2021 E/M FAQs

E/M Guidelines

- **What are the E/M guidelines changes?**
  - The following is a brief summary of the main changes to E/M guidelines beginning in 2021. See the E/M Coding Review, Medical Decision-Making (MDM) Based Billing, and Time-Based Billing presentations for the full details.
    - There are now only two key pathways for code selection for outpatient visit codes 99202-05 and 99211-15: MDM and total time on the day of the encounter.
    - Elements of MDM include:
      - The number and complexity of problems addressed in the encounter.
      - The amount or complexity of data to be reviewed and analyzed.
      - Risk of complications or morbidity of patient management, including social determinants of health and decisions not to admit a patient or intervene.
    - Changes to the "Time" component:
      - Time is now "total time" not just face-to-face time.
      - You can now include time spent doing non-face-to-face work on the day of the encounter like reviewing records and writing notes.
- **We have a large number of chronic GI patients, many of whom require home health care including ordering and oversight including enteral and parenteral nutrition, IV fluids and IV Infusions at home. We need guidance about the best ways to bill and code their care.**
  - There are a variety of care plan oversight codes in CPT for situations like home total parenteral nutrition (TPN) care coordination, and a broad set of chronic care management codes which can reflect MD/professional work as well as staff work.
  - It is important to read the details, instructions in CPT and download information from CMS on these codes to use them properly. The home health care and infusion codes reimburse well for the work and nothing has changed for CY2021.

It is not anticipated these codes will be changed to parallel the office/outpatient visit codes.

- **How is the proper way to charge E/M? It seems that you only can charge level 2 in follow-up visits. I do not do telemedicine in the first consultation.**
    - Regarding coding for consultations (99241-99245, 99251-99255), it is important to note that Medicare does not accept the CPT consultation codes. Because private payors often take their lead from Medicare, the reimbursement for consults, whether in person or via video, is highly variable by payor, plan and even state. That said, some payors, plans and states do reimburse consults for both in-person and video visits. This is complex because the documentation guidelines for consults have not changed – meaning you need to follow the new 2021 guidelines for the office/outpatient new and established patient E/M codes but follow the 2020 guidelines if you use the consult codes. The issue of consult codes is complex and we urge you to talk with your practice to see how they are planning to manage this discrepancy.
    - See the above Q&A for a brief summary of the main changes to E/M guidelines beginning in 2021. See the E/M Coding Review, Medical Decision-Making (MDM) Based Billing, and Time-Based Billing presentations for the full details on the proper way to report office/outpatient new and established patient E/M (99202-99205, 99211-99215) in 2021. See the telehealth Q&As below and the 2021 Coding for Telehealth, Telephone E/M and Virtual Check-ins presentation for information on those services.

Medical decision-making changes

- **What should the documentation look like?**
    - Document the number and complexity of the problems addressed during the visit, the amount and/or complexity of the data reviewed and analyzed and the risk of complications and/or morbidity or mortality. See the AMA Elements of Decision-Making Table for the requirements for each level.
    - Example note for 99214: Patient with ulcerative colitis presents with complaints of increased frequency of bowel movements. Stools are watery and mixed with blood. She also has arthralgias and abdominal pain. Symptoms have been present for the last 6 weeks. She is currently on mesalamine and azathioprine. Order for CBC, complete metabolic profile, CRP and stool studies.

Changes to counting time for E/M

- **Given the updated time-based billing, would gathering collateral information and treatment planning before and/or after the visit count towards the 15-minute time modifiers?**
    - New CPT code 99417 can be reported for each 15 minutes of prolonged care performed on the same day beyond the maximum time listed for E/M codes 99205 and 99215. However, Medicare does not cover 99417 and, instead, created HCPCS code G2212 to report this service. You can only use codes 99417 or G2212 when time (not MDM) is used to select code 99205 or 99215.
        - 99417 - Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required 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 of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services) (Use 99417 in conjunction with 99205, 99215) (Do not report 99417 in conjunction with 99354, 99355, 99358, 99359, 99415, 99416) (Do not report 99417 for any time unit less than 15 minutes)
        - 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)
    - Because the prolonged services code is used to report total time (both with and without direct patient contact) after the time threshold for 99205 or 99215 is met, gathering collateral information and treatment planning before and/or after the visit would count toward the total time. Gathering collateral information and treatment planning counts towards time but the code modifiers don't start counting until 75 minutes for 99417 and 89 minutes for 99205. Anything less is part of the level 5 time range.

Base Code	Total Time Required for Reporting	Prolonged Services /Medicare (G2212)
Prolonged Office/Outpatient E/M Visit Reporting – New Patient		
99205	60-74 min	Not Reported Separately
	89-103 min	99205 + G2212x1
	104 - 118 min	99205 + G2212x2
	119 or more	99205 + G2212x3 or more for each additional 15 minutes
Prolonged Office/Outpatient E/M Visit Reporting – Established Patient		
99215	40-54 min	Not Reported Separately
	69 - 83 min	99215 + G2212x1
	84 - 98 min	99215 + G2212x2
	99 or more	99215 + G2212x3 or more for each additional 15 minutes

Base Code	Total Time Required for Reporting	Prolonged Services /Non-Medicare (99417)
Prolonged Office/Outpatient E/M Visit Reporting – New Patient		
99205	60-74 min	Not Reported Separately
	75-89 min	99205 + 99417x1
	90 - 104 min	99205 + 99417x2
	105 or more	99205 + 99417x3 or more for each additional 15 minutes
Prolonged Office/Outpatient E/M Visit Reporting – Established Patient		
99215	40-54 min	Not Reported Separately
	55 - 69 min	99215 + 99417x1
	70 - 84 min	99215 + 99417x2
	85 or more	99215 + 99417x3 or more for each additional 15 minutes

Telehealth (video visits) and telephone E/M vs virtual check-in

- **What is the modifier, or subcode, for a Telehealth video visit for a Medicare patient and a Commercial patient? I have been using -02 for Medicare and -95 for a commercial patient. Is this correct?**
    - Telehealth video visits for Medicare patients should be reported with modifier -95 to identify the service as telehealth and with the place of service (POS) code where the visit would have taken place in person. For example, POS 11 for the office setting or POS 22 for the hospital outpatient department.
    - Do not use the modifier -02 for telehealth services for Medicare patients during the COVID-19 PHE. If you do, you will receive the lower hospital outpatient facility fee, even if your practice is office-based.
    - Commercial payors may have different rules, so it is important to check first before billing.
- **Will Zoom or Doxy.me be acceptable platforms for telehealth visits in 2021?**
    - According to the Health and Human Services (HHS) Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency, "covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially

introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications." However, Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing should not be used in the provision of telehealth.

- **How long will the regular CPT codes of 99213, 99214, 99244 and 99204 be used with Telemedicine with the same reimbursement?**
    - E/M services 99202-99205, 99211-99215 have been temporarily added to the Medicare telehealth list and will be reimbursed at parity with in-person visits through the end of the pandemic or December 31, 2021 whichever is later. CPT code 99244 (*Office consultation new/estab patient 60 min*) and the rest of the family of consult codes (99241-45) are not on the list of Medicare telehealth services for PHE for the COVID-19 pandemic. That said, some private payors do reimburse consult codes for telemedicine, so it is important to check on your specific states/payors' rules.
- **Will telehealth reimbursement remain the same as in 2020?**
    - Telehealth services temporarily added to the list of Medicare telehealth services for PHE for the COVID-19 pandemic will be covered at parity with in-person visits through the end of the pandemic or December 31, 2021 whichever is later.
- **Is video telehealth payed differently by Medicare than audio only?**
    - Currently, telephone (audio-only) E/M (99441-99443) is paid at parity with the levels 2-4 follow-up video and in-person visit codes (99212-99214). Telephone (audio-only) E/M is reimbursed less than office visit new patient codes (99202-05). At the end of the pandemic or December 31, 2021 whichever is later, CMS has stated that they will no longer reimburse the current telephone (audio-only) codes. See the HHS Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency provides additional information.
- **A large number of patients prefer phone calls to video. Reasons include technology challenged, don't own smartphones, poor internet access. Encounters with such patients should be reimbursed at same level as telemedicine. California allows that for now but may change after pandemic subsides. What are the current recommendations for telehealth (phone) and virtual? What are the necessary elements that need to be documented?**
    - The ACG, AGA, ASGE and many other medical specialty societies pushed Medicare and commercial payors to cover telephone E/M at the same rate as in-person E/M services for the reasons you stated. Medicare will cover telephone (audio-only) E/M with payment the same as the equivalent in-person office/outpatient established patient E/M codes through the later of the end of the year in which the PHE ends or December 31, 2021. However, after the PHE,

Medicare will not recognize telephone E/M codes 99441-99443 and will require physicians to report G2252 for care provided via telephone.

- G2252 Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment: 11-20 minutes of medical discussion (physician work relative value units (RVUs) = 0.50).

  - Many Commercial plans followed Medicare's policy to cover telephone E/M and pay at the same rate as the equivalent in-person office/outpatient established patient E/M codes at the beginning of the COVID-19 PHE; however, most have said they will stop at the conclusion of the PHE. The Center for Connected Health Policy maintains current information on coverage policies for Medicare, Medicaid and private insurers - https://www.cchpca.org/.

- **Will Telehealth medicine become a permanent option in healthcare delivery?**
  - During the COVID-19 PHE, Medicare and many private payors have expanded their telehealth coverage policies. It remains to be seen what will be made permanent, but we are working to make sure telehealth will remain a widely available option beyond the PHE.
- **What is the reimbursement difference for telephone and video visits?**
  - Currently, telephone (audio-only) E/M (99441-99443) is paid at parity with the levels 2-4 follow-up video and in-person visit codes (99212-99214). Telephone (audio-only) E/M is reimbursed less than office visit new patient codes (99202-05). It remains to be seen what will happen at the end of the pandemic and/or at the end of 2021.

Video Visit New Patient E/M				Video Visit Established Patient E/M				Telephone E/M			
CPT	2021 Time	2021 Pmt	2021 wRVU	CPT	2021 Time	2021 Pmt	wRVU	CPT	Time	2021 PHE Pmt	2021 PHE wRVU
				99211	NA	$23.03	0.18				
99202	15-29 min	$73.97	0.93	99212	10-19 min	$56.88	0.70	99441	5-10 min	$56.88	0.70
99203	30-44 min	$113.75	1.60	99213	20-29 min	$92.47	1.30	99442	11-20 min	$92.82	1.30
99204	45-59 min	$169.93	2.60	99214	30-39 min	$131.20	1.92	99443	21-30 min	$131.55	1.92
99205	60-74 min	$224.36	3.50	99215	40-54 min	$183.19	2.80				