OFFICE/OUTPATIENT EVALUATION AND MANAGEMENT SERVICES

SUMMARY OF CHANGES

1. Increased RVUs for most outpatient E/M services (CPT codes 99203-99215);
2. New add-on code to be billed for prolonged time
   - G2212/CPT code 99417
3. Elimination of CPT code 99201;
4. Removal of history and exam criteria used to select the level of E/M service; and
5. New documentation requirements that allow providers to bill by time or medical decision making.

CHANGES TO E/M CODES BEGINNING ON JANUARY 1ST

Effective January 1, 2021, the Centers for Medicare & Medicaid (CMS) finalized significant changes to the office and outpatient evaluation and management (E/M) services (CPT codes 99202-99215) for both new and established patients.

Specially, CMS increased the valuations for the majority of these services; developed new documentation requirements that allow providers to bill by time or medical decision making; and created a new add-on code for prolonged time on the day of service, HCPCS Code G2212 (for Medicare patients)/CPT code 99417.

Increased valuations for outpatient E/M services (CPT codes 99202-99215)

Some E/M services have increased in value due to updates to the RVUs. **Please see the payment chart on the back.**

New add-on code to be billed for prolonged time

HCPCS code G2212 can only reported when the time of the physician or qualified healthcare professional time is used to select the visit level. Bill this code only when the maximum time for the level 5 visit is exceeded by at least 15 minutes on the date of service and then for each subsequent 15-minute interval. This code will be used for Medicare billings as opposed to CPT code 99417.

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))

Elimination of CPT code 99201

The CPT Editorial Panel deleted 99201 (new patient, Level 1). This code can no longer be billed.

Removal of history and exam criteria used to select the level of E/M service

History and exam are no longer used to select an E/M service, but still must be performed in order to report CPT codes 99202-99215.

New documentation requirements that allow providers to bill by time or medical decision making (MDM)

E/M code selection can be based on either:

(1) The time performing the service on the day of the encounter; or

(2) The level of MDM.

TIME

Office/outpatient E/M services can be documented based on face-to-face and non-face to face time spent on patient care on the date of services.

New Patient E/M Services	
99202	15-29 Minutes
99203	30-44 Minutes
99204	45-59 Minutes
99205*	60-74 Minutes

Established Patient E/M Services	
99212	10-19 Minutes
99213	20-29 Minutes
99214	30-39 Minutes
99215*	40-54 Minutes

*Additional time may be reported with CPT code G2212, prolonged office visit, for each 15 minutes beyond the upper limit of time for CPT codes 99205 and 99215

MDM

In order to select a level of E/M service, two of the following three elements must be met or exceeded for the visit level:

1) The number and complexity of problems addressed;
2) Amount and/or complexity of data to be reviewed and analyzed; and
3) Risk of complications and/or morbidity or mortality of patient management.

The American Medical Association 2021 CPT E/M Office Revisions MDM chart can be found here.

Payment for office/outpatient E/M services

CPT Code	Total Non-Facility RVUs	Payment
99201	DELETED CODE	
99202	2.13	$74.32
99203	3.28	$114.45
99204	4.98	$172.02
99205	6.51	$227.15
99211	0.68	$23.73
99212	1.67	$58.27
99213	2.68	$93.51
99214	3.81	$132.94
99215	5.33	$185.98
G2212*	0.97	$33.85

*Add-on code to be billed for prolonged time

NOTE:

In the CY 2020 Medicare Physician Fee Schedule (PFS) final rule, CMS finalized an add-on code to be billed for complexity, HCPCS code G2211. On December 27, 2020, Congress enacted the Consolidated Appropriations Act, 2021, which included several provisions that would result in increases in Medicare payments for physicians and other health professionals. As a result, the law provides for a 3-year moratorium on payment under the PFS for HCPCS code G2211, thereby delaying implementation of this code until CY 2024.