

NEW RULE FOR E&M VISITS (OFFICE VISITS) FOR 2021

SUMMARY OF CHANGES

The key changes in the office visit codes:

- Extended revision of the descriptions for codes 99202-99205, 99211-99215
- Addition of a shorter prolonged service code (99417)
- Deletion of code 99201
- Elimination of history and/or physical examination as component for code selection
- A medically necessary history and examination will still need to be documented
- Allows the use of Medical Decision Making or time for code selection
- Changes in the definitions of MDM and time when used to report codes
- The requirement of counseling and/or coordination of care has been removed.

Prolonged service code with or without patient contact ON THE SAME DATE AS AN OFFICE VISIT
99417 prolonged service, this is beyond the minimum time spent for the selected code.
Time can be with or without direct contact with the patient if it is on the same date of service.
It can only be used with level "5" (99205, 99215) codes, and beyond the primary service by 15 min. Example 99215 has a time of 40-54 minutes; prolonged service can be used if the visit goes over fifteen minutes over the 54 Min(69) then an additional 15 min is billed per unit.

MEDICAL DECISION MAKING

There are four types of MDM, straightforward, low complexity, moderate complexity, high complexity

There is no MD for cpt 99211 since it is considered a nurse visit and 99201 has been deleted.

Using time for a level of an E&M : this can be face-to-face or non-face-to-face

It no longer must be more than 50% of the encounter for counseling and coordination of care
You can use the time spent for the entire day as long as it is on the same day as the encounter.
Example, before the patient came in you spent one hour reviewing tests . You can add that hour on to the time for the actual encounter. Or, if you spent time with the patient's family that time can also be added to the actual encounter.

Please note the time for each cpt code has changed:

99202 - 15-29 minutes	99211 – nurse visit
99203 – 30-44 minutes	99212 – 10-19 minutes
99204 – 45-59 minutes	99213 – 20-29 minutes
99205 – 60-74 minutes	99214 – 30-39 minutes
	99215 – 40-54 minutes

LEVELS OF MEDICAL DECISION MAKING

There are 4 levels of medical decision making

- **Straightforward**
Self-limited or minor problem
A problem that runs a definite and prescribed course, not likely to permanently alter health status
- **Low**
Stable, Chronic illness
A problem with an expected duration of at least 1 year or until death of patient example: Well controlled HT, non-insulin dependent DM
Acute, uncomplicated illness or injury
- **Moderate**
Chronic illness w/ exacerbation
Undiagnosed new problem w/ uncertain prognosis
Acute complicated injury
- **High**
Chronic illness w/ severe exacerbation, progression, or side effects of treatment
Acute or chronic illness or injury that poses a treat to life or bodily function

Each level is determined by:

- Number of complexity of problems addressed at the encounter
- Amount and/or complexity of data to be reviewed (each unique test, order
- or document contributes to the combination of 2 or three in the category)
- Risk of complications and/or morbidity or mortality of patient management

LEVELS OF MEDICAL DECISION MAKING (MDM)

ELEMENTS OF MEDICAL DECISION MAKING				
CODE	LEVELS OF MDM (BASED ON 2 OUT OF 3 ELEMENTS OF MDM)	NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED AT THE ENCOUNTER	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED *EACH UNIQUE TEST, ORDER, OR DOCUMENT CONTRIBUTES TO THE COMBINATION OF 2 OR COMBINATION OF 3 IN CATEGORY 1 BELOW	RISK OF COMPLICATION AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT
99211	N/A	N/A	N/A	N/A
99202 99212	STRAIGHTFORWARD	MINIMAL -1 SELF-LIMITED OR MINOR PROBLEM	MINIMAL OR NONE	MINIMAL RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT
99203 99213	LOW	LOW -2 OR MORE SELF-LIMITED OR MINOR PROBLEMS; OR -1 STABLE, CHRONIC ILLNESS; OR -1 ACUTE, UNCOMPLICATED ILLNESS OR INJURY	LIMITED (MUST MEET THE REQUIREMENTS OF AT LEAST 1 OF THE 2 CATEGORIES) CATEGORY 1: TESTS AND DOCUMENTS ANY COMBINATION OF 2 FROM THE FOLLOWING: -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) (FOR THE CATEGORIES OF INDEPENDENT INTERPRETATION OF TESTS AND DISCUSSION OF MANAGEMENT OR TEST INTERPRETATION, SEE MODERATE OR HIGH)	LOW RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT
99204 99214	MODERATE	MODERATE -1 OR MORE CHRONIC ILLNESSES WIT EXACERBATION, PROGRESSION, OR SIDE EFFECTS OR TREATMENT; OR -2 OR MORE STABLE, CHRONIC ILLNESSES; OR -1 UNDIAGNOSED NEW PROBLEM WTH UNCERTAIN PROGNOSIS; OR -1 ACUTE ILLNESS WTH SYSTEMIC SYMPTOMS; OR -1 ACUTE, COMPLICATED INJURY	MODERATE (MUST MEET THE REQUIREMENTS OF AT LEAST 1 OUT OF 3 CATEGORIES) CATEGORY 1: TESTS, DOCUMENTS, OR INDEPENDENT HISTORIAN(S) ANY COMBINATION OF 3 FROM THE FOLLOWING: -REVIEW OR 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) OR CATEGORY 2: INDEPENDENT INTERPRETATION OR TESTS -INDEPENDENT INTERPRETATION OF A TEST PERFORMED BY ANOTHER PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL (NOT SEPARATELY REPORTED) OR CATEGORY 3: DISCUSSION OF MANAGEMENT OR TEST INTERPRETATION -DISCUSSION OF MANAGEMENT OR TEST INTERPRETATION WITH EXTERNAL PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL/APPROPRIATE SOURCE (NOT SEPARATELY REPORTED)	MODERATE RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT EXAMPLES ONLY: -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 OF TREATMENT SIGNIFICANTLY LIMITED BY SOCIAL DETERMINANTS OF HEALTH
99205 99215	HIGH	HIGH -1 OR MORE CHRONIC ILLNESSES WITH SEVERE EXACERBATION, PROGRESSION, OR SIDE EFFECTS OR TREATMENT OR -1 ACUTE OR CHRONIC ILLNESS OR INJURY THAT POSES A THREAT TO LIFE OR BODILY FUNCTION	EXTENSIVE (MUST MEET THE REQUIREMENTS OF AT LEAST 2 OUT OF 3 CATEGORIES) CATEGORY 1: TESTS, DOCUMENTS, OR INDEPENDENT HISTORIAN(S) ANY COMBINATION OF 3 FROM THE FOLLOWING: -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) OR CATEGORY 2: INDEPENDENT INTERPRETATION OR TESTS -INDEPENDENT INTERPRETATION OF A TEST PERFORMED BY ANOTHER PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL (NOT SEPARATELY REPORTED) OR CATEGORY 3: DISCUSSION OF MANAGEMENT OR TEST INTERPRETATION -DISCUSSION OF MANAGEMENT OR TEST INTERPRETATION WITH EXTERNAL PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL/APPROPRIATE SOURCE (NOT SEPARATELY REPORTED)	HIGH RISK OF MORBIDITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT EXAMPLES ONLY: -DRUG THERAPY REQUIRING INTENSIVE MONITORING OR TOXICITY -DECISION REGARDING ELECTIVE MAJOR SURGERY WITH IDENTIFIED PATIENT OR PROCEDURE RISK FACTORS -DECISION REGARDING EMERGENCY MAJOR SURGERY -DECISION NOT TO RESUSCITATE OR TO DE-ESCALATE CARE BECAUSE OF POOR PROGNOSIS