

Time-based billing for E/M in 2021 and beyond

Braden Kuo, MD
AGA CPT Advisor



Learning Objectives

Identify

Identify the options for assigning the correct level of office/outpatient E/M codes based on time

Learn

Learn how to correctly count time according to the 2021 E/M CPT Guidelines

Understand

Understand the factors in determining when to assign E/M level based on MDM or time

Apply

Apply what you learn about counting time to your practice to maximize E/M reimbursement and code correctly



2021 E/M Guidelines: Time vs MDM

E/M level of service for office or other outpatient services can be based on:

- Medical decision making

or

- Total time for E/M services performed on the date of the encounter

NOTE: All payors must follow the 2021 E/M CPT guidelines



Time: 2020 vs 2021

2020 definition of time:

- The typical time spent face-to-face in the office or other outpatient setting with the patient, and
- can only to be used as a key component for code selection when counseling and/or coordination of care is more than 50% of the visit.

2021 definition of time*

- The minimum time, not typical time, spent, and
- represents total time spent by physician/qualified health care professional (QHP) on the date of service

*NOTE: This definition only applies when code selection is based on time and not MDM



New patient E/M

New Patient E/M Visits			
CPT	MDM	2020 Typical Time	2021 Range
99201	Straightforward	10 min	NA
99202	Straightforward	20 min	15-29 min
99203	Low complexity	30 min	30-44 min
99204	Moderate complexity	45 min	45-59 min
99205	High complexity	60 min	60-74 min



Established Patient E/M

Established Patient E/M			
CPT	MDM	2020 Typical Time	2021 Range
99211	NA	5 min	NA
99212	Straightforward	10 min	10-19 min
99213	Low complexity	15 min	20-29 min
99214	Moderate complexity	25 min	30-39 min
99215	High complexity	40 min	40-54 min



Qualified Health Provider (QHP)

Time spent by QHPs counts toward total time for an E/M visit.

- AMA definition (2013): A QHP is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
- AMA's QHP examples:
 - Nurse Practitioners
 - Physician Assistants
 - Certified Nurse Specialists



Clinical Staff

Time spent by clinical staff does not count toward the total time of an E/M visit when code selection is based on time.

Clinical staff examples:

- Medical assistants
- Licensed practical nurses
- Registered nurses



Counting Time for Split/Shared Visits

When the physician and a QHP perform the E/M, the time spent by each is summed for the total time.

- A PA spends 30 minutes and a physician spends 15 minutes with an established patient on the date of the encounter. The total time of the visit is 45 minutes (15 + 30) which supports level 5.

CPT	2021 Range
99211	NA
99212	10-19 min
99213	20-29 min
99214	30-39 min
99215	40-54 min



Activities that Count Toward Total Time

Eligible time includes both the face-to-face and non-face-to-face time that the physician personally spends before, during and after the visit on that same day.

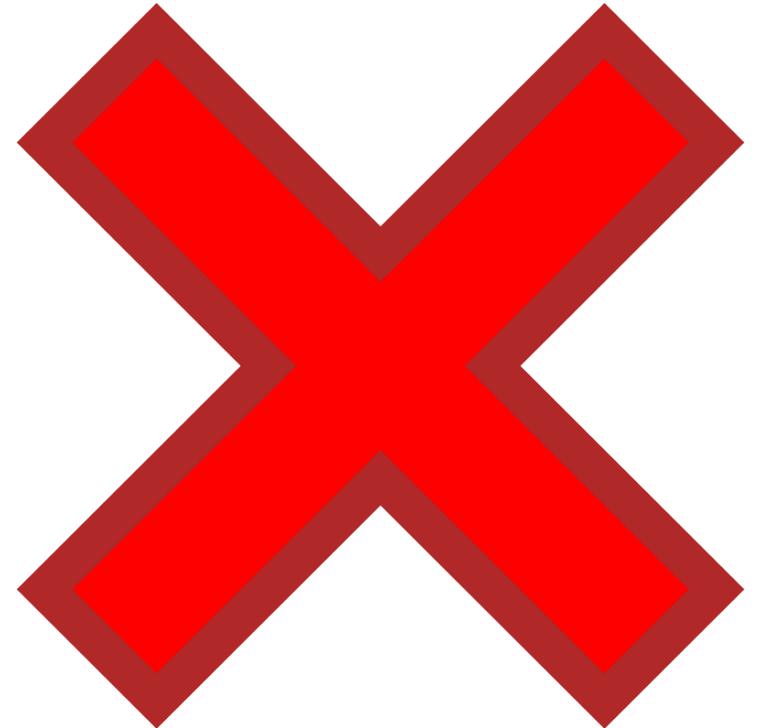
Examples of activities that can be counted in total time:

- Preparing to see the patient (e.g., reviewing tests)
- Counseling or educating a patient, family or caregiver
- Reporting test results to a patient by phone
- Ordering medications, tests or procedures
- Documentation work performed at home
- Care coordination (when not separately reportable)
- Getting and/or reviewing separately obtained history
- Referring the patient to and communicating with other health care professionals (when not separately reportable)



Activities that Do Not Count Toward Total Time

- Time spent on a calendar day other than day the patient was seen
- Services that are separately reportable
 - Examples:
 - Interpretation of tests that have separate CPT codes
 - Transitional care management (reported with 99495-99496)
 - Chronic care management (reported with 99478, 99490, +99489)
- Clinical staff time (activities performed by medical assistants, licensed practical nurses, registered nurses)



Which to Choose? Time vs MDM

If the answer to any of the following questions is “yes” using time instead of MDM may result in a higher-level E/M visit:

- Did you spend a considerable amount of time collecting the history or performing the exam?
- Did you order several tests, speak with other physicians, or review complex data?
- Is the patient medically complex (and do they support a level five E/M) but you went beyond the level 5 time threshold? You can add 99417 in addition to the E/M code.
 - 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)



Clinical Case #1

A 65-year-old woman with a history of abdominal pain and diarrhea and a diagnosis of IBS comes to you after seeing two other GIs and sends you her records in advance. She is coming to see you for a 2nd opinion with waxing and waning chronic symptoms.

MDM is moderate complexity (1 chronic illness without acute change).

You spend 25 minutes the day of her visit reviewing her records including previous charts and labs, 20 minutes talking with her about her history and in face-to-face counseling and 25 minutes in charting after she leaves for a total of 70 minutes spent in patient care.

CPT	MDM	Time Range
99202	Straightforward	15-29 min
99203	Low complexity	30-44 min
99204	Moderate complexity	45-59 min
99205	High complexity	60-74 min

Time = Level 5

MDM = Level 4



Clinical Case #2

A PCP refers a patient with a complaint of chronic worsening heartburn to you with no significant records.

MDM is moderate complexity (1 chronic condition that is worsening).

You spend 30 minutes total time including discussion with the patient, ordering tests and charting.

Time = Level 2

MDM = Level 4

CPT	MDM	Time Range
99202	Straightforward	15-29 min
99203	Low complexity	30-44 min
99204	Moderate complexity	45-59 min
99205	High complexity	60-74 min



Clinical Case #3

A PCP refers a patient with suspected IBD with records. Your PA spends 40 minutes of the shared visit with the patient taking history and symptoms. You spend 30 minutes of total time reviewing the records, talking with the patient, ordering tests and charting.

MDM is moderate complexity (1 undiagnosed new problem with uncertain prognosis).

The total time of the visit includes the PA's time (40 minutes) plus your time (30 minutes) for a total of 70 minutes.

CPT	MDM	Time Range
99202	Straightforward	15-29 min
99203	Low complexity	30-44 min
99204	Moderate complexity	45-59 min
99205	High complexity	60-74 min

Time = Level 5

MDM = 4



Documentation Best Practices for Time

- Avoid generic documentation
 - Your documentation must accurately reflect the services you provided.
 - An auditor may question why it took 15 minutes to review a complete blood count without additional details. Remember to list all tests you reviewed.
- Remember medical necessity
 - Don't include time spent on non-medical discussion (e.g., how the patient's family is doing).
- Be mindful of total time spent for the day
 - Does the total time documented seeing patients in a day exceed the number of hours you worked? It could be a red flag for an auditor.



Documentation Template Example for Time-based E/M

A total of X minutes was spent on this visit reviewing previous notes, counseling the patient on <insert topics>, ordering tests (<list tests ordered>), adjusting meds, and documenting the findings in the note.



Key Take-aways



- Consider assigning E/M level based on time (not MDM) if you:
 - focus the visit on only 1 chronic illness diagnosis without severe exacerbation, progression, or side effects from treatment,
 - spent a considerable amount of time collecting the history or performing the exam,
 - ordered several tests,
 - reviewed complex data, and/or
 - spoke to other physicians.



Key Take-aways

- When assigning E/M level based on time:
 - Report the total time spent.
 - Count both the face-to-face and non-face-to-face time that you spend before, during and after the visit on that same day.
 - Remember to include QHP time for split/shared visits.
- Do not include:
 - Time spent on a calendar day other than day the patient was seen
 - Services that are separately reportable (e.g., chronic care management and transitional care management)
 - Clinical staff time (activities performed by medical assistants, licensed practical nurses, registered nurses)



AMA 2021 E/M Resources

- 2021 E/M Changes
 - <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- How 2021 E/M coding changes will reshape the physician note
 - <https://www.ama-assn.org/practice-management/cpt/how-2021-em-coding-changes-will-reshape-physician-note>
- AMA E/M Resource Center
 - <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>
- Implementing 2021 E/M Revisions
 - <https://www.ama-assn.org/practice-management/cpt/implementing-cpt-evaluation-and-management-em-revisions>

