

Regulatory & HIT Compliance

2021 E/M Coding Changes

October 13, 2020 - In the 2020 Medicare Physician Fee Schedule Rule, CMS finalized several changes to Evaluation and Management (E/M) visit documentation and payment changes that go into effect January 1, 2021.

January 2021 CMS Changes

Effective January 1, 2021, E/M coding may be done using the new [2021](#) Guidelines for Evaluation and Management Services. However, organizations may still continue to use the existing [1995](#) and [1997](#) Documentation Guidelines for Evaluation and Management Services.

CMS partnered with the American Medical Association (AMA) to define the new 2021 E/M guidelines that reduce the amount of documentation requirements, but also allows physicians to identify complexity of care. This communication highlights the changes within the 2021 guidelines that may impact MEDITECH customers.

Changes to Patient Visit Level Codes

CMS aligned with the AMA CPT coding and the following are the code revisions to note:

- Retained five levels of coding (codes 99211-99215) for established patients.
- Reduced the number of levels to four (codes 99202-99205) for office/outpatient E/M visits for new patients.
- Eliminated Level 1 code 99201 for new patient visits.

Restructuring of Office Visit Code Selection

Removal of History and Physical

CMS eliminated history and physical as elements for code selection, requiring performance of history and exam only as medically appropriate. Instead, the code level is determined solely by medical decision making or time.

Medical Decision Making (MDM) or Time

Beginning in 2021, clinicians are allowed to choose the E/M visit level based on either medical decision making or time. The information below provides an overview of the key highlights from the 2021 guidelines. For a comprehensive overview of the changes, please review the 'Resources' section below.

If **medical decision making** is used to determine level, the below changes were made in the 2021 guidelines:

- Modifications were made to the criteria for MDM, including the removal of ambiguous terms and more specific definitions of existing terms and data elements. For example, the ambiguous term of 'mild' was removed. Data elements were re-defined to move away from simply adding up tasks to focusing on how those tasks affect the management of the patient.
- New HCPCS add-on code, GPC1X, was introduced to indicate additional complexity when treating a patient's single, serious, or complex condition in a primary care setting. This code is not intended to

reflect a difference in payment by enrollment specialty, but rather a better recognition of differences between kinds of visits.

If **time** is used to determine level, important highlights include:

- A shorter prolonged services code, 99XXX, was created to capture physician/QHP time in 15-minute increments. This code would only be reported with 99205 and 99215 and is used for level 5 patients when the specified time is exceeded. This code would be used once for each additional 15 minutes reported.
- The definition of time is minimum time, not typical time, and represents total physician/qualified health care professional (QHP) time on the date of service. This is time spent by the clinician on the day of the visit, including but not limited to, face-to-face visit time.

The AMA published a [Tip Sheet](#) as well as [Educational Resources](#) — including a detailed summary of code revisions — to help prepare your organization for the upcoming changes.

MEDITECH Documentation & Coding Updates

MEDITECH current documentation system supports the use of 1995*, 1997*, and 2021 Documentation Guidelines for E/M Services. Coding changes are also being made in Expanse to enhance usability of the 2021 version, including changes to parameters and some data fields, and will be included in a future update.

**Note: Currently, MPM MAGIC only supports 1995 guidelines.*

Resources

- [CMS Evaluation and Management Services Guide](#)
- [CPT® Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99XXX\) Code and Guideline Changes](#)
- [CPT E/M Office Revisions Level of Medical Decision Making \(MDM\)](#)
- Best Practice Guide (*Coming Soon*)

Questions

For any questions, please email our [Regulatory Mailbox](#).