



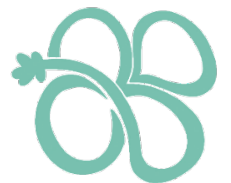
The faculty practice of the University of Hawaii John A. Burns School of Medicine

677 Ala Moana Blvd. Suite 1001, Honolulu, HI 96813 · (808) 469-4900

2021 E&M Changes Outpatient

WHAT YOU NEED TO KNOW FOR OUTPATIENT OFFICE VISITS

AS OF DECEMBER 18, 2020



What You Need To Know

Significant changes for **Outpatient** E/M coding for 2021:

Changes are specific to outpatient office evaluation and management (E/M) services only.

History and Exam not counted towards the level of service (LOS) (but should still be documented)

LOS selected will be based on **time** or **medical decision making**

New codes for Prolonged Service Codes for Outpatient



Affected CPT Codes – Outpatient only

New guidelines apply only to codes:

- 99202 - 99205 – **New Patient** Office and other outpatient visit
- 99201 has been deleted (under utilization)
- 99212 – 99215 – **Established Patient** Office and other outpatient visit
- 99211 does not require the presence of the MD or other NPP (AKA nurse visit / incident too visit)



Anatomy of an Office Visit

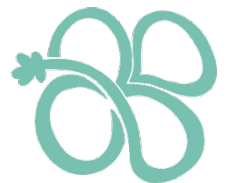
Provider paid on cognitive labor

Required bullets in each of the below categories

- History, Exam, and Medical Decision Making (MDM)

Quantity of bullet points not always indicative of cognitive labor (e.g. upcoding with EMRs)

Reemphasize overarching criteria of medical necessity



What The Changes Do – Less bullets

Reduces the burden of documentation

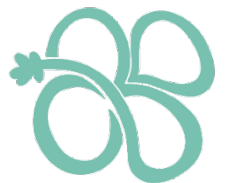
Eliminates the “bean counting” of **History** and **Exam**

- Still document a **visit pertinent** history and exam (less pressure to document for points).

Puts the focus on Medical Necessity and **MDM**

Provides a new way to determine medical necessity

Updates the definition/range of time



Coding based on Medical Decision Making

The overarching criteria for selecting MDM is medical necessity

What is Medical Necessity?

- The requirement that a service is “reasonable and necessary”
- Met when a service “is furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient’s condition (Medicare Program Integrity Manual, Chap 3, Sec 6.2.2)



Revised Coding Based on Time

Selecting MDM based on Time:

- Select the LOS based on the total time spent with/on the patient **ON THE DATE OF SERVICE**
- Face to face and non face to face time personally spent counts
- 50% spent on counseling and coordination of care is no longer the criteria
- Does not count staff time (Resident time still not counted)



What Counts as Time?

Face to Face & Non Face to Face activities include:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests or procedures
- Referring and communicating with other health care professionals (when not separately reported)



What Counts as Time?

(Con't)

- 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 (not separately reported)

Medical necessity must be evident for the documented time spent with/on the patient



2021 E&M changes (cont'd)

Changes to time-based coding (99202-99215) (cont'd)

For 2021, CMS will follow CPT's "typical times" when selecting office/outpatient E/M codes based on time spent. Please note, CPT 2021 now gives a range for typical times and some of the times have been revised from CPT 2020 (for example 99214 is now 30-39 minutes vs. a single typical time value of 25 minutes in 2020).

CPT 2020 Guidelines

- **99202:** 20 minutes
- **99203:** 30 minutes
- **99204:** 45 minutes
- **99205:** 60 minutes
- **99211:** 5 minutes
- **99212:** 10 minutes
- **99213:** 15 minutes
- **99214:** 25 minutes
- **99215:** 40 minutes

CPT 2021 Guidelines

- **99202:** 15-29 minutes
- **99203:** 30-44 minutes
- **99204:** 45-59 minutes
- **99205:** 60-74 minutes
- **99211:** minimal (no specific values given)
- **99212:** 10-19 minutes
- **99213:** 20-29 minutes
- **99214:** 30-39 minutes
- **99215:** 40-54 minutes



Prolonged Service Codes

New Prolonged Service add-on codes

+99417 – (CPT) Private insurance plans

+G2212 – Medicare insurance plans only

Use only with 99205 & 99215

Report when the time requirement for the highest-level office/outpatient code has been exceeded by at least 15 minutes.



PRIVATE PAYER TABLE FOR PROLONGED TIME: 99417

CPT Code(s)	Total Time Required for Reporting*
99205	60-74 minutes
99205 x 1 and 99417 x 1	75 - 89 minutes
99205 x 1 and 99417 x 2	90 - 104 minutes
99205 x 1 and 99417 X3 or more for each additional 15 minutes	105 minutes or more
99215	40-54 minutes
99215 x 1 and 99417 x 1	55 - 69 minutes
99215 x 1 and 99417 x 2	70 - 84 minutes
99215 x 1 and 99417 X3 or more for each additional 15 minutes	85 minutes or more

MEDICARE PAYER TABLE FOR PROLONGED TIME: G2212

CPT Code(s)	Total Time Required for Reporting*
99205 x 1 and G2212 x 1	89 - 103 minutes
99205 x 1 and G2212 x 2	104 - 118 minutes
99205 x 1 and G2212 X3 or more for each additional 15 minutes	119 minutes or more
99215	40-54 minutes
99215 x 1 and G2212 x 1	69-83 minutes
99215 x 1 and G2212 x 2	84-98 minutes
99215 x 1 and G2212 X3 or more for each additional 15 minutes	99 minutes or more

*Total time is the sum of all time, with and without direct patient contact (including prolonged time), spend by the reporting practitioner on the DOS of the visit.

What about the money?

Increase reimbursement rate for E/M visits by projected 13%

Decrease in other services to maintain neutrality by projected 8%

CMS Goal: Budget neutrality (not everyone can win)

Will better know once Hawaii specific Medicare fee schedule comes out in January (?)

Note: Telehealth services will follow same changes

Note: Projected 75% no code change, 15% up, 10% down



TABLE 3: Summary of Codes and Work RVUs Finalized
in the CY 2020 PFS Final Rule for CY 2021

HCPCS Code	Current wRVU	2021 wRVU
99201	0.48	N/A
99202	0.93	0.93
99203	1.42	1.6
99204	2.43	2.6
99205	3.17	3.5
99211	0.18	0.18
99212	0.48	0.7
99213	0.97	1.3
99214	1.5	1.92
99215	2.11	2.8
G2212	N/A	0.61
G2211	N/A	0.33

Next Steps

Sending out educational materials to COA to be sent to providers + Cheatsheet (and update any paper charge tags)

Coders to start reaching out to various departments/providers

Posting of E&M handout online (potential video)

Reviewing of E&M visits starting Jan 1, 2021 to ensure appropriate coding

Thanks you! Questions: Coding@ucera.org

Visit us: uhphawaii.org/index.php/UHPCBO

