

E/M 2021, Overview of Changes

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Topics

- Descriptors
- Documentation requirements, what's new
- Prolonged service codes
- Complexity add-on code
- Related code changes



GASTROENTEROLOGISTS RARELY SEE COMPLEX PATIENTS (REALLY???)

Office Visit Level by Medicare Specialty				
	New Patient		Established Patient	
	99204 %	99205 %	99214 %	99215 %
All Specialties	37%	10%	45%	4%
Medicare Designated Specialty	99204 %	99205 %	99214 %	99215 %
HEMATOLOGY	35%	56%	57%	16%
NEUROLOGY	52%	37%	56%	15%
MEDICAL ONCOLOGY	32%	58%	54%	15%
GERIATRIC MEDICINE	39%	45%	62%	10%
NEPHROLOGY	57%	27%	64%	10%
PULMONARY DISEASE	60%	25%	57%	9%
ENDOCRINOLOGY	64%	22%	69%	8%
CARDIOLOGY	62%	20%	62%	7%
RHEUMATOLOGY	63%	23%	62%	5%
GASTROENTEROLOGY	49%	6%	44%	5%
INTERNAL MEDICINE	50%	16%	52%	5%



**OPPORTUNITIES
AND THREATS BOTH
SNEAK UP ON YOU**



2021 outpatient /office E/M codes

- **New Patient**

(99201 has been deleted. To report, use 99202)

- **99202 Office or other outpatient visit** for the evaluation and management of a new patient, which requires a **medically appropriate history and/or examination** and **straightforward medical decision making**.
- When using time for code selection, **15-29 minutes of total time is spent on the date of the encounter**.
- **99203 Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and **low level of medical decision making**.
- When using time for code selection, **30-44 minutes** of total time is spent on the date of the encounter.



New patients

- **99204 Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and **moderate level of medical decision making**.
- When using time for code selection, **45-59 minutes** of total time is spent on the date of the encounter.
- **99205 Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and **high level of medical decision making**.
- When using time for code selection, **60-74 minutes** of total time is spent on the date of the encounter.
- (For services 75 minutes or longer, see Prolonged Services (**99417 non Medicare or G2212 Medicare** threshold 90 minutes))



Established patients

- **99211 Office or other outpatient visit** for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. *<NOTE: no specific time or MDM>*
- **99212 Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and **straightforward medical decision making**.
- When using time for code selection, **10-19 minutes of total time** is spent on the date of the encounter.
- **99213 Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and **low level of medical decision making**.
- When using time for code selection, **20-29 minutes** of total time is spent on the date of the encounter.



Established patients

- **99214 Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
- When using time for code selection, **30-39 minutes** of total time is spent on the date of the encounter.
- **99215 Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and **high level of medical decision making**.
- When using time for code selection, **40-54 minutes** of total time is spent on the date of the encounter.
- (For services 55 minutes or longer, see Prolonged Services (**99417 non Medicare or G2212 Medicare** threshold 70 minutes))



Total time the day of encounter

CODE	TIME, minutes
99202	15-29
99203	30-44
99204	45-59
99205	60-74
99211	Not specified (minimal service, non physician)
99212	10-19
99213	20-29
99214	30-39
99215	40-54
+ prolonged service	15 minutes added to 99205 or 99215



DOCUMENTATION.....MEDICAL NECESSITY

Plausible, Discernible thinking or work

**WHEN TIME IS USED TO DOCUMENT, FOCUS is
MEDICAL NECESSITY OF VISIT and
ENCOUNTER DAY TOTAL TIME (more time, more detail)**

**FOR SERVICES CODED BASED ON MDM,
MINIMUM SUPPORTING DOCUMENTATION IS LEVEL 2 VISIT
(history, exam and/or medical decision making)**



Prolonged Services (HCPCS code G2212) (NOT AMA code 99417 'invalid' per CMS)

- G2212 Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)
- (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416).
- (Do not report G2212 for any time unit less than 15 minutes)
- The wRVUs for G2212 are .61, and national non-facility payment about \$31.40



Time threshold chart for G2212 with a new Patient

CPT Code(s)	Total Time Required for Reporting
99205	60-74 minutes
99205 x 1 and G2212 x 1	89-103 minutes
99205 x 1 and G2212 x 2	104-118 minutes
99205 x 1 and G2212 x 3 or more for each additional 15 minutes.	119 or more

*Total time is the sum of all time, including prolonged time, spent by the reporting practitioner on the date of service of the visit

Time threshold chart for G2212 with an established patient

CPT Code(s)	Total Time Required for Reporting
99215	40-54 minutes
99215 x 1 and G2212 x 1	69-83 minutes
99215 x 1 and G2212 x 2	84- 98 minutes
99215 x 1 and G2212 x 3 or more for each additional 15 minutes.	99 or more



G2211 Medicare add-on for complexity

- **+G2211** *Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)*



Complexity add-on code: *on hold till 2024*

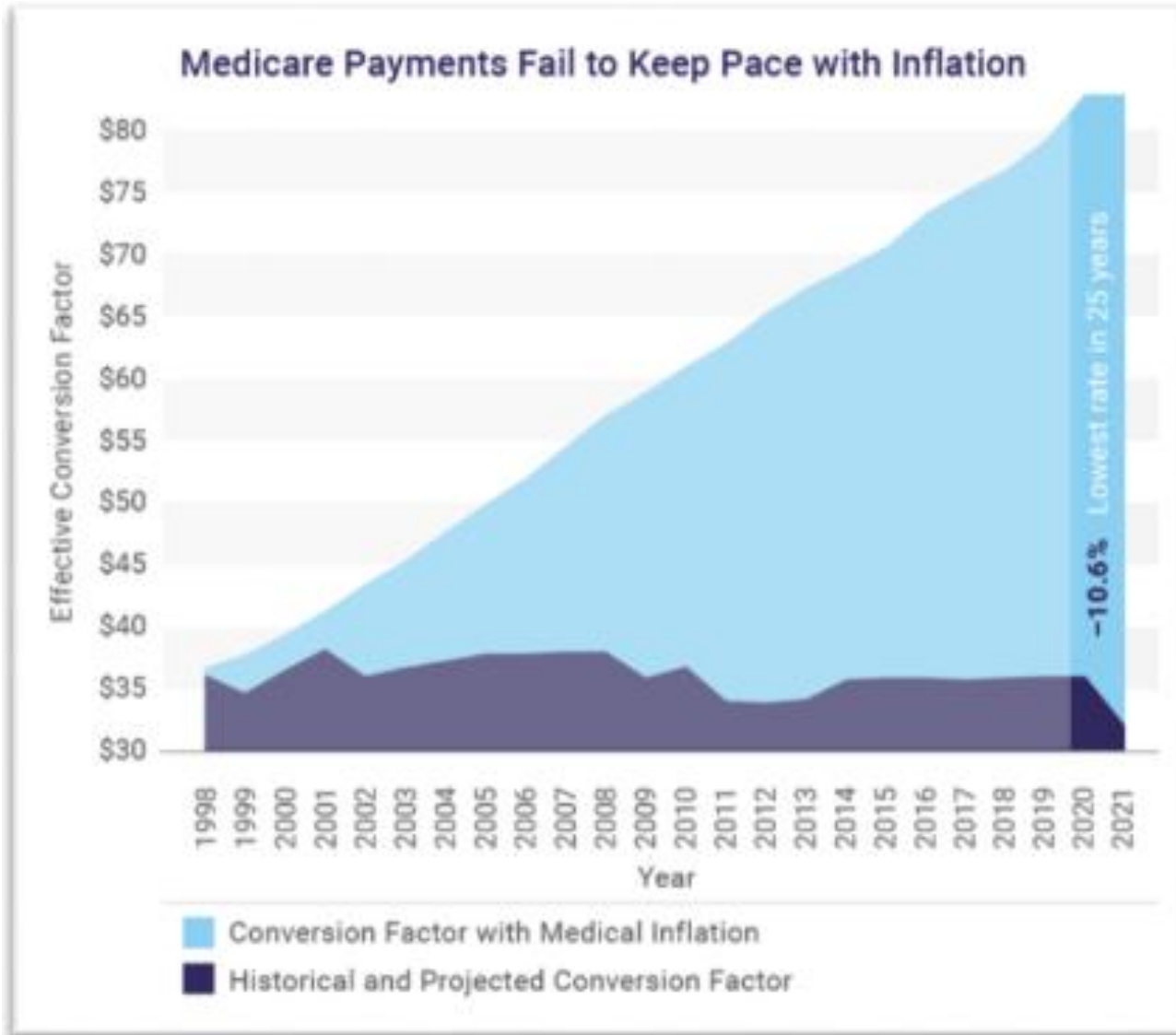
- HCPCS add-on code G2211(formerly placeholder code GPC1X)
- assuming that it will be reported with 90% of office/outpatient E/M visits by specialties that rely on office/outpatient E/M visits to report the majority of their services.
- CMS finalized add-on code G2211
- This code may be used by primary care and certain other specialties who are addressing health needs with a consistency and continuity over a long period of time
- G2211 has a wRVU of .33 with a national payment rate of \$15.88
- The code may be reported for new and established patients, but may not be reported with any codes but 99202–99215



Why NOT complexity?

- Why might this not take effect?
- Part of the COVID-19 package includes a much-lobbied for but much-altered proposal to negate the budget neutrality cuts while letting increases take effect. The COVID bill (Consolidated Appropriations Act (CCA) of 2021) finally got signed
- 3.75% net increase in Medicare physician fees, delays payment on G2211 until 2024 and puts off the 2% sequestration claw-back another few months
- Conversion factor falls





2020 CF = \$36.09



2021 CF = \$32.26

→ \$34.84



Fee schedule 2021 CF \$36.09 → 34.84 -3.3%

CPT	Short Descriptor	2020 Non-Facility National Payment	2021 Final Non-Facility National Payment	Changes	\$ Change	% Change	2020 Facility National Payment	2021 Final Facility National Payment	\$ Change	% Change
99201	Office/outpatient visit new	Code 99201 deleted								
99202	Office/outpatient visit new	\$77.23	\$73.97		-\$3.26	-4%	\$51.61	\$49.90	-\$1.71	-3%
99203	Office/outpatient visit new	\$109.35	\$113.75		\$4.40	4%	\$77.23	\$84.44	\$7.21	9%
99204	Office/outpatient visit new	\$167.10	\$169.93		\$2.83	2%	\$132.09	\$137.48	\$5.39	4%
99205	Office/outpatient visit new	\$211.13	\$224.36		\$13.24	6%	\$172.51	\$186.68	\$14.17	8%
99211	Office/outpatient visit est	\$23.46	\$23.03		-\$0.43	-2%	\$9.38	\$9.07	-\$0.31	-3%
99212	Office/outpatient visit est	\$46.20	\$56.88		\$10.68	23%	\$26.35	\$36.29	\$9.94	38%
99213	Office/outpatient visit est	\$76.15	\$92.47		\$16.32	21%	\$52.33	\$68.04	\$15.71	30%
99214	Office/outpatient visit est	\$110.44	\$131.20		\$20.76	19%	\$80.48	\$100.49	\$20.01	25%
99215	Office/outpatient visit est	\$148.33	\$183.19		\$34.86	24%	\$113.68	\$147.95	\$34.26	30%
G2211	Complex e/m visit add on	NA	\$0.00		NA	NA	NA	\$0.00	NA	NA
G2212	Prolong outpt/office vis	NA	\$33.50		NA	NA	NA	\$32.45	NA	NA
G2252	Brief chkin by md/qhp, 11-20	NA	\$26.87		NA	NA	NA	\$25.47	NA	NA



Other

- Increase in wRVU not carried into E/M for global (surgery) services
- Increase in wRVU ARE incorporated into transitional care management services and more of codes can be co-reported for same period of time
 - Still though, only one physician can do TCM



Do Gastroenterologists see complex patients?

- 1990s 20-25% billed at level 5
- Past 10 years 5% (other IM spec. 15-50%)
- Will code changes change our behaviors?
- 60-74 minutes total day's time for 99205; or MDM
- 40-54 minutes total day's time for 99215; or MDM
- +G2211 for most all; \$16

