

# 2021 Outpatient Evaluation and Management Coding and Billing Changes

Comprehensive changes to evaluation and management reporting for office or other outpatient visits will be implemented **effective January 1, 2021**. The American Medical Association Current Procedural Terminology (CPT) Editorial Panel approved revisions to the Evaluation and Management (E/M) office visit codes and they were subsequently finalized by the Centers for Medicare and Medicaid Services.

## The primary goals of the revisions are:

- To decrease administrative burden of documentation
- To decrease the need for audits by adding and expanding key definitions and guidelines
- To decrease unnecessary documentation in the medical records

## The 2021 CPT coding changes include:

### 1. Reducing the number of levels to 4 for outpatient E/M visits for new patients, while retaining 5 levels for established patients.

Code 99201 will be deleted and code definitions for codes 99202-99215 were revised.

### 2. Elimination of history of present illness and physical examination (H&P) as elements of code selection.

As a best practice, providers should continue to document clinically relevant H&Ps, but they won't be used to determine the level of E/M service provided.

### 3. Physicians can choose the level of E/M visits based on either medical decision making (MDM) or time.

This determination may vary per each individual patient.

### 4. Modifications to the criteria for selecting the level of medical decision making.

MDM is defined by three elements:

- number and complexity of problems addressed
- amount and/or complexity of data reviewed and analyzed
- the risk of complications, morbidity, and/or mortality of patient management.

These elements are used to determine the level of MDM: straightforward, low, moderate, or high. The Level of MDM Table was revised, and several definitions were added.

### 5. Revised definition of time and minute ranges.

The definition of time is minimum total time, not typical time. Existing face-to-face typical times were replaced by total time minute ranges for each office visit code. **Total time includes face-to-face and non-face-to-face time.**

## ACOG is working to make the following additional changes:

- Apply the increased E/M values to the global obstetric codes through either:
  - Regulatory fix in the 2021 Medicare Physician Fee Schedule, or
  - Legislation enacted by Congress
- Apply the increased E/M values to the global surgical codes through legislation enacted by Congress

In addition to the documentation and code description changes, the values of **standalone outpatient E/M visits were increased**. The tables below compare the current relative value units (RVUs) for physician work to the 2021 RVUs for each outpatient E/M code.

## New Patient Visits

CPT Code	2020 RVUs	2021 RVUs
99201	0.48	Code deleted
99202	0.93	0.93
99203	1.42	1.6
99204	2.43	2.6
99205	3.17	3.5

## Established Patient Visits

CPT Code	2020 RVUs	2021 RVUs
99211	0.18	0.18
99212	0.48	0.7
99213	0.97	1.3
99214	1.5	1.92
99215	2.11	2.8

## Summary : 2021 Outpatient E/M Codes

CPT Code	Level of MDM	Total Time	2021 RVUs
99202	Straight-forward	15-29	0.93
99203	Low	30-44	1.6
99204	Moderate	45-59	2.6
99205	High	60-74	3.5
99211	N/A*	N/A*	0.18
99212	Straight-forward	10-19	0.7
99213	Low	20-29	1.3
99214	Moderate	30-39	1.92
99215	High	40-54	2.8

\*99211 may not require the presence of a physician or QHP. Usually, the presenting problems are minimal. As a result, the concept of MDM does not apply and there is no assigned physician/QHP time.