

E & M coding changes- effective January 1, 2021

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CPT 2021 E & M Codes

Beginning Jan 1, 2021, there were significant changes made to E/M (Evaluation and Management) coding. CMS (Medicare) has simplified the documentation needed to reduce the burden on providers.

A few highlights include:

- CPT 99201 (level 1, new patient) will be deleted
- Changes to E/M documentation apply to CPT 99202-99205 and 99211-99215 only.
- A new code, CPT 99417 for "addition of a 15-min prolonged service" will be added that can be used with 99205 and 99215.
- A new HCPCS code GPCX1 "visit complexity" will be created. Can be used on all levels. Reimbursement will be around \$12
- H & P as elements for code selection will be eliminated.
- Providers no longer have to re-document the patient's history; only changes that have happened since their last visit.
- Per AMA, the changes to E/M code selection apply to Medicare, Medicaid, and all commercial payers.
 - Commercial payers are not required to adopt the HCPCS code for visit complexity.

**Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)**

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	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 with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with 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 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 of 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 <i>Examples only:</i> • 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 or treatment: significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of 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 of 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 <i>Examples only:</i> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

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There is a great article from AMA listing all of the code/guideline changes in this link:

<https://www.ama-assn.org/practice-management/cpt/how-2021-em-guidelines-could-ease-physicians-documentation-burdens>

In the 5th paragraph, click on the word "description", and the pdf will present.

The AMA also has a detailed description of the changes and a table illustrating revisions related to medical decision-making documentation. Also check out these 10 tips to prepare your practice for E/M office visit changes.