Quick Guide to 2021 Office/Outpatient E/M Services (99202-99215) Coding Changes

Note that these changes apply only to the office/outpatient E/M services (99202-99215); continue to bill and document as you always have in all other settings.

As of **January 1, 2021**, codes for office/outpatient medical evaluation and management (E/M) care can be selected on the basis of the complexity of the **medical decision making (MDM)** or on the basis of the total time on the date of the encounter.

For psychiatrists who provide E/M services along with psychotherapy, the appropriate E/M code will be determined by the MDM as newly defined. Time cannot be used to determine E/M when adding on psychotherapy.

See the attached **MDM table** for a better understanding of the guidelines for selecting the level of E/M service provided. The level of MDM should be driven by the nature of the presenting problem on the date of the encounter. Time is not a factor when code selection is done on the basis of MDM.

When billing outpatient E/M on the basis of time, psychiatrists may now use the total time on the date of the patient encounter, not just the face-to-face time. Time spent on the following activities on the date of the encounter is included:

- Preparing to see the patient (e.g., review of test, records)
- Obtaining and/or reviewing separately obtained history
- Performing a medically necessary exam and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other healthcare professionals (when not reported separately)
- Documenting clinical information in the electronic or paper health record
- Independently interpreting results of tests/labs and communication of results to the family or caregiver
- Care coordination (when not reported separately)

Documentation has been simplified:

- Code selection based on MDM MUST include information pertinent to that element.
- The extent of the history and exam is not considered for code selection, so history and exam should be documented as medically necessary and as needed to provide good clinical care.
- Code selection based on total time MUST include the total time spent on the date of the encounter and a summary of relevant clinical activities.

Time Ranges (for use when billing by time)			
New Patient	**Time***	**Est Patient**	**Time***
99202	15-29 minutes	99212	10-19 minutes
99203	30-44 minutes	99213	20-29 minutes
99204	45-59 minutes	99214	30-39 minutes
99205	60-74 minutes	99215	40-54 minutes

Two new prolonged services codes have been developed to report lengthy E/M care – one was developed by CMS (G2212) for Medicare patients and the other by CPT (99417). These codes are used when the time exceeds the highest-level E/M service (99205 or 99215) by at least 15 minutes. **Medicare calculates the time using the maximum amount of time** for the 99205 (74 minutes plus 15 minutes) or the 99215 (54 minutes plus 15 minutes). **CPT calculates the time using the minimum amount of time** for the 99205 (60 minutes plus 15 minutes) or the 99215 (40 minutes plus 15 minutes). You will have to check payer policy for non-Medicare patients to determine which code they are using.

New Patient Visit (99205; 60-74 minutes)		
Number of Units (w/ appropriate code) for Total Duration	**Medicare Requirements for Use of Code G2212**	**CPT Requirements for Use of Code 99417**
99205	Under 89 minutes	Under 75 minutes
99205 and one unit	89-103 minutes	75-89 minutes
99205 and two units	104-118 minutes	90-104 minutes
99205 and three (or more) units for each 15 minutes	119 minutes or more	105 minutes or more
Established Patient Visit (99215; 40-54 minutes)		
Number of Units (w/ appropriate code) for Total Duration	**Medicare Requirements for Use of Code G2212**	**CPT Requirements for Use of Code 99417**
99215	Under 69 minutes	Under 55 minutes
99215 and one unit	69-83 minutes	55-69 minutes
99215 and two units	84-98 minutes	70-84 minutes
99215 and three (or more) units for each 15 minutes	99 minutes or more	85 minutes or more

Medical Decision Making Table

E/M code selection can be done on the basis of Medical Decision Making (MDM) or time. The level of MDM should be driven by the nature of the presenting problem on the date of the encounter. Time is not a factor when code selection is done on the basis of MDM. When billing E/M along with a psychotherapy service the E/M must be selected on the basis of MDM. To qualify for a particular level of MDM, 2 of the 3 elements for that level of MDM must be met or exceeded.

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CPT Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making with Psychiatric Specific Examples		
		Number and Complexity of Problems	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity/Mortality of Patient Management
99211	**N/A**	N/A	N/A	N/A
99202 99212	**Straightforward**	**1 Self-limited problem or minor** *(Example: Bereavement)*	**Minimal/None**	**Minimal Risk**
99203 99213	**Low**	**Low** • 2 or more self-limited or minor problems; or • 1 stable chronic illness, *(Example: MDD, recurrent, in remission)* or • 1 acute, uncomplicated illness or injury *(Example: Adjustment d/o with depressed mood)*	**Limited** *(Must meet 1 of 2 categories in this box)* **Category 1: Tests and Documents:** • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test **Category 2: Assessment requiring an independent historian(s)** (confirmatory history judged to be necessary)	**Low Risk** Example: • *New patient seen for adjustment disorder and referred to therapist*
99204 99214	**Moderate**	**Moderate** • 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, *(Example: MDD, recurrent, moderate)* or • 2 or more stable chronic illnesses, *(Example: Schizophrenia and alcohol use d/o)* or • 1 undiagnosed new problem with uncertain prognosis, *(Example: Cognitive decline)* or • 1 acute illness with systemic symptoms, *(Example: Anorexia with bradycardia and amenorrhea; or Substance use d/o presenting in acute withdrawal)* or • 1 acute complicated injury	**Moderate** *(Must meet 1 of 3 categories in this box)* **Category 1: Tests, documents, or independent historian:** *(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) **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), or **Category 3: Discussion of management or test interpretation** with external physician/other QHP/ appropriate source (not separately reported)	**Moderate Risk** Examples: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health • *Management of psychiatric medications* • *Patient whose adherence to treatment is impacted by homelessness*
99205 99215	**High**	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; *(Example: MDD, recurrent, severe w/ significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)* or • 1 acute or chronic illness or injury that poses a threat to life or bodily function *(Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)*	**Extensive** *(Must meet 2 out of 3 categories in this box)* **Category 1: Tests, documents or independent historians:** *(any combination of 3 from the following bullets)* • 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) **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), or **Category 3: Discussion of management or test interpretation** with external physician/other QHP/ appropriate source (not separately reported)	**High Risk** Examples: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization • *Management of Clozapine* • *Initiation of Lithium* • *Consideration of inpatient behavioral health admission*

Italicized text signifies psychiatric specific examples that have been added for educational purposes