

# E/M 2021 Updates – FAQs

## Overview

### **Q: What changes are taking place to E/M coding in 2021?**

**A:** Based on American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) Final Rule, significant changes will take place specifically to office or other outpatient E/M services effective 01/01/2021. Changes include:

- Allowance of physicians to choose the level of service based on medical decision making (MDM) or total time
- Removal of the history and physical exam as a component for level selection
- Elimination of 99201
- Redefined time as total time
- Revised language and requirements for Medical Decision Making (MDM)
- Establishment of a new CPT® code for prolonged services

### **Q: Which CPT codes are impacted?**

**A:** The changes impact office or other outpatient E/M services (CPT 99202-99215).

### **Q: How will level selection be calculated for 99202-99215 based on the changes?**

**A:** Level of service calculation can be driven by either the level of MDM or total time. While level selection for office or other outpatient E/M services will be based on MDM or total time, AMA does provide guidance that a medically appropriate history and/or exam must be documented as well.

### **Q: Will the 95/97 guidelines be an option for calculation of office or other outpatient E/M Service level selection in 2021?**

**A:** No, the guidelines will not be an option. Based on AMA's guidelines for office or other outpatient E/M services, level selection will be based on time or MDM. Current E/M guidelines and level selection criteria based on 95/97 guidelines remains in effect for all other E/M services.

**Q: What is the status of the G-Codes that CMS has proposed?**

**A:** G2212: Effective 2021 for CMS only, G2212 will be used in lieu of 99417 for prolonged services. For more information on CMS's guidance on these codes, please review the CMS Final Rule issued on 12/01/2020. Currently, the engine will not auto-suggested G2212 and coders will need to manually add.

G2211: HCPCS add-on code G2211 for visit complexity - Delayed for three years. The massive stimulus bill and continuing resolution passed by Congress and signed by the president on 12/27/2020 mandated that CMS delay implementation of using code G2211 (or another similar code) for a three-year suspension (through December 2023).

**Q: How will 3M address calculation for office or other outpatient E/M services based on the 2021 updates?**

**A:** 3M is updating the 3M Professional E/M worksheet to calculate office or other outpatient E/M services based on the new MDM table or total time.

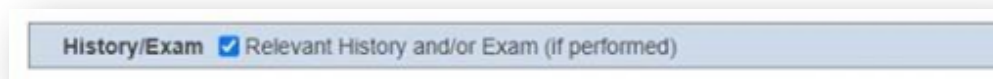
The new 3M 2021 worksheet will be made available via accessing the new setting of service titled "2021 Office and Other Outpatient-New Patient" or "2021 Office and Other Outpatient-established Patient" in the 3M Professional E/M worksheet.

Additionally, new concepts and language patterns are being identified and captured to improve the accuracy of MDM calculation.

## History and Exam

**Q: Will the History and Exam sections be different in 2021 for office or other outpatient E/M service calculations?**

**A:** Yes, the history and exam sections have been simplified. If any relevant history and/or exam has been documented in the note, the corresponding box in the 3M Professional E/M worksheet will be populated.



**Q: Do I still need to document a history and exam for office or other outpatient E/M services?**

**A:** Yes, while level selection for office or other outpatient E/M services will be based on MDM or total time, AMA does provide guidance that a medically appropriate history and/or exam should be documented.

## MDM

### **Q: What changes were made to MDM for E/M coding in 2021?**

**A:** For office or other outpatient E/M services, providers may select the level of service based on MDM.

The Professional EM worksheet will check to see if any relevant history and/or exam elements are present in the document and populate the corresponding checkbox, but this will not be a contributing factor in calculating EM levels per the new coding guidance.

For MDM to be the driver for code selection, the level of MDM must be met based on the new 2021 MDM table for office or other outpatient E/M services. The new table can be accessed at <https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>

### **Q: How will the 3M Professional E/M worksheet make the determination to use MDM vs time for auto-suggestion of office or other outpatient E/M services?**

**A:** If any available MDM language is available it will be applied towards the new 2021 table for level calculation.

If time is also supplied in the note, the 3M Professional E/M worksheet calculator will determine which is the higher of the two and display that code.

### **Q: Will 3M allow clients to choose MDM only or time only as their preferred calculation option for office or other outpatient E/M services?**

**A:** Not initially. The 3M Professional E/M worksheet is currently being configured to provide the higher level of the MDM and Time CPT code. That highest level CPT code will display in the auto-suggest panel of the 3M™ 360 Encompass™ Professional System, as well as in the summary table of the 3M Professional E/M worksheet if they have launched it. If the coder does not agree with the auto-suggested code, the coder can launch the 3M Professional E/M worksheet and make changes to the MDM or time sections to adjust to a different E/M code.

While the initial configuration will default to the higher of the two for calculations, in the future, 3M plans to offer clients the configuration option by enterprise ID/facility ID to select calculation by MDM preferred or time preferred. Once available these options would have to be set by 3M.

**Q: Can calculation for 2021 office or other outpatient E/M services be turned on or off by facility?**

**A:** The 2021 calculations can be turned on or off at the enterprise/facility level for the 3M™ 360 Encompass™ Professional System and at the enterprise/site level for the 3M<sup>SM</sup> CodeAssist<sup>SM</sup> System. An example of this would be if a client (enterprise) has three facilities, the 2021 options when turned on at the enterprise ID level populates those settings to all three of the facility IDs below it.

If wanted, the 2021 setting can then be turned off for one, two or all three by facility ID which overrides the enterprise ID setting. Conversely, if the 2021 setting is turned off at the enterprise ID level it can be turned on at the facility ID level for one, two, or all three of the facilities.

For 3M CodeAssist, all clients are expected to use the 2021 E/M guidelines for office or other E/M outpatient services. Please contact your 3M Client Engagement Manager (CEM) with any questions.

## Time

**Q: What changes were made to Time for office or other outpatient E/M services in 2021?**

**A:** For office or other outpatient E/M services, the definition of time has been redefined to “total time”, and time may now be used to select the level of service regardless of whether or not counseling and/or coordination care make-up more than 50% of the encounter.

**Q: How will time be captured in the document for calculation?**

**A:** A time label will need to be established in the document, followed by the documented total time value. The time label enables the engine to immediately locate and identify language in the document that should be captured for time calculation and score it appropriately.

If the suggested labels for time are not utilized, the 3M NLP engine will not capture time and apply it for calculation in the 3M Professional E/M worksheet.

The time label can exist in any established E/M Section of the note (i.e. HISTORY, HPI, MDM, ASSESSMENT AND PLAN, etc.).

**The following time labels may be used.**

Total time:

Physician time:

Provider time:

Recommended examples include:

Total time: 23 min

Physician Time: I spent 23 mins with the patient

Provider Time: 23 minutes

**Q: What are the requirements when documenting values of time?**

**A:** A time label will need to be documented along with the total time spent. Time must be documented in the sentence directly after the time label.

Time may be documented using the following values:

- Minutes(s)                      min(s)                      m(s)
- Hour(s)                          hr(s)                          h(s)

A combination of values for minutes and hours may be used together.

Examples include:

Provider Time: I spent 1 hour 10 minutes.  
Provider Time: I spent 1 hour and 10 minutes.  
Provider Time: I spent 1 hr & 10 mins.

**Q: Does time need to be documented in a specific section of the document for the engine to capture it for time calculation?**

**A:** Time can be documented in any established section of the E/M document if one of the recognized time labels is used and the total time is documented in one of the values recognized by the engine.

**Q: Can the engine calculate the amount of time spent by documenting a start time and a stop time?**

**A:** No. If time is documented with a start time and a stop time the engine will not calculate the summation of minutes. A time label will need to be established followed by the total time spent in one of the recognized values of minutes and/or hours.

**Q: How will the calculation of time be displayed in the Professional E/M worksheet?**

**A:** In the Professional E/M worksheet with the 2021 setting of service selected, counseling or coordination of care will be replaced with Time Spent on Date of Encounter.

Time	
Time Spent on Date of Encounter	Time in minutes <input type="text"/>

**Q: Does total time need to be directly in the document, or can we provide it in a variable or field outside the document?**

**A:** Coding guidance states total time is to be documented directly in the document. This contributes to compliant and accurate level selection based on documentation.

**Q: Will 3M auto-suggest the new prolonged services code 99417?**

**A:** Yes, 99417 will be presented for each qualifying unit of 15 minutes of prolonged service that exceeds the total number of minutes for 99205 or 99215. For Medicare patients, G2212 will need to be manually added by the coder.

If a coder manually overrides the calculated code in the coding worksheet, the coder is responsible for validating the code on their own.

## Other

**Q: How will 3M address the removal of CPT code 99201 based on the 2021 changes?**

**A:** 99201 will no longer be available for code selection in the coder's workspace effective for DOS 1/1/2021.

**Q: How will 3M address calculation of codes for non-office or other outpatient E/M services?**

**A:** All non-office or other outpatient E/M services maintain current coding guidelines and level calculation unless additional updates are provided by AMA with the announcement of 2021 CPT updates.

Based on this, 3M will continue to support non-office or other outpatient E/M services with the current 95/97 Professional E/M Worksheet and calculations.

## How You Can Prepare

### **Q: Will 3M allow access to calculation for 2021 office or other outpatient E/M services in test mode in the 4th quarter of 2020?**

**A:** Yes. if you are interested in access to test mode please reach out to your 3M Client Engagement Manager (CEM), or Client Success Executive (CSE) for further details.

### **Q: What can our practice do to prepare for the changes in 2021?**

**A:** There are several steps your practice can take to prepare for the upcoming changes:

**1. Collaborate:**

- Work with your CEM or CSE on changes that maybe required in the configuration to accommodate the updates to the 3M Professional E/M Worksheet.
- Make sure document types and visit types are set up accurately to aid in accurate identification of those documents that are office or other outpatient E/M services.
- Work with your 3M Coding Analyst to review documentation best practices and optimization.

**2. Review & Update:**

- Ensure formatting & documentation best practices are being followed.
- Review documentation practices and how time is currently captured and documented.
- Utilize reporting tools available to your products to identify provider documentation and coder education opportunities.
- Work with your electronic medical record (EMR) and hospital information system (HIS)/radiology information system (RIS) vendors, to review and update any template changes.
- Review coding and charge capture workflows. If these functions are outsourced, ask your coding vendor how they are preparing for the code changes.

**3. Educate:**

- Work with providers on the revised language requirements for the new MDM table for office or other outpatient E/M services.
- Be sure providers are documenting new or established problems, data reviewed and treatments/plans in the appropriate sections to get points counted when calculating complexity.
- Determine who needs to be educated and when.
- Stay aware of AMA, CMS, and payers' approaches to the E/M changes.

**Q: What 3M resources are currently available to Professional coding clients that address the 2021 changes to office or other outpatient E/M services?**

**A:** 3M currently has several resources available and will continue to add sources as we approach 2021. Current information on the topic is available below:

- Mastering the 2021 E/M changes presented by the 3M HIS Consulting Services Premium Services on the 3M Health Care Academy  
[Mastering the 2021 EM Changes](#)
- Webinars-360 Encompass™ Topics (Answer ID 23513)  
[Webinar: 360 Encompass Topics](#)
- Webinars-3M<sup>SM</sup> CodeAssist<sup>SM</sup> System Topics (Answer ID 29478)  
[3M<sup>SM</sup> CodeRyte<sup>SM</sup> CodeAssist<sup>SM</sup> Webinar](#)
- 3M™ Inside Angle Blogs  
[3M HIS Inside Angle](#)

**Q: What external resources are currently available to professional coding clients that address the 2021 changes to office or other outpatient E/M services?**

**A:** There are multiple references AMA and CMS has made available related to the upcoming 2021 changes:

- AMA CPT Evaluation and Management changes for 2021 available on AMA website  
[www.ama-assn.org](http://www.ama-assn.org)
- 2018 Medicare Physician Fee Schedule Proposed Rule, Comments and Final Rule available on the CMS website  
[www.cms.gov](http://www.cms.gov)
- Coding Trends of Medicare Evaluation and Management Services available on the HHS website  
[www.oig.hhs.gov](http://www.oig.hhs.gov)

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