

2021 Office Visit E/M Coding & Documentation Changes

Presentation for Washington Academy of
Family Physicians

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Overview

New Coding & Documentation Guidelines

- Effective January 1, 2021

Simplifies Office Visit E/M Code Selection

- Eliminates 1995/1997 guidelines for these codes
- Select level using total time or medical decision making
- Eliminates history and physical exam as key components

CMS Adopting New Guidelines

- CMS and CPT will align

Time

- Total time includes all time related to the visit on the date of service – including face-to-face and non-face-to-face time
- Clear distinctions between levels of service
- New prolonged services code - 99417

Code	Time
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
99205	60-74 minutes
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes

Medical Decision Making

- Medical decision making table has been revised
- Elements transition from checkboxes or points and recognize cognitive work
 - Number and **complexity** of problems addressed at the encounter
 - Amount and/or complexity of data to be reviewed and **analyzed**
 - Risk of complications and/or morbidity of patient management
- Retains four levels

Code	Level of MDM
99202, 99212	Straightforward
99203, 99213	Low
99204, 99214	Moderate
99205, 99215	High

Other Changes

- CPT 99201 will be deleted
- CPT 99211 will not be based on time or MDM
- Medicare Primary Care Add-on Code
- Increased values of Office Visit E/M services
- Private payer adoption of increases varies

E/M Changes & Teaching Physicians

- Teaching physicians still must personally perform or be present when the resident performs the key portion (unless the primary care exception applies).
- The “key portion” will either be MDM or total time spent on the date of service (as noted in the code descriptor).
- Medicare’s teaching physician rules are in sec. 100 of [chap. 12 of the Medicare Claims Processing Manual](#).

THE MORE
THINGS CHANGE
THE MORE
THEY STAY
THE SAME

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Teaching Residents About E/M Changes



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Telehealth Billing & Coding

Telehealth Billing & Coding

- Telehealth encounters are generally billed using the same CPT codes as in-person encounters but use a different place of service code.
- Different policies in place during the Public Health Emergency
 - For the duration of the PHE, Medicare will allow telehealth encounters using the same place of service that would have been used if the service had been provided in-person (e.g., 11-Office)
 - Use the modifier -95 for telehealth services
 - Add modifier –CS if service encounter results in order or administration of COVID-19 test
 - Can select level of service using total time or medical decision making

Telehealth Billing & Coding (cont)

- Telephone E/M codes (99441-99443) are covered during the Public Health Emergency
 - Use normal POS (e.g., 11-Office)
 - Temporarily paid at same rate as office visit E/M services 99212-99214
 - CMS does not intend to cover after PHE ends
- Virtual Communications
 - Include online E/M (99421-99423) and virtual check-ins (G2010, G2012)
 - Use normal POS (e.g., 11-Office)
- Must be patient-initiated and require consent
- Private payer policies vary – check with local provider representatives

Resources

- E/M Coding
 - www.aafp.org/emcoding
 - [*FPM*](#)
- Telehealth
 - [AAFP Toolkit](#)
 - [COVID-19: Telehealth Tools](#)
 - [FPM COVID-19 Topic Collection](#)

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