Beginning January 1, 2021, changes to the Current Procedural Terminology (CPT®) code structure for office or outpatient evaluation and management (E/M) services will take effect. The Centers for Medicare & Medicaid Services (CMS) finalized these changes in the 2020 Medicare Physician Fee Schedule final rule. The new updates include revisions to the CPT descriptors for codes 99202-99215 and documentation standards. While private payers are not bound by CMS policy, they will likely adopt a similar coding structure.

The new documentation requirements will be based on the traditional subjective, objective, assessment, and plan format—in which physicians document what the patient was there for (subjective), what was learned from their history and exam (objective), what the physician assessed to be the problem, and the plan for resolving it.

Key elements of the E/M office-visit overhaul include:

Eliminating history and physical exam as elements for code selection. While significant to both visit time and medical decision-making, these elements alone should not determine a visit's code level.
Allowing physicians to choose whether their documentation is based on medical decision-making or total time. This builds on the movement to better recognize the work involved in non-face-to-face services like care coordination.
Changing medical decision-making criteria to move away from simply adding up tasks to instead focus on tasks that affect the management of a patient's condition.

**For 2021, Office or other outpatient services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination is determined by the provider reporting the service but is not an element in selection of the office or other outpatient LOS. The care team may collect information and the patient or caregiver may supply information directly (i.e., by portal or questionnaire) that is reviewed by the reporting provider.

Office or Other outpatient visits for the E&M of a new patient, which requires specific documentation of only the MDM component to determine LOS selected or Time:

The 2021 definitions of time:

CPT	History AND / OR Exam		MDM	Time	WR *
99201	*deleted*				
99202	*Medically Appropriate*	*Medically Appropriate*	Straightforward	15-29	0.93
99203	*Medically Appropriate*	*Medically Appropriate*	Low Level	30-44	1.60
99204	*Medically Appropriate*	*Medically Appropriate*	Moderate Level	45-59	2.30
99205	*Medically Appropriate*	*Medically Appropriate*	High Level	60-74	3.50
99xxx	Prolonged Services - for services 75 minutes or longer *(in 15 min increments)*			75+	0.61

Office or Other outpatient visit for the E&M of an established patient, which quires specific documentation of only the MDM component to determine LOS selected or Time:

PT	History AND / OR am		MDM	Time	
99211	Minimal Problems			7	0.18
99212	*Medically Appropriate*	*Medically Appropriate*	Straightforward	10-19	0.70
99213	*Medically Appropriate*	*Medically Appropriate*	Low Level	20-29	1.30
99214	*Medically Appropriate*	*Medically Appropriate*	Moderate Level	30-39	1.92
99215	*Medically Appropriate*	*Medically Appropriate*	High Level	40-54	2.80
99xxx	Prolonged Services - for services 55 minutes or longer *(in 15 min increments)*			55+	0.61

**WRVUs are proposed… not finalized.*

For 2021 time is defined as “total time spent on the day of the encounter”. Physicians will now be able to choose whether their documentation is based on MDM or total time. The definition of “time” is minimum time, not typical time, and represents total physician/qualified healthcare professional (QHP) time on the date of service.

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	**Code(s)**
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99XXX X 1
90-104 minutes	99205 X 1 and 99XXX X 2
105 or more	99205 X 1 and 99XXX X 3 or more for each additional 15 minutes.
Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	**Code(s)**
less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99XXX X 1
70-84 minutes	99215 X 1 and 99XXX X 2
85 or more	99215 X 1 and 99XXX X 3 or more for each additional 15 minutes.

*Providers are not allowed to include the activities performed by clinical staff members, such as taking vitals, in the time spent on the visit. The guidelines state that activities performed by clinical staff are NOT used to calculate time.