

## CODING/COMPLIANCE

### 1. E/M Changes in 2021 for 99202-99215

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#### ABSTRACT

When CMS announced plans to adopt a single RVU value and bundled payment for codes 99202–99204 and codes 99212–99214 in 2021, many physicians were concerned. In response, the American Medical Association (AMA) worked to revise these codes and definitions. While there wasn't time to put its additional changes in the 2020 book, the CPT editorial panel made changes that will take effect in 2021.

The following edits relate only to new and established patient visits in 2021, for codes 99202–99215:

- Code 99201 will be deleted.
- Clinicians may use either time or medical decision-making (MDM) to select a code.
- Physicians will not need to document a required level of history or exam for visits 99202–99215.
- Time will be defined as total time spent rather than time focused on counseling.
- Visits will include time ranges. For example, 99213 will be 20–29 minutes and 99214 will be 30–39 minutes.
- There will be new definitions within MDM, but the MDM calculation will be similar to the current one.
- CPT is updating many definitions in the current guidelines. All other E/M services that are defined by three key components will continue to use the 1995 and/or 1997 Documentation Guidelines through 2021.

## EXPERT COMMENTARY

Though the AMA may have revised how the code changes proposed for E/M services work, the underlying direction of CMS's plans has not wavered. The net effect of these changes is still that, in 2021, CMS will switch to a blended payment for outpatient codes 99202–99204 and 99212–99214.

This includes a higher blended amount for the new patient visits intended to reflect the added time needed and a separate, higher payment rate to support the care of particularly complex patients. This reflects larger developments in the industry as a whole under which payers of all stripes are moving to value-based care.

Now, with CMS and the AMA having weighed in, one of the big unanswered questions is how private payers will react to the E/M coding Volume 13, Issue 5 | [www.greenbranch.com](http://www.greenbranch.com) | 800-933-3711 | FAST PRACTICE 13 changes. In the past, these payers have followed CMS's lead in many respects. For example, as one observer notes, when CMS finalized rules eliminating consultation CPT codes, some private payers followed its lead, perhaps because they seized upon a chance to save money.

Regardless of how they respond, private payers are the wildcard as E/M changes roil the reimbursement landscape. The truth is, while the importance of federal reimbursement can hardly be overstated, private payers will move in directions that have their own impact. While it's likely that CMS policies will continue to have a big impact on the healthcare business, when planning it's probably best to include both government and commercial payer trends in the mix.