

# 2021 Revised E/M Coding Guidelines: 99202-99215



In an effort to reduce burden and improve payment for cognitive care, the American Medical Association along with the Centers for Medicare and Medicaid Services (CMS) have implemented key changes to office and outpatient evaluation and management (E/M) services starting on January 1, 2021.

Use this reference sheet as a guide for your consideration when choosing the appropriate code for your new and established patients. Please send any comments or questions you have to [coding@aaaai.org](mailto:coding@aaaai.org).

## Coding Based on Time

### New Patients

<b>99202</b>	15-29 minutes
<b>99203</b>	30-44 minutes
<b>99204</b>	45-59 minutes
<b>99205</b>	60-74 minutes
<b>+99417*</b>	75 minutes and beyond for each 15 minutes of time

### Established Patients

<b>99211</b>	No time reference
<b>99212</b>	10-19 minutes
<b>99213</b>	20-29 minutes
<b>99214</b>	30-39 minutes
<b>99215</b>	40-54 minutes
<b>+99417*</b>	55 minutes and beyond for each 15 minutes of time

Document time in the medical record when used for the basis for the code.

Use time for coding whether or not counseling and/or coordination of care dominates the service.

Reimbursed procedures are excluded from total time.

Count the total time on the date of services: 99202-99215.

To count physician or another qualified health care professional's time spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.

\*If a new patient/physician interaction occurred on a specific date of service and lasted for a total of 105 minutes, the correct coding would be: CPT 99205, 99417X2 units to equal the 105 minutes.

# Coding Based on Medical Decision Making

	Straightforward 99202/ 99212	Low 99203/ 99213	Moderate 99204/ 99214	High 99205/ 99215
Problem	1 self-limited or minor problem	<ul style="list-style-type: none"> <li>2 or more self-limited or minor problems, OR</li> <li>1 stable chronic illness, OR</li> <li>1 acute, uncomplicated illness</li> </ul>	<ul style="list-style-type: none"> <li>1 or more chronic illness with exacerbation, progression, or side effects for treatment, OR</li> <li>2 or more stable chronic illnesses, OR</li> <li>1 undiagnosed new problem with uncertain prognosis, OR</li> <li>1 acute illness with systemic symptoms</li> </ul>	<ul style="list-style-type: none"> <li>1 or more chronic illness with severe exacerbation, progression, or side effects of treatment, OR</li> <li>1 acute or chronic illness posing a threat to life or bodily function</li> </ul>
Data	Minimal or none	Limited: Must meet the requirement of at least 1 of 2 categories <b>Category 1:</b> Test and documents, any combination of 2 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source</li> <li>Review of the result(s) of each unique test</li> <li>Ordering of each unique test</li> </ul> <b>Category 2:</b> Assessment requiring an independent historian(s)	Must meet at least 1 of 3 categories: <b>Category 1:</b> Any combination 3 of 4 below: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source</li> <li>Review of the result(s) of each unique test</li> <li>Order each unique test</li> <li>Assessment requiring an independent historian(s)</li> </ul> <b>Category 2:</b> Independent interpretation of tests performed by another physician <b>Category 3:</b> Discussion of management or test interpretation with external physician/other qualified health care provider not separately reported	Must meet at least 2 of 3 categories: <b>Category 1:</b> Any combination 3 of 4 below: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source</li> <li>Review of the result(s) of each unique test</li> <li>Order each unique test</li> <li>Assessment requiring an independent historian(s)</li> </ul> <b>Category 2:</b> Independent interpretation of tests performed by another physician <b>Category 3:</b> Discussion of management or test interpretation with external physician/other qualified health care provider not separately reported
Risk	Minimal risk of morbidity from additional diagnostic testing or treatment	Low risk of morbidity from additional diagnostic testing or treatment	Prescription drug management; diagnosis or treatment significantly limited by social determinants of health	<b>Examples only:</b> <ul style="list-style-type: none"> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision regarding not to resuscitate or de-escalate care due to poor prognosis</li> </ul>

Final decision based on 2 out of the 3 elements at the same level or higher