

AMA: Summary of Evaluation and Management Coding Updates Effective January 2021

E/M coding guidelines have been updated by the American Medical Association (AMA) **effective January 1, 2021**.¹ Key changes include:

- 99201 has been deleted and is no longer active for billing – report 99202
- 99202-99215 code now includes a medically appropriate history and exam but are selected by either MDM or time. Select the method that determines the highest-level code for each visit:
 - **UPDATED MEDICAL-DECISION MAKING (MDM)** – Four types of MDM are recognized: straightforward, low, moderate, and high. Select MDM level and code based on the highest level met or exceeded for 2 of 3 following MDM elements:
 - 1) Number and Complexity of Problems Addressed at the Encounter
 - 2) Amount and/or Complexity of Data to be Reviewed and Analyzed:
 - Tests, documents, orders, or independent historian(s)
 - Do not include Point of Care tests (POCT) that are separately reported during the visit as a unique test in data (i.e., Urine pregnancy tests, rapid testing, microscopy)
 - Ordering and reviewing the test result (i.e., Chlamydia and Gonorrhea) regardless of when it is reviewed - counts as 1 point total for each test
 - A panel is considered 1 unique test
 - Independent interpretation of tests (not separately reported)
 - “Review of test results” and “independent interpretation” can be counted only for tests that you didn’t order
 - Discussion of management or test interpretation with external physician or other QHCP (such as a NP, PA, midwife) or appropriate source
 - 3) The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient’s problem(s), the diagnostic procedure(s), treatment (s).
 - **TOTAL CUMULATIVE TIME** the clinician(s) (i.e., physician, NP, PA, midwife) spend on the patient’s care on the date of the encounter
 1. Clinician activities that are counted into time under the new E/M guidelines include
(Note this does not include time in activities normally performed by clinical staff such as MA’s, RN’s or front desk staff or separately reported services):
 - Preparing to see the patient (e.g., review of tests, phone calls to gather relevant information to reduce in office time, connecting to tele-platform)
 - Obtaining and/or reviewing separately obtained history
 - Performing a medically appropriate exam and/or evaluation
 - Counseling and educating the patient/family/caregiver
 - Ordering medications, contraceptives, tests or procedures
 - Documenting clinical information in the electronic health record (EHR)
 - Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
 - Care coordination (not separately reported)
- While not popular in the family planning setting, there are updated pro-longed care add-on codes that can be billed if a new patient visit is > 74 minutes or an established patient visit is > 54 minutes

¹ AMA E/M Coding Changes 2021: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

AMA: Summary of Evaluation and Management Coding Updates Effective January 2021

- Many family planning encounters are based on significant time counseling and time is often used to determine the level code

E/M CODE	MDM	TIME INCREMENTS
NEW PATIENTS		
99201	Deleted code – n/a	
99202	Straightforward	15-29 minutes
99203	Low	30-44 minutes
99204	Moderate	45-59 minutes
99205	High	60-74 minutes
ESTABLISHED PATIENTS		
99211	n/a	No minimal time
99212	Straightforward	10-19 minutes
99213	Low	20-29 minutes
99214	Moderate	30-39 minutes
99215	High	40-54 minutes

AMA: Summary of Evaluation and Management Coding Updates Effective January 2021

**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	Risk of Complications and/or Morbidity or Mortality of Patient Management
			Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	
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 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

CPT is a registered trademark of the American Medical Association. Copyright 2019 American Medical Association. All rights reserved.