

# Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) Code Changes effective January 1, 2021

\*\*\* Code 99201 has been deleted.

## CODING BASED ON TIME

TOTAL TIME ON THE DATE OF THE ENCOUNTER					
NEW PATIENTS	1-14 Minutes	15-29 Minutes	30-44 Minutes	45-59 Minutes	60-74 Minutes
	Use 99202 from MDM chart <15 minutes	99202	99203	99204	99205
ESTABLISHED PATIENTS	1-9 Minutes	10-19 Minutes	20-29 Minutes	30-39 Minutes	40-54 Minutes
	Use 99212 from MDM chart <10 minutes	99212	99213	99214	99215

### New CPT Code – 99417 Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service

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).

**NOTE:** If CPT codes 99202-99204 and 99211-99214 are chosen based on time (“2021 Evaluation and Management Changes: Selecting a Code Based on Time”), the E&M service would be selected based on the appropriate time intervals. If a prolonged service occurs past the intervals for 99205 and 99215, then CPT code 99417 would be reported for each 15-minute unit of service.

New CPT Code – 99417 Prolonged Service (Add on)	
Total Duration of New Patient or Other Office or Other Outpatient Services (Use with 99205)	Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 x 1 and 99417 x 1
90-104 minutes	99205 x 1 and 99417 x 2
105 or more minutes	99205 x 1 and 99417 x 3 or more for each additional 15 minutes
Total Duration of Established Patient or Other Office or Other Outpatient Services (use with 99215)	Code(s)
Less than 55 minutes	Not reported separately
55-69 minutes	99215 x 1 and 99417 x 1
70-84 minutes	99215 x 1 and 99417 x 2
85 or more minutes	99215 x 1 and 99417 x 3 or more for each additional 15 minutes

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LEVEL OF MEDICAL DECISION MAKING TABLE (MDM)

CODE	LEVEL OF MDM (Based on 2 out of 3 elements of MDM)	ELEMENTS OF MEDICAL DECISION MAKING		
		NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT
99211	N/A	N/A	N/A	N/A
99202 99212	Straight-forward	<b>Minimal</b> • 1 self-limited or minor problem	<b>Minimal or none</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
99203 99213	<b>Low</b>	<b>Low</b> • 2 or more self-limited or minor problems; <b>OR</b> • 1 stable chronic illness; <b>OR</b> • 1 acute, uncomplicated illness or injury	<b>Limited</b> (Must meet the requirements of at least 1 of the 2 categories) <b>Category 1: Tests and documents</b> — Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test* <b>OR</b> <b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	<b>Low risk of morbidity from additional diagnostic testing or treatment</b>
99204 99214	<b>Moderate</b>	<b>Moderate</b> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <b>OR</b> • 2 or more stable chronic illnesses; <b>OR</b> • 1 undiagnosed new problem with uncertain prognosis; <b>OR</b> • 1 acute illness with systemic symptoms; <b>OR</b> • 1 acute complicated injury	<b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> —Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <b>OR</b> <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <b>OR</b> <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>Moderate risk of morbidity from additional diagnostic testing or treatment</b> <i>Examples only:</i> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	<b>High</b>	<b>High</b> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <b>OR</b> • 1 acute or chronic illness or injury that poses a threat to life or bodily function	<b>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> —Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <b>OR</b> <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <b>OR</b> <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>High risk of morbidity from additional diagnostic testing or treatment</b> <i>Examples only:</i> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis