

Telehealth E/M Coding

2021 E/M CODING GUIDELINES

The new 2021 E/M coding guidelines for office visits (99202-99205, 99212-99215) allow physicians and qualified health professional (QHP) to choose whether their documentation and coding for E/M services provided is based on medical decision making (MDM) or total time spent on the date of the patient encounter.

Summary of Revisions:

1. Eliminates History & Physical (H&P) as components for code selection (medically appropriate H&P must be documented in the progress note)
2. Allows physicians and QHP to choose whether to code by MDM or total time
3. Modifications the criteria for MDM
4. Deletion of code 99201
5. Prolonged visits add on code +99417 (G2212 for Medicare)

Coding E/M Office Visits Based on Time

- Requires a medically appropriate H&P
- Must be Total time on the day of the encounter.
- Add on CPT code 99417 (G2212) is only allowed using Total Time-Based Coding
- Counseling and/or coordination of care does not need to be dominate
- Total time includes both face to face and non-face to face spent on that day
- Does not include clinical staff time
- Providers must document a time statement

Examples of Non-Face to Face Time Spent

- Reviewing tests
- Reviewing a history that was separately obtained
- Counseling and providing education to a family member
- Ordering medicine, tests or procedures
- Communicating with other healthcare professionals
- Documenting in the medical record
- Interpreting results
- Care Coordination/Care Management/Outreach

New Patient Code	Time	Established Patient Code	Time
99201	N/A	99211	N/A
99202	15-29 min	99212	10-19 min
99203	30-44 min	99213	20-29 min
99204	45-59 min	99214	30-39 min
99205	60-74 min	99215	40-54 min

Coding E/M Visits Based on MDM

In the 2021 MDM guidelines, CPT states that MDM “includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. Three (3) elements define MDM for E/M visits in 2021.

- MDM selection, highest 2 of the 3 Elements for that level of decision making must be met or exceeded
 - Number and complexity of problems addressed
 - Amount and complexity of data to be reviewed and analyzed
 - Risk of complications, morbidity, and/or mortality of patient management decisions made
- Final diagnosis isn’t the only factor when you determine the complexity or risk.
- Problems not addressed specifically during the encounter may be counted if they significantly increase the complexity of the cognitive labor required.
- Problems are defined by the provider, not the patient.

Telehealth E/M Coding

E/M Guidelines for Medical Decision Making (MDM)

Code	Number & Complexity of Problems Addressed	Amount & Complexity of Data to be Reviewed & Analyzed	Risks in Patient Management
99211	N/A	N/A	N/A
99202 99212	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low • 2 or more self-limited or minor problems OR • 1 stable chronic illness OR • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and Documentation Any combination of 2 of the following: • Review of prior external notes from each unique source • Review of the results of each unique test • Ordering of each unique test Category 2: Assessment Requiring Independent Historian (See Moderate or High)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate • 1 or more chronic illness with exacerbation, progression, or side effects of treatment OR • 2 or more stable chronic illnesses OR • 1 acute illness with systemic symptoms OR • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 of the 3 categories) Category 1: Tests, Documentation, or Independent Historians Any combination of 3 of the following: • Review of prior external notes from each unique source • Review of the results of each unique test • Ordering of each unique test • Assessment requiring an independent historian Category 2: Independent Interpretation of Tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) Category 3: Discussion of Management or Test Interpretation • Discussion of management or test interpretation with external physical/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: • 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	High • 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment OR • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 of the 3 categories) Category 1: Tests, Documentation, or Independent Historians Any combination of 3 of the following: • Review of prior external notes from each unique source • Review of the results of each unique test • Ordering of each unique test • Assessment requiring an independent historian Category 2: Independent Interpretation of Tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) Category 3: Discussion of Management or Test Interpretation • Discussion of management or test interpretation with external physical/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Examples: • 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