Evaluation & Management Revisions for 2021

Part 1

CaroMont Health

Agenda

- Why The Change?
- Summary of Major E/M Revisions for 2021
  - New Patient (99201-99205)
  - Established (99211-99215)
- Modifications to Selecting a Level of Service for Office or Other Outpatient E/M Services
- Modifications to the Appropriate Use of Time in Selecting the E/M Level
  - Split/Shared Services
- Time Examples
- Updates to the Prolonged Services Codes for Office or Other Outpatient E/M Services
- Prolonged Services Examples
- Questions

Why The Change?

- E/M office visits last major update was over 25 years ago
- Rise of EHR use in physician offices has led to “up-coding”
- Meaningless data accumulation due to copying and pasting
- Simplify and streamline the coding and documentation for E/M office visits,
- making them clinically relevant, and
- reducing excessive administrative burden.

Why The Change?

Clear focus on patient care and burden reduction

- Removed scoring (e.g. checking boxes) for History and Examination
- Code the way physicians/other qualified health care professional (QHP) think
- Promote higher-level activities of MDM
- More detail in CPT® codes to promote payer consistency if audits are performed and to promote coding consistency

Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services (Effective for DOS: 1/1/21)

- Extensive E/M guideline additions, revisions, and restructuring

- Deletion of code 99201 and revision of codes 99202-99215
    - Reason for deletion: Codes 99201 and 99202 currently both require straightforward MDM

- Components for code selection:
    - Medically appropriate history and/or examination*
    - MDM **or**
    - Total time on the date of the encounter

**Not used in code level selection*

Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services (Effective for DOS: 1/1/21)

- E/M level of service for office or other outpatient services can be based on:
  - MDM
    - Extensive clarifications are provided in the guidelines to define the elements of MDM
  - Time: *Total* time spent with the patient on the date of the encounter
    - Including non-face-to-face services **on the date of the encounter**
    - Clear time ranges for each code have been identified
- Addition of a shorter 15-minute prolonged service code (99417)
  - To be reported only when the visit is based on time **and** after the total time of the highest-level service (ie, 99205 or 99215) has been exceeded.

Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services (Effective for DOS: 1/1/21)

- Revisions to CPT Manual Appendix C – Clinical Examples:
  - Removed office visits (99201-99215) from Appendix C for CPT 2021
  - The plan is to determine usefulness of clinical examples going forward
  - National specialty societies through CPT process will be queried, and potential solution developed in the future

Counting Documentation Elements

	99211	99212	99213	99214	99215
HISTORY					
CC	N/A	Required	Required	Required	Required
HPI	N/A	1-3 elements	1-3 elements	4+ elements (or 3+ chronic diseases)	4+ elements (or 3+ chronic diseases)
ROS	N/A	N/A	Pertinent	2-9 systems	10+ systems
PFSH	N/A	N/A	N/A	1 element	2 elements
EXAMINATION					
1997 documentation guidelines	N/A	1-5 elements	6-11 elements	12 or more elements	Comprehensive
1995 documentation guidelines	N/A	System of complaint	2-4 systems	5-7 systems	8+ systems
MEDICAL DECISION MAKING					
	N/A	Straightforward	Low	Moderate	High

Overview of E/M Revisions for 2021: Office or Other Outpatient Services Compared to Other E/M Codes (Effective for DOS: 1/1/21)

Component(s) for Code Selection	Office or Other Outpatient Services	Other E/M Services (Hospital Observation, Hospital Inpatient, Consultations, Emergency Department, Nursing Facility, Domiciliary, Rest Home or Custodial Care, Home)
History and Examination	• As medically appropriate. Not used in code selection	• Use Key Components (History, Examination, MDM)
Medical Decision Making (MDM)	• May use MDM or total time on the date of the encounter	• Use Key Component (History, Examination, MDM)
Time	• May use MDM or total time on the date of the encounter	• May use face-to-face or time at the bedside and on the patient's floor or unit when counseling and/or coordination of care dominates. *Time is **not** a descriptive component for E/M levels of emergency department services*
MDM Elements	• 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 or mortality of patient management	• Number of diagnoses or management options • Amount and/or complexity of data to be reviewed • Risk of complications and/or morbidity or mortality

Office or Other Outpatient Services Code Descriptor Changes (99201-99215)

Office or Other Outpatient Services: New Patient

Office or Other Outpatient Services/New Patient

~~★99201 **Office or other outpatient** visit for the evaluation and management of a new patient, which requires these 3 key components:~~

- ~~**A problem focused history;**~~
- ~~**A problem focused examination;**~~
- ~~**Straightforward medical decision making.**~~

~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs.~~

~~Usually the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.~~

►(99201 has been deleted. To report, use 99202)◄

Office or Other Outpatient Services: New Patient

Office or Other Outpatient Services/New Patient

★▲99202 **Office or other outpatient** visit for the evaluation and management of a new patient, which requires ~~these 3 key components:~~a medically appropriate history and/or examination and straightforward medical decision making.

- ~~**An expanded problem focused history;**~~
- ~~**An expanded problem focused examination;**~~
- ~~**Straightforward medical decision making.**~~

~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs.~~

~~Usually the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.~~

When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

Office or Other Outpatient Services: New Patient

Office or Other Outpatient Services/New Patient

★▲99203 **Office or other outpatient** visit for the evaluation and management of a new patient, which requires ~~these 3 key components:~~a medically appropriate history and/or examination and low level of medical decision making.

- ~~**A detailed history;**~~
- ~~**A detailed examination;**~~
- ~~**Medical decision making of low complexity.**~~

~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs.~~

~~Usually the presenting problem(s) are of low to moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.~~

When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

Office or Other Outpatient Services: New Patient

Office or Other Outpatient Services/New Patient

★▲99204 **Office or other outpatient** visit for the evaluation and management of a new patient, which requires ~~these 3 key components:~~a medically appropriate history and/or examination and moderate level of medical decision making.

- ~~**A comprehensive history;**~~
- ~~**A comprehensive examination;**~~
- ~~**Medical decision making of moderate complexity.**~~

~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs.~~

~~Usually the presenting problem(s) are of low to moderate severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.~~

When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

Office or Other Outpatient Services: New Patient

Office or Other Outpatient Services/New Patient

★▲99205 **Office or other outpatient** visit for the evaluation and management of a new patient, which requires ~~these 3 key components:~~a medically appropriate history and/or examination and high level of medical decision making.

- ~~**A comprehensive history;**~~
- ~~**A comprehensive examination;**~~
- ~~**Medical decision making of high complexity.**~~

~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs.~~

~~Usually the presenting problem(s) are of low to moderate severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.~~

When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

▶(For services 75 minutes or longer, see Prolonged Services 99417) ◀

Office or Other Outpatient Services: Established Patient

Office or Other Outpatient Services/Established Patient

▲99211 **Office or other outpatient visit** for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. ~~Typically, 5 minutes are spent performing or supervising these services.~~

Office or Other Outpatient Services: Established Patient

Office or Other Outpatient Services/Established Patient

★▲99212 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires ~~at least 2 of these 3 key components:~~a medically appropriate history and/or examination and straightforward medical decision making.

- ~~**A problem focused history;**~~
- ~~**A problem focused examination;**~~
- ~~**Straightforward medical decision making.**~~

~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs.~~

~~Usually the presenting problem(s) are of low to moderate severity. Typically, 10 minutes are spent face-to-face with the patient and/or family.~~

When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

Office or Other Outpatient Services: Established Patient

Office or Other Outpatient Services/Established Patient

★▲99213 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires ~~at least 2 of these 3 key components:~~a medically appropriate history and/or examination and low level of medical decision making.

- ~~**An expanded problem focused history;**~~
- ~~**An expanded problem focused examination;**~~
- ~~**Medical decision making of low complexity.**~~

~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs.~~

~~Usually the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.~~

When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

Office or Other Outpatient Services: Established Patient

Office or Other Outpatient Services/Established Patient

★▲99214 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires ~~at least 2 of these 3 key components:~~a medically appropriate history and/or examination and moderate level of medical decision making.

- ~~**A detailed history;**~~
- ~~**A detailed examination;**~~
- ~~**Medical decision making of moderate complexity.**~~

~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs.~~

~~Usually the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.~~

When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

Office or Other Outpatient Services: Established Patient

Office or Other Outpatient Services/Established Patient

★▲99215 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires ~~at least 2 of these 3 key components:~~a medically appropriate history and/or examination and high level of medical decision making.

- ~~**A comprehensive history;**~~
- ~~**A comprehensive examination;**~~
- ~~**Medical decision making of high complexity.**~~

~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs.~~

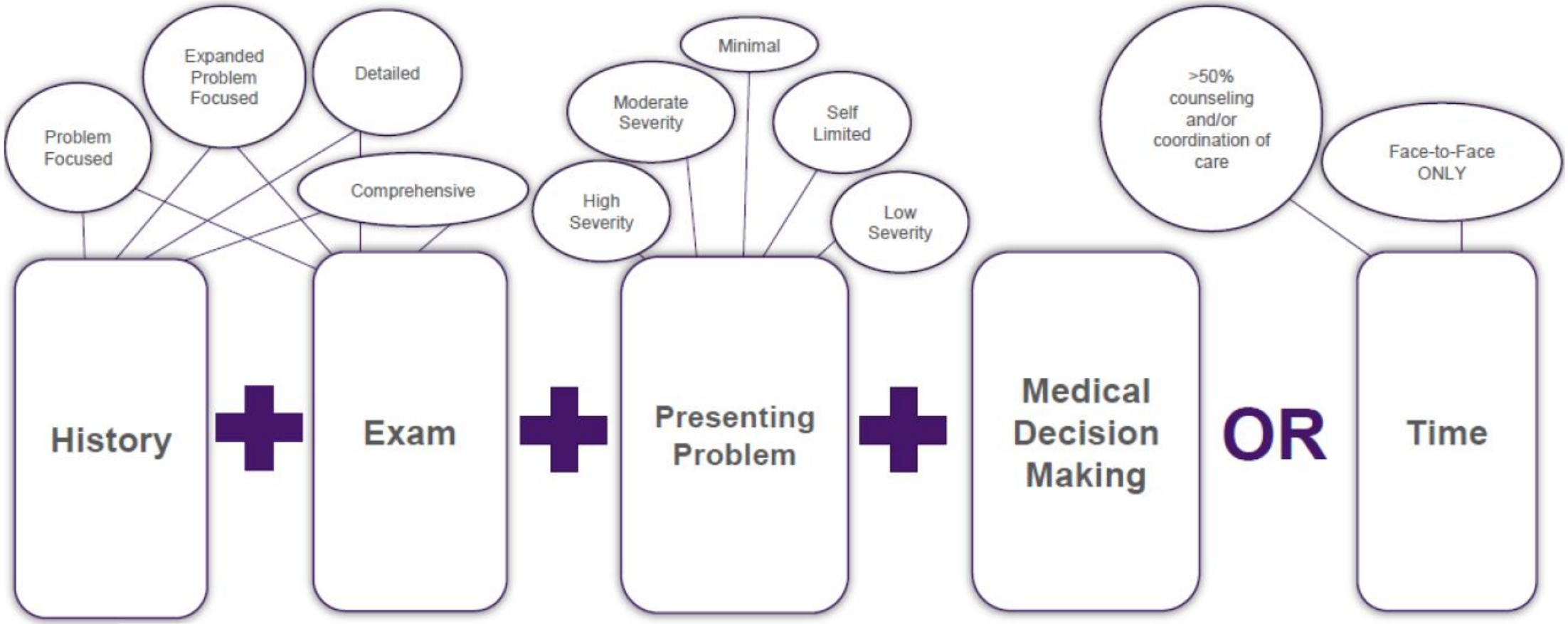
~~Usually the presenting problem(s) are of low to moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.~~

When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

▶(For services 55 minutes or longer, see Prolonged Services 99417)

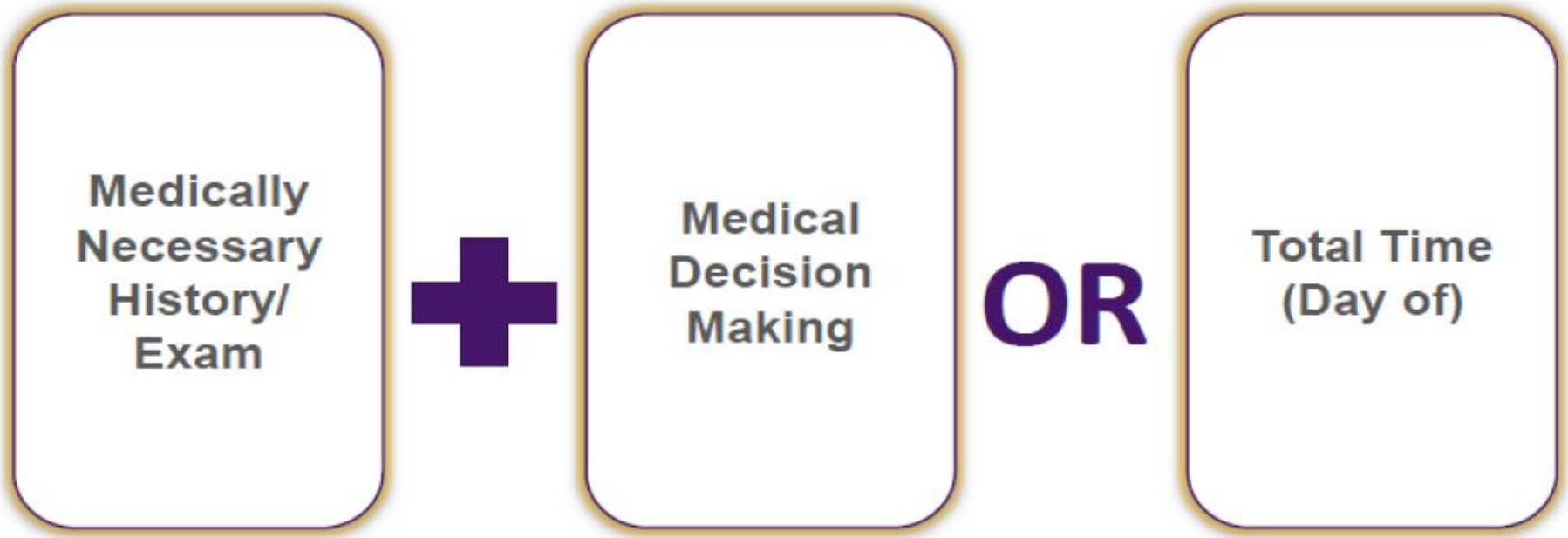
Selecting a Level of Service (Office or Other Outpatient E/M Service

Coding E/M services - Today



AMA

Coding E/M services – January 1, 2021



AMA

Selecting a Level of Service (Office or Other Outpatient E/M Service)

2020	Effective January 1, 2021
The appropriate E/M service is based on the following: Key Components • History • Examination • Medical Decision Making (MDM) ***Or*** • Time when counseling and/or coordination of care dominates (more than 50%) of the encounter (face-to-face time on the date of the encounter) with the patient and/or family.	The appropriate E/M service is based on the following: • The level of the Medical Decision Making (MDM) as defined for each service. ***Or*** • The total time for E/M services performed on the date of the encounter. Medically appropriate history and/or exam ***(not used in code level selection)*** Medically appropriate means that the physician or other QHP reporting the E/M determines the nature and extent of any history or exam for a particular service. The code selection does NOT depend on the level of history or exam.

Definitions of Medical Necessity

AMA	CMS
"Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a **manner that is: in accordance with generally accepted standards of medical practice clinically appropriate** in terms of type, frequency, extent, site and duration not primarily for the convenience of the patient, physician or other healthcare provider."	"Medical necessity of a service is the **overarching criterion for payment** in addition to the individual requirements of a CPT® code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted. The amount of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported. The service should be documented during, or as soon as possible after it is provided to maintain an accurate medical record." ***CMS Internet Only Manual (IOM) 100 04, Medicare Claims Processing Manual , Chapter 12, Section 30.6.1

Time

Time: Office and Other Outpatient E/M Services

Key elements addressed regarding time:

1. Ambiguity
    - “What is the exact increment of time I can move to the next code level?”
    - “Which elements of my visit can be included as part of my E/M and which should be reported separately or not at all?”
2. Too restrictive
    - “Why can’t E/M codes be more flexible to allow the most accurate elements to be considered for code selection?”

Time: Office and Other Outpatient E/M Services

2020	Effective January 1, 2021
• When counseling and/or coordination of care dominates (**over 50%)** the encounter with the patient and/or family, time shall be the key or controlling factor to qualify for a particular level of E/M service • Only face-to-face time counted	• Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service • Time may only be used for selecting the level of the other E/M services when counseling and/or coordination of care dominates the service

Time: Office and Other Outpatient E/M Services

Total Time on the date of the encounter

- Recognizes the important non-face-to-face activities
- Uses easy to remember increments based on time data of past valuations
- Removes “midpoint” vs “threshold” by giving exact ranges
- Is for *Code Selection When Using Time*
  - Not a required minimum amount when using MDM

Time: Office and Other Outpatient E/M Services

Total Time on the date of the encounter

- Includes physician/other Qualified Healthcare Professionals (QHP, e.g. PA's and NP's) face-to-face and non-face-to-face time
- Time spent by clinical staff is **not included**
- CPT is total time **on the date of the encounter**
- More than one clinician addressed (count only 1 person per minute)

Split/Shared Services

No Changes for 2021

- ✓ Split Shared Services is defined as a visit in which a physician and QHP jointly provide the face to face and non face to face work related to the visit.
- ✓When time is being used, time personally spent by the physician and QHP assessing and managing the patient **on the date of the encounter is summed to define <u>total</u> time.**
- ✓Distinct time ONLY should be summed “time of one individual should be counted if they jointly meet and discuss the patient”

Time: Office and Other Outpatient E/M Services

Physician/other QHP time includes the following activities (when performed **on the date of the encounter. Time spent the day before cannot be counted**):

- Preparing to see the patient (eg, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically necessary appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver

Time: Office and Other Outpatient E/M Services

Physician/other QHP time includes the following activities (when performed **on the date of the encounter. Time spent the day before cannot be counted**):

- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not reported separately)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not reported separately) and communicating results to the patient/family/caregiver
- Care coordination (not reported separately)

Time: Office and Other Outpatient E/M Services

When using time to select office/outpatient E/M visit level, any additional time spent by the reporting practitioner **on a prior or subsequent date of service (such as reviewing medical records or test results) cannot count toward required times** for reporting CPT codes 99202-99215 or 99417.

Time: Office and Other Outpatient E/M Services—New Patient *(Total time on the Date of the Encounter)*

New Patient E/M Code	Typical Time (2020)	Total Time (2021)
99201	10 minutes	Code deleted
99202	20 minutes	15-29 minutes
99203	30 minutes	30-44 minutes
99204	45 minutes	45-59 minutes
99205	60 minutes	60-74 minutes

Time: Office and Other Outpatient E/M Services—Established Patient *(Total time on the Date of the Encounter)*

Established Patient E/M Code	Typical Time (2020)	Total Time (2021)
99211	5 minutes	Time component removed
99212	10 minutes	10-19 minutes
99213	15 minutes	20-29 minutes
99214	25 minutes	30-39 minutes
99215	40 minutes	40-54 minutes

Time Examples

Time Example 1

A 15 y.o. male. History was provided by the patient, father, grandmother.

Chief Complaint: Medication Refill (needs refill on medications, with grandma and father)

History of Present Illness (HPI):

Recently (2 months) started living with dad. He was physically abused by moms "boyfriend" per dad. Psychiatrist seems to have started (records not available yet) Remeron, Risperdal, Lexepro, Hydroxyzine and clonidine. Psychiatrist may not have initiated all of these meds but appears to be the most recent psychiatrist to be treated this complex poly pharmacy situation. I am not sure of the exact diagnoses for these meds other than the Lexepro for the obvious social stressors that would contribute to anxiety and depression. Since being with dad he has been "doing ok" per dad but since running of of Risperdal and Lexapro he has been having more outbursts though pretty sedate. Dad said he gave him an "Adderall XR" tab of a relative and it really calmed him down.

Past Surgical History

No past surgical history on file.

Past Medical History

No past medical history on file.

Family History

No family history on file.

Time Example 1

Review of Systems: All other systems reviewed and are Negative unless otherwise addressed in HPI

Objective: BP 120/74 | Pulse (!) 101 | Temp 97.9 °F (36.6 °C) | Ht 5' 6.5" (1.689 m) | Wt 93.6 kg (206 lb 6.4 oz) | SpO2 99% | BMI 32.81 kg/m²

General Appearance: General: well-appearing child

HEENT:

Eyes: Normal

Ears: tympanic membranes pearly with good landmarks

Nose: nares patent bilaterally

Tonsils: normal, not enlarged

Oral Cavity: mucous membranes moist, pharynx normal without lesions

Neck: Neck: supple, no lymphadenopathy

Heart: Heart: regular rate and rhythm

Lungs: Lungs: clear to auscultation bilaterally

Abdomen:

Auscultation: normal bowel sounds

Palpation: no tenderness

Liver: no hepatomegaly

Spleen: no splenomegaly

SKIN: clear, no lesions

Time Example 1

Assessment/Plan:

Patient was seen today for medication refill.

Diagnoses and all orders for this visit:

Oppositional behavior

- risperiDONE (RISPERDAL) 0.25 mg Tablet; Take 1 Tab by mouth daily.
- mirtazapine (REMERON) 15 mg tablet; Take 0.5 Tabs by mouth daily at bedtime.
- escitalopram oxalate (LEXAPRO) 20 mg tablet; Take 1 Tab by mouth daily.
- hydrOXYzine HCl (ATARAX) 50 mg tablet; Take 1 Tab by mouth every 8 hours as needed for Itching.

Attention deficit hyperactivity disorder (ADHD), combined type

Multiple comorbid issues from social dysfunction, physical and emotion abuse, Hx/o ADHD, feelings of abandonment and acting out and expressing frustration and insecurity. It appears he is on poly pharmacy for the last 1-2 yrs. Dad is requesting refills and has an appointment with a new psychiatrist who accepts medicaid in 2 weeks. I refilled his current regimen as stopping "cold turkey" is not good and medication management on this level is more suited for a psychiatrist. My impression from this and previous visits is that given his social chaos at home much of his behaviors and emotions are environmentally triggered and the more loving and stable environment he is in the better he will will do without poly pharm. I would like to see him get off the Remeron on and Risperdal and try being just on the Lexepro and Hydroxyzine for awhile.Family dynamics and nurturing and reassuring loving environment is key.

Total time examining and evaluating the patient, completing orders and counseling was 35 minutes.

Time Example 1

New Patient E/M Code	Typical Time (2020)	Total Time (2021)
99201	10 minutes	Code deleted
99202	20 minutes	15-29 minutes
99203	30 minutes	30-44 minutes
99204	45 minutes	45-59 minutes
99205	60 minutes	60-74 minutes

Time Example 1

Established Patient E/M Code	Typical Time (2020)	Total Time (2021)
99211	5 minutes	Time component removed
99212	10 minutes	10-19 minutes
99213	15 minutes	20-29 minutes
99214	25 minutes	30-39 minutes
99215	40 minutes	40-54 minutes

Time Example 2

HPI:

No further admissions since last seeing the patient - went in for slurred speech - vomiting has been an issue prior to the hospital. GI to be seen 7/2/20 - there has been no loc, syncope or seizures. She is on keppra 500 mg bid. Headaches are not worsening - no new numbness or weakness - swallowing well - no issues with aphasia. She is just tired.

Review of systems:

Patient denies chest pain and shortness of breath. See HPI for neuro review of systems.

Past Medical, surgical, family and social history review (see below)

Time Example 2

Vital Signs: There were no vitals taken for this visit.

General: Well developed, well nourished, NAD, cooperative.

HEENT: NC/AT, EOMI, PERRL, mmm, no carotid bruits, neck supple

Extremities: no edema, no calf tenderness b/l

Neurological Exam:

Mental Status: Awake and alert. NAD, speech clear, language fluent, follows commands appropriately

Cranial Nerves: CN II-XII intact

Sensation: intact LT UE/LE's b/l

Motor: 5/5 UE/LE's b/l, tone and bulk normal, no pronator drift

Coordination:

Tremors-- mouth tremor.

Rapidly alternating movements (RAM): No dysdiadonchokinesis b/l

Heel-Shin: No dysmetria b/l

Finger-Nose: No dysmetria b/l

Gait/Station: Gait and station steady

Labs: labs reviewed

Imaging Studies: Recent neuroimaging reviewed personally in PACs

Time Example 2

Assessment/Plan:

Patient is s/p d/c gmh secondary to transient speech difficulty where the etiology was in form of broad differential to include: TIA vs brain electric firing, seizure, vs complicated migraine. CT head was negative and it was noted that she could not have mri. The plan at d/c was to have her continue on with plavix/statin medications - noting her allergic status to asa. She was started on topamax 25 mg for spells. In addition, it was advised to repeat prolonged eeg as outpatient.

She has past medical hx to include the following: syncope, headache, chf, diabetes, copd, back pain and chronic kidney disease. Per d/c summary she was placed on keppra 500 mg bid and not topamax. She is on 27 medications. She denies worsening headaches, new numbness/weakness, loc, syncope or seizures - vomiting has been going on prior to admission. There has been no falls since d/c. Her speech has been doing well since d/c. I will go forward and order a 24 hour ambulatory eeg - also checking a keppra level as well.

I will have the nurse contact consulting physician and ascertain if we can get a mri brain with her current icd - pm/df. We had to leave a message. She is complaining of heaviness in her chest - more dizziness with standing - she has hx for elevated bnp back in 3/2020 - 389 pg/ml. She has been having more heaviness in her chest since d/c - no overt sob with sitting - more sob with ambulation. She feels that her heaviness in her chest is worse with ambulation. She has been having to sleep in a more upright position. - more fatigue.

I am going to have her transported to the ed for further evaluation. I will contact ed of transport. I will go forward and order ct head for stability - may advance to mri brain once cardiology contacts us - they are at lunch. I will see her back in one week - sooner if needed. I contacted ed of pending transport - physician is going to check status on icd - if ok will order mri brain with and w/o contrast - regardless of admission status - will place hold on ct head. She is not allergic to gad - no recent stents, aneurysm clips or metal in eye. (cardiology contacted us advising that the icd was mri compatible - advising ed of this as well and they will order mri brain with and w/o contrast))

45 minutes spent face to face evaluating the patient, counseling and coordination of care

Time Example 2

New Patient E/M Code	Typical Time (2020)	Total Time (2021)
99201	10 minutes	Code deleted
99202	20 minutes	15-29 minutes
99203	30 minutes	30-44 minutes
99204	45 minutes	45-59 minutes
99205	60 minutes	60-74 minutes

Time Example 2

Established Patient E/M Code	Typical Time (2020)	Total Time (2021)
99211	5 minutes	Time component removed
99212	10 minutes	10-19 minutes
99213	15 minutes	20-29 minutes
99214	25 minutes	30-39 minutes
99215	40 minutes	40-54 minutes

Prolonged Services
(Office or Other Outpatient E/M Services

Prolonged Services (99417)

- The E/M Workgroup identified the need for a prolonged service code to capture services for a patient that required longer time on the date of the encounter

- The Workgroup agreed with CMS that a shorter time was appropriate

Time: Office and Other Outpatient E/M Services

2020	Effective January 1, 2021
• Prolonged services codes with direct patient contact (99354, 99355) and without direct patient contact (99358, 99359) First hour (base code) Each additional 30 minutes (add-on code) • Currently, prolonged services of 30 minutes or less beyond the *typical time* of the E/M service is not reported separately • If criteria met, 99354 and/or 99358 may be reported on the date of service.	• Shorter prolonged services code to capture each 15 minutes of critical physician/other QHP work beyond the time captured by the office or other outpatient service E/M code. Used only when the office/other outpatient code is selected using time **For use only with 99205, 99215** Prolonged services of less than 15 minutes should not be reported

Prolonged Services (99417)

Prolonged Services/Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service

★+● 99417 Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient **Evaluation and Management** services)

►(Use 99417 in conjunction with 99205, 99215)◄

►(Do not report 99417 in conjunction with 99354, 99355, 99358, 99359, 99415, 99416)◄

►(Do not report 99417 for any time unit less than 15 minutes)◄

Prolonged Services (99417)

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99417 X 1
90-104 minutes	99205 X 1 and 99417 X 2
105 or more	99205 X 1 and 99417 X 3 or more for each additional 15 minutes

Prolonged Services (99417)

Total Duration of Established Office or Other Outpatient Services (use with 99215)	Code(s)
Less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99417 X 1
70-84 minutes	99215 X 1 and 99417 X 2
85 or more	99215 X 1 and 99417 X 3 or more for each additional 15 minutes

Prolonged Services (99417)

TIMELINE →							
NEW	1-14	15-29	30-44	45-59	60-74	75-89	90-104
	Do not use time (99202 by MDM)	99202	99203	99204	99205	99205+ 99417	99205+ 2 units 99417
ESTABLISHED	1-9	10-19	20-29	30-39	40-54	55-69	70-84
	Do not use time (99212 by MDM)	99212	99213	99214	99215	99215+ 99417	99215+ 2 units 99417

Prolonged Services Related Revisions (99417)

- Addition of Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service (99417) guidelines
- Existing prolonged service codes (99354, 99355, 99358 and 99359) revised to restrict reporting with office or other outpatient E/M services (99202-99215)
- Revised Prolonged Services with Direct Patient Contact and Prolonged Services without Direct Patient Contact guidelines

Prolonged Services Examples

Prolonged Time Example 1

HISTORY OF PRESENT ILLNESS

A 11 y.o. female.

She is here for a PE and she complains of a rash on her right hand for several weeks and sometimes itches. She has a history of seasonal allergies and had some blood work recently and this was reviewed with slightly elevated hemoglobin A1c at 5.7 with a normal thyroid normal cholesterol. She needs some additional immunizations today. She and mom agreed to HPV the series. She started her menstrual cycle at the age of 9 she is fairly regular and has on occasion cramps that she takes over-the-counter medication for and they are not debilitating.

Family history includes Other in her mother; Thyroid Disease in her father.

Reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not drink alcohol or use drugs.

Prolonged Time Example 1

REVIEW OF SYSTEMS

Constitutional: Negative. Negative for chills, fatigue, fever, irritability and unexpected weight change.

HENT: Negative. Negative for congestion, ear pain, mouth sores, nosebleeds, postnasal drip, rhinorrhea, sinus pressure, sinus pain, sneezing, sore throat, tinnitus and trouble swallowing.

Eyes: Negative. Negative for itching and visual disturbance.

Respiratory: Negative. Negative for cough, chest tightness, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative. Negative for abdominal distention, abdominal pain, anal bleeding, blood in stool, constipation, diarrhea, nausea, rectal pain and vomiting.

Endocrine: Negative. Negative for cold intolerance, heat intolerance and polyuria.

Genitourinary: Positive for menstrual problem **(Intermittent mild dysmenorrhea with her menstrual cycle which started at age 9)**. Negative for difficulty urinating, dysuria, frequency and urgency.

Musculoskeletal: Negative. Negative for arthralgias, joint swelling and myalgias.

Skin: Positive for rash **(Right middle finger rash)**.

Allergic/Immunologic: Positive for environmental allergies. Negative for food allergies.

Neurological: Negative. Negative for dizziness, seizures, speech difficulty, weakness, light-headedness and headaches.

Hematological: Negative. Negative for adenopathy.

Psychiatric/Behavioral: Negative. Negative for agitation, confusion, decreased concentration, dysphoric mood, self-injury, sleep disturbance and suicidal ideas. The patient is not nervous/anxious.

Prolonged Time Example 1

PHYSICAL EXAM

BP 108/74 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Adult) | Pulse 76 | Temp 98.1 °F (36.7 °C) (Temporal) | Resp 16 | Ht 5' 2.5" (1.588 m) | Wt 80.3 kg (177 lb) | SpO2 99% | BMI 31.86 kg/m²

Vitals signs and nursing note reviewed.

Constitutional:

General: She is awake and active.
Appearance: Normal appearance. She is well-developed, well-groomed and overweight.

HENT:

Head: Normocephalic and atraumatic.
Right Ear: Hearing, tympanic membrane, ear canal and external ear normal.
Left Ear: Hearing, tympanic membrane, ear canal and external ear normal.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Pharynx: Oropharynx is clear.

Eyes:

General: Visual tracking is normal. Lids are normal.
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.

Prolonged Time Example 1

Neck:

Musculoskeletal: Full passive range of motion without pain, normal range of motion and neck supple.
Thyroid: No thyroid mass or thyromegaly.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds and air entry. No decreased breath sounds, wheezing or rhonchi.

Abdominal:
General: Bowel sounds are normal.
Palpations: Abdomen is soft. There is no mass.
Tenderness: There is no abdominal tenderness.

Genitourinary: Comments: **Deferred by patient today**

Musculoskeletal: Normal range of motion.
Right lower leg: She exhibits no swelling. No edema.
Left lower leg: She exhibits no swelling. No edema.

Prolonged Time Example 1

Lymphadenopathy:

Head:
Right side of head: No submandibular adenopathy.
Left side of head: No submandibular adenopathy.
Cervical: No cervical adenopathy.

Skin:

General: Skin is warm and dry.
Findings: Rash present.

Comments: **Eczema mild rash on the middle right finger**

Neurological:

General: No focal deficit present.
Mental Status: She is alert.
Cranial Nerves: Cranial nerves are intact.
Sensory: Sensation is intact.
Motor: Motor function is intact.
Coordination: Coordination is intact.

Psychiatric:
Attention and Perception: Attention normal.
Mood and Affect: Mood normal.
Speech: Speech normal.
Behavior: Behavior normal. Behavior is cooperative.
Thought Content: Thought content normal.
Cognition and Memory: Cognition normal.
Judgment: Judgment normal.
Comments: **No mania or suicidal thoughts and mood is stable**

Prolonged Time Example 1

ASSESSMENT and PLAN:

1. Acute eczema of hand	692.9	L30.9	triamcinolone acetonide (KENALOG) 0.1 % Cream
2. Adolescent dysmenorrhea		625.3	N94.6
3. Need for vaccination	V05.9	Z23	HPV 9 Valent (Gardasil 9)
			Meningococcal B Recom Lipoprotein Vaccine (Trumenda)

Orders Placed This Encounter

- Visual Acuity Screening (Vision Screening)
- HPV 9 Valent (Gardasil 9)
- Meningococcal B Recom Lipoprotein Vaccine (Trumenda)
- Hearing Screen
- triamcinolone acetonide (KENALOG) 0.1 % Cream

Prolonged Time Example 1

PROCEDURE

Procedures: Vision/hearing Immunization x 2

Patient Instructions: HPV #2 at the next office visit

Tdap at the next office visit

Continue with lifestyle and diet changes as discussed

Triamcinolone cream by thin layer twice a day for 2 weeks for her eczema

Use over-the-counter anti-inflammatories for intermittent menstrual cramping as discussed

The nature of sun-induced photo-aging and skin cancers is discussed. Sun avoidance, protective clothing, and the use of 30-SPF sunscreens is advised. Observe closely for skin damage/changes, and call if such occurs.

We had a lengthy discussion regarding the coronavirus and measures to limit exposure and discussed hygiene as well as handwashing and limiting social gathering including social distancing and how to manage symptoms if they occur in the future and when to go to the emergency room and went to stay home for at least 14 days at one time.

Increase daily water intake

Bring all meds to the next Office visit for a review.

Follow up earlier if symptoms persist or worsen

Total time examining and evaluating the patient, completing orders and counseling was 75 minutes.

Prolonged Services (99417)

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99417 X 1
90-104 minutes	99205 X 1 and 99417 X 2
105 or more	99205 X 1 and 99417 X 3 or more for each additional 15 minutes

Prolonged Time Example 2

HISTORY OF PRESENT ILLNESS

The patient was seen and examined in follow up for Memory Loss

He has depression, anxiety and memory problem. Symptoms started years ago but it has been getting worse. Has FH of alzheimer disease. MMSE was 30/30. He has some concentration problem. Memory problem is likely due to pseudodementia vs early dementia.he has hx of immune mediated vasculitis. And arthritis diagnosed years ago at duke. His memory problem is likely due to MCI, hearing, vision problem, pain, meds, anxiety, not weaing cpap.

Dementia, mild:

PET scan of brain: right temp, left occipital hypometabolic, early Lewy body ?

Brain mri , mod atrophy, eeg was normal

On aricept 10 mg a day

Couldn't tolerate namenda

Will do brain exercise , reading,writing, puzzle, crossword.

MMSE was 29/30

Printed some information for dementia for him and his wife to read

RPR, TSH, B12, FA, ESR: unremarkable

Previous eeg for memory problem: epileptiform discharges during PS in the right temporal-Will take vit E one tablet daily.

Recommended to drink more fluid

Recommended do not drive in highway, not do financial works,...for now

Prolonged Time Example 2

Hearing problem:

Can not afford hearing aids

Anxiety, depression:

On xanax

Sees a psychiatrist

Will start prozac low dose for depression. He will ask psychiatrist before starting it to see it is ok to take it or not

Sleep apnea, difficulty:

Saw doctor for cpap

Takes hydroxyzine

Nonsmoker

Prolonged Time Example 2

Review of systems:

Patient denies chest pain and shortness of breath. See HPI for neuro review of systems.

Past Medical History:

Diagnosis

- ADD (attention deficit disorder)
- Arthritis
- Asthma

Past Surgical History:

Procedure	Laterality	Date
• EGD		4-2016
• HX ARTHROPLASTY	Left	11/18/2019
• HX BIOPSY PROSTATE NEEDLE / PUNCH / INCISIONAL		
• HX CATARACT REMOVAL		Bilateral
• HX COLONOSCOPY		
• HX EAR RECONSTRUCTION		Left
• HX HEART CATHETERIZATION		1992

Prolonged Time Example 2

Family History

Problem	Relation	Name	Age of Onset
• Heart Disease		Father	
• Heart Attack		Father	39
• Hypertension		Father	
• High Cholesterol		Father	
• Heart Disease		Brother	
• Hypertension		Brother	

Socioeconomic History

- Marital status: Married
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Labs and medications reviewed and documented.

Prolonged Time Example 2

Exam

Vital Signs:

BP 133/85 | Pulse 69 | Temp 99.1 °F (37.3 °C) (Temporal) | Resp 18 | Ht 6' 1" (1.854 m) | Wt 105.7 kg (233 lb) | BMI 30.74 kg/m²

General: Well developed, well nourished, NAD, cooperative.

HEENT: NC/AT, EOMI, PERRL, mmm, no carotid bruits, neck supple

Extremities: no edema, no calf tenderness b/l

Neurological Exam:

Mental Status: Awake and alert. NAD, speech clear, language fluent, follows commands appropriately

Cranial Nerves: CN II-XII intact

Sensation: intact LT UE/LE's b/l

Motor: 5/5 UE/LE's b/l, tone and bulk normal, no pronator drift

Reflexes: 2/4 biceps, triceps, brachioradialis, patellar, and achilles bilaterally; flexor plantar responses bilaterally

Coordination:

Tremors-- None

Rapidly alternating movements (RAM): No dysdiadonchokinesis b/l

Heel-Shin: No dysmetria b/l

Finger-Nose: No dysmetria b/l

Gait/Station: Gait and station steady.

Prolonged Time Example 2

Imaging Studies:

Recent neuroimaging reviewed personally in PACs

Assessment/Plan:

1) Mild dementia - on aricept and could not tolerate namenda. He denies any recent accidents while driving but communicates that he is driving on the highway. He is not compliant With cpap as it " scares" him and has f/u with him this month. He is established with psychiatry and he feels that the advent of prozac/atarax has had a calming effect but has rendered him w/o motivation.

NO si/hi - no reported hallucinations. He denies loc, syncope, seizures, falls or headaches. MMSE is 30/30. He will f/u psychiatrist as scheduled - feels like he wants to change meds due to motivation. In addition, will f/u with Banerjee as schedule to discuss issues with cpap machine. I will see Wayne back in 2 months to see if any interventions were initiated by banerjee and xiao - sooner with me if needed.

Total time examining and evaluating the patient, completing orders and counseling was 60 minutes.

Prolonged Services (99417)

Total Duration of Established Office or Other Outpatient Services (use with 99215)	Code(s)
Less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99417 X 1
70-84 minutes	99215 X 1 and 99417 X 2
85 or more	99215 X 1 and 99417 X 3 or more for each additional 15 minutes

References

- AMA: E/M Office Visits 2021
- AMA: E/M is Coming
- AAPC Healthcare Business Monthly (March 2020): “Prepare for Office and Other Outpatient Code Changes
- CMS & Medical Group Management association (MGMA): “Proposed 2021 Medicare Physician Payment and Quality Reporting Changes
- Libman Education: 2021 CPT Changes

Questions?

Please click this link:

https://forms.office.com/Pages/ResponsePage.aspx?id=QNzSGHmmRkC7bIeEBV7Mk9Qd2oADf5NAsABHU8F8Y21UMzdNMjBMR1VaMDZaUVFVTEhBVU1NS0dQRC4u