief initiatives, the revisions made to the office and other outpatient E/M service codes may provide additional aid in the form of simplification of code selection criteria, providing additional detail within the E/M guidelines that make them clinically more relevant and provide minimal disruption to practices.

The hope is that the revisions to the CPT E/M code set will eliminate a 'note bloat' from unnecessary documentation in the medical record not needed for patient care, decrease the

use of 'copy/paste' by physicians as a means to meet the current mandatory documentation standards and address the nationwide shortage of healthcare providers.

#### Resources

AMA. (2019). CPT Evaluation and Management. Retrieved from [ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf](https://ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf)

CHIA HIM Community Chats (April 17, 2020). Retrieved from [chia.webex.com/recordingservice/sites/chia/recording/0b433b5a85da40e191a40a09145f150e](https://chia.webex.com/recordingservice/sites/chia/recording/0b433b5a85da40e191a40a09145f150e)

CMS (2020). Evaluation and management services guide. Retrieved from [cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/eval-mgmt-serv-guide-icn006764.pdf](https://cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/eval-mgmt-serv-guide-icn006764.pdf)

Managed Outsource Solutions. (2019). AMA publishes 2021 Evaluation and Management (E/M) Coding Updates. Retrieved from [outsourcestrategies.com/blog/ama-publishes-2021-evaluation-and-management-e-m-coding-updates.html](https://outsourcestrategies.com/blog/ama-publishes-2021-evaluation-and-management-e-m-coding-updates.html)

CHIA Coding and Data Quality Committee Contributing Authors: Tina L. Johnson, RHIT, CCS, CRCR; President, TL Johnson Consulting and Svetlana Woersching, MBA, RHIA, CCS, CPC; Coding Quality Analyst, Quality Improvement, UHG, Optum



- **Coding Compliance Audits—  
MS-DRG/APR-DRG/APC  
HCC, LTAC, Pro Fee, CVIR/IR**
- **Claim Reviews and Appeals**
- **PACT Validation**
- **Remote Coding Support**
- **CDI Assessment and Implementation**
- **HIM Interim Management**
- **Online ICD-10 Tutorials - FREE to all Clients**

**Focus On  
Missed Revenue**



**Optimizing Your Rightful Reimbursements**

**1.866.427.7828**  
WWW.HCSSTAT.COM