

December 16, 2020

Medical Decision Making Updates for 2021

Effective January 1, 2021, major changes for E/M (Evaluation and Management) coding will be in effect. If time spent on the encounter is used as the determinant for the CPT code billed, the time values will change from typical time used to total time used:

New Patient Codes





<u>CPT Code</u>	<u>Time increment</u>
99201	**No longer a valid code
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
99205	60-74 minutes

Existing Patient Codes

<u>CPT Code</u>	<u>Time increment</u>
99211	**Time element removed
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes

2021 Updates to Medical Decision Making Definitions

The Impact on providers is the need to understand the new definitions regarding Medical Decision Making (MDM). This new year, 2021 E/M revisions, CPT code 99211 will be eliminated and the other codes will be as follows:

 <p>99202 and 99212: Straightforward MDM; Number and complexity of problems addressed is minimal; Amount and complexity of data to be reviewed and analyzed is minimal; Risk of morbidity from additional diagnostic testing or treatment is minimal.</p>	 <p>99203 and 99213: Low level MDM; Number and complexity of problems addressed is low; Amount and complexity of data to be reviewed and analyzed is limited; Risk of morbidity from additional diagnostic testing or treatment is low.</p>	 <p>99204 and 99214: Moderate level MDM; Number and complexity of problems addressed is moderate; Amount and complexity of data to be reviewed and analyzed is moderate; Risk of morbidity from additional diagnostic testing or treatment is moderate.</p>	 <p>99205 and 99215: High level MDM; Number and complexity of problems addressed is high; Amount and complexity of data to be reviewed and analyzed is extensive; Risk of morbidity from additional diagnostic testing or treatment is high.</p>
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Understanding the effects

When coding according to time, physicians and other qualified health professionals can include the following:

- Preparing for the patient visit, such as reviewing test results
- Obtaining or reviewing history
- Performing a medically necessary examination/evaluation
- Educating or counseling the patient as well as their family and/or caregiver
- Ordering tests, medications, or procedures
- Referring to and communicating with other providers (if this has not been reported separately)
- Documenting clinical information in the EHR or paper chart, if applicable
- Independently interpreting results, provided this has not been otherwise reported, and communicating those results with the patient as well as their family and/or caregiver
- Care coordination that has not been otherwise reported. It is important to note that if two qualified health care professionals share or split an office visit, time can only be counted once and in total. Each activity, even if performed by two distinct practitioners, can only be counted towards time once

If you have any questions, please feel free to contact your Provider Relations Representative at 661-664-5000.

Thank you,

Melissa Lopez

Melissa Lopez
Provider Relations Manager