E/M is coming: How the AMA can help you prepare

Laurie McGraw
Zachary Hochstetler
Tom Giannulli, MD, MS
Mar. 12, 2020
Our speakers

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Stay informed on COVID-19 with the AMA

The AMA COVID-19 Resource Center provides science- and evidence-based perspectives from AMA’s physician leaders and subject matter experts on how physicians can prepare themselves and their practices for a potential pandemic scenario. The page will be updated as the situation develops.

ama-assn.org/covid19

The AMA’s JAMA Network has a comprehensive overview of the coronavirus—including epidemiology, infection control and prevention recommendations—available for free on its JN Learning website.

edhub.ama-assn.org/
jn-learning/pages/coronavirus-alert
1. Represents physicians with a unified voice

2. Leads the charge on confronting today’s public health crises

3. Removes obstacles that interfere with patient care

4. Drives the future of innovation in health care

POWERFUL ALLY
Making health care technology an asset, NOT a burden

Promoting innovation to tackle the biggest problems in health care by…

• Bringing the physician perspective to the front-end of health care technology development, and
• Building a powerful network to drive the future of health technology

THE GOAL

To return physicians’ time and attention to their patients, the work of paramount value to physicians and to the health care system.
Physician burnout must be addressed

Tait D. Shanafelt, MD, FACP, FACOG, Colin P. West, MD, PhD, Christine Sinsky, MD, FACP, Mickey Trockel, MD, PhD, Michael Tutty, PhD, Daniel V. Satele, BS, Lindsey E. Carlasare, MBA, Lotte N. Dyrbye, MD, MHPE

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties
Christine Sinsky, MD, Lacey Colligan, MD, Ling Li, PhD, Mireille Pegament, PhD, Sam Reynolds, MBA, Lindsey Goeders, MBA, Johanna Westbrook, PhD, Michael Tutty, PhD, George Bilke, MD

Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37.0% on EHR and desk work. The 21 physicians who completed after-hours diaries reported 1 to 2 hours of after-hours work each night, devoted mostly to EHR tasks.

Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

How physician burnout is costing your organization
A growing body of research reveals that spending a moderate amount on programs to reduce physician burnout appears to be an investment that is worth it in the long run.
The opportunity – Begin planning now!

- CMS accepted, in full, the revised E/M revisions for CY 2021
- In a survey, done by the AMA, of major commercial payers 100% said they would be adopting new E/M guidelines
- Health Systems—Begin planning now with your EHR vendor to remove the old documentation interfaces and implement new ones
- EHR Vendors—Prioritize implementing these revisions so that physicians can maximize the burden relief

Active planning is critical to realize the massive potential to reduce physician burden and improve patient care.

Independent study finds time savings of nearly 45 minutes per day for busy primary care practices.
The AMA approach to CPT® E/M revisions

Lase Ajayi, MD
Member since 2013
Why did the AMA tackle CPT® E/M Office Visits?

CPT E/M office visits last updated nearly 30 years ago

Rise of EHR use in physician offices has led to “up-coding”

CMS Proposed Rule for 2019: Big changes to E/M office visit documentation/payment

- Administrative relief (e.g. no longer need to re-document chief complaint/history)
- Simplify code selection (e.g. Choose MDM or Time)
- Payment collapse (two payment levels for each of 5 E/M levels)
- Addition of add-on code for “higher complexity” specialties
AMA: The right convener

Dedication to removing obstacles to good patient care

Connection with public and private payers

The CPT® Editorial Panel – Robust, data-driven process with hundreds of clinical experts from every medical specialty
The CPT®/RUC Workgroup on E/M is committed to changing the current coding and documentation requirements for office E/M visits to simplify the work of the health care provider and improve the health of the patient.

GUIDING PRINCIPLES

1. To decrease administrative burden of documentation and coding
2. To decrease the need for audits
3. To decrease unnecessary documentation in the medical record that is not needed for patient care
4. To ensure that payment for E/M is resource based and has no direct goal for payment redistribution between specialties.
Revisions to the CPT® E/M Office Visits
CAUTION

ONLY E/M OFFICE VISITS

ACTIVE 2021
What characterizes E/M documentation today?

Note bloat – copying and pasting, leading to **meaningless data accumulation**
- Mandatory reporting of history and physical exam

Extensive, confusing documentation, leading to **increased time** outside clinic hours (going unpaid)

**THE RESULT**
- Record is clinically outdated
- Irrelevant patient information
- Consequences on “downstream” physicians
Coding E/M services - Today
Coding E/M services - Today
Coding E/M services - Today
Coding E/M services - Today

History + Exam + Presenting Problem
Coding E/M services - Today
Coding E/M services - Today

History + Exam + Presenting Problem + Medical Decision Making OR Time
Coding E/M services - Today

- History
- Exam
- Presenting Problem
- Medical Decision Making

OR

- Time
Coding E/M services - Today

- History
- Exam
- Presenting Problem
- Medical Decision Making

OR

- Time
Coding E/M services - Today

- Problem Focused
  - Expanded Problem Focused
- Detailed

History + Exam + Presenting Problem + Medical Decision Making OR Time
Coding E/M services - Today

- History
- Exam
- Presenting Problem
- Medical Decision Making

OR

- Time
Coding E/M services - Today

- History
- Exam
- Presenting Problem
- Medical Decision Making
- Time

Options:
- Problem Focused
- Expanded Problem Focused
- Detailed
- Comprehensive
Coding E/M services - Today

- Problem Focused
- Expanded Problem Focused
- Detailed
- Comprehensive

History + Exam + Presenting Problem + Medical Decision Making

OR

Time
Coding E/M services - Today

- History
- Exam
- Presenting Problem
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Coding E/M services - Today

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History + Exam + Presenting Problem + Medical Decision Making OR Time
Coding E/M services - Today

- Problem Focused
- Expanded Problem Focused
- Detailed
- Comprehensive
- High Severity
- Presenting Problem
- Medical Decision Making
- History
- Exam
- OR
- Time
Coding E/M services - Today

- Problem Focused
- Expanded Problem Focused
- Detailed
- Moderate Severity
- High Severity
- Comprehensive

History + Exam + Presenting Problem + Medical Decision Making

OR

Time
Coding E/M services - Today

History + Exam + Presenting Problem + Medical Decision Making

- Problem Focused
- Expanded Problem Focused
- Detailed
- Comprehensive
- Minimal
- Moderate Severity
- High Severity
- Focused
- Detailed
- Comprehensive
- High Severity

OR

Time
Coding E/M services - Today

- Problem Focused
- Expanded Problem Focused
- Detailed
- Comprehensive
- Minimal
- Moderate Severity
- Self Limited
- High Severity
- Focused
- Expanded
- Detailed
- Comprehensive

+ History
+ Exam
+ Presenting Problem
+ Medical Decision Making

OR

Time
Coding E/M services - Today

- History
- Exam
- Presenting Problem
- Medical Decision Making
- Time

- Problem Focused
- Comprehensive
- Detailed

- Expanded Problem Focused
- Minimal
- Moderate Severity
- High Severity
- Low Severity
- Self Limited
- Low
- Moderate
- High

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Coding E/M services - Today

- Problem Focused
  - Expanded Problem Focused
  - Detailed
  - Comprehensive

- History

- Exam

- Presenting Problem
  - Moderate Severity
  - High Severity
  - Low Severity
  - Self Limited
  - Minimal

- Medical Decision Making
  - >50% counseling and/or coordination of care

- Time

OR
Coding E/M services - Today

History + Exam + Presenting Problem + Medical Decision Making

- Problem Focused
- Comprehensive
- Detailed
- Minimal
- Moderate Severity
- Self Limited
- High Severity
- Low Severity
- >50% counseling and/or coordination of care

OR

- Face-to-Face ONLY
- Time
Coding E/M services – January 1, 2021

Medically Necessary History/Exam

Medical Decision Making

OR

Total Time (Day of)
Summary of major E/M revisions for 2021: Office or Other Outpatient Services

- Extensive E/M guideline additions, revisions, and restructuring
- Deletion of code 99201 and revision of codes 99202-99215
  - Codes 99201 and 99202 currently both require straightforward MDM
- Addition of a shorter 15-minute prolonged service code (99XXX)
- Components for code selection:
  - Medically appropriate history and/or examination
  - Choose your reporting pathway:
    - MDM; or
    - Total time on the date of the encounter
Summary of major E/M revisions for 2021: Office or Other Outpatient Services

• E/M level of service for office or other outpatient services can be based on:
  o MDM
    ▪ Extensive clarifications provided in the guidelines to define the elements of MDM
  o Time: *Total* time spent with the patient on the date of the encounter
    ▪ Including non-face-to-face services
    ▪ Clear time ranges for each code
• Addition of a shorter 15-minute prolonged service code (99XXX)
  o To be reported only when the visit is based on time and after the total time of the highest-level service (ie, 99205 or 99215) has been exceeded.
Clear focus on patient care and burden reduction

- Removed scoring (e.g. checking boxes) for History and Examination
- Code the way physicians/other qualified health care professional (QHP) think
- Promote higher-level activities of MDM
- More detail in CPT® codes to promote payer consistency if audits are performed and to promote coding consistency
Clear focus on patient care and burden reduction

Independent study of administrative burden reduction initiatives by CMS and revisions to CPT E/M office visits showed:

Over 2 minutes saved per visit

For a busy primary care physician – Potential savings of nearly 45 minutes
AMA education

CPT® E/M MICROSITE
- Education modules
- Full code descriptors/guidelines

LIVE EDUCATION
- 2021 E/M primer for health plans
- CPT/RBRVS Annual Symposium

OTHER EDUCATIONAL APPROACHES
- Direct payer reach out
- Direct IT vendor education/solutions
- Official CPT education

ama-assn.org/cpt-office-visits
New E/M tools
E/M coding burden reduction

• Support the education and simple use of new E/M codes via a set of software solutions
  • Reflect the rule simplification as reduced coding burden
• Target Providers, Coders, Billers and HIT Vendors
• Enable provider and practice adoption via mobile web and other E/M delivery tools (e.g., EHR-embedded apps)
• Enable the HIT industry adoption of via plug and play technology solutions for clinical and billing products
• Offer technology solutions to the market ahead of 2021 to reduce friction
E/M digital tools

Ongoing commitment by the AMA to update and expand digital solutions as E/M codes expand and are updated

AMA solutions to enable accurate E/M coding that is responsive to rule changes

Three flavors of integration

• Stand alone mobile web app
• Leverage interoperability/privacy standards to capture appropriate clinical data and enable accurate coding – minimizing manual tasks
  • Integrated to EHR/Coding workflow using SMART on FHIR
  • Integrated to EHR/Coding workflow using native APIs
CPT® E/M Office Visit Coder

LIVE DEMO  SLIDE DEMO  VIDEO DEMO
CPT E/M Office Visit Coder

Official CPT 2021

This recommendation and educational tool has been developed by the AMA to help in your E/M Office and Outpatient code selection.

E/M Calculator
Enter encounter information and let us identify potential code options

Calculate Code

E/M Code Parameters
View summary of requirements for each E/M code

Select Code

Note: If E/M service is performed at the time of another encounter, a modifier may be necessary. Please consult the current edition of CPT® Professional, Appendix A, for proper modifier use.

Disclaimer: The information in the Licensed Application is intended to assist health care providers and/or their staff in the identification of Current Procedural Terminology (CPT®) code(s) that may be appropriate to report Evaluation and Management services furnished in the office or other outpatient setting based on user inputs and published AMA coding guidelines. This Licensed Application includes a truncated version of the "full" instructions that appear in the most current CPT publication; providers and/or their staff should be certain to review these full instructions before using and/or if they have any questions while using this tool. This Licensed Application is intended for reference use only, and is not intended to serve as reimbursement advice, a guarantee of coverage, or a guarantee of payment at any particular rate. Third-party payment for medical services is affected by numerous factors. The decision of which code to report must be made by health care providers and/or their staff considering the clinical facts, circumstances, and applicable coding instructions (e.g., the CPT Guidelines contained in this Licensed Application and in the most current CPT publication). Please refer to payer policies and other published instructions for additional information.

The Center for Medicare and Medicaid Services is responsible for the Medicare content contained in this application and no endorsement by the AMA is intended or should be implied. Users are encouraged to refer to the current official Medicare program provisions contained in relevant laws, regulations, and rulings.
### Level of MDM
Automatically calculated if at least 2 of the 3 elements for that level of MDM match (or are exceeded).

### Number and Complexity of Problems Addressed

<table>
<thead>
<tr>
<th>Minimal</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 self-limited or minor problem</td>
<td>☐ 2 or more self-limited or minor problems</td>
<td>☐ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment&lt;br&gt;☐ 2 or more stable chronic illness&lt;br&gt;☐ 1 undiagnosed new problem with uncertain prognosis&lt;br&gt;☐ 1 acute illness with systemic symptoms&lt;br&gt;☐ 1 acute complicated injury</td>
<td>☐ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment&lt;br&gt;☐ 1 acute or chronic illness or injury that poses a threat to life or bodily function</td>
</tr>
</tbody>
</table>

### Amount and/or Complexity of Data to be Reviewed and Analyzed

**Category 1**
*Tests and Documents*
- ☐ Review of prior external note(s) from each unique source*
- ☐ Review of the result(s) of each unique test*
- ☐ Ordering of each unique test*
- ☐ Assessment requiring an independent historian(s) *

**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 physician/other qualified health care professional/appropriate source (not separately reported)
# Calculating E/M Code

## Level of MDM

Automatically calculated if at least 2 of the 3 elements for that level of MDM match (or are exceeded).

## Number and Complexity of Problems Addressed

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</tr>
<tr>
<td>1 stable chronic illness</td>
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<tr>
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<td>1 undiagnosed new problem with uncertain prognosis</td>
<td>1 acute illness with systemic symptoms</td>
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<td>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)</td>
<td>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</td>
</tr>
<tr>
<td>Review of prior external note(s) from each unique source*</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Review of the result(s) of each unique test*</td>
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<td>None</td>
</tr>
<tr>
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</tr>
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<td>None</td>
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Calculating E/M Code

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Amount and/or Complexity of Data to Be Reviewed and Analyzed

Category 1
Tests and Documents
- *Each unique test, order, or document should be counted.*
- Review of prior external note(s) from each unique source
- Review of the result(s) of each unique test
- Ordering of each unique test
- Assessment requiring an independent historian(s)

Category 2
Stable, chronic illness:
A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). "Stable" for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of mortality without treatment is significant. Examples may include well-controlled hypertension, non-insulin dependent diabetes, cataract, or benign prostatic hyperplasia.

Category 3
Discussion of management or test interpretation
- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source
- Discussion of management or test interpretation (not separately reported)
### Level of MDM
Moderate

### Number and Complexity of Problems Addressed

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### Amount and/or Complexity of Data to be Reviewed and Analyzed

#### Category 1
Tests and Documents
- Each unique test, order, or document should be counted.
- Review of prior external note(s) from each unique source
- Review of the result(s) of each unique test
- Ordering of each unique test
- Assessment requiring an independent historian(s)

#### Category 2
Independent interpretation of Tests
- Independent interpretation of a test performed by another physician or other qualified health care professional (not separately reported)

#### Category 3
Discussion of management or test interpretation
- Discussion of management or test interpretation with external physician or other qualified health care professional or appropriate source (not separately reported)
Calculating E/M Code

Summary: **99214**

Office or other outpatient visit for the evaluation and management of an established patient. 

Based on your interpretation of the services provided on the date of the encounter, this code is consistent with the AMA guidelines.

**Level of MDM**
Moderate

**Number and Complexity of Problems Addressed**

- **Minimal**
  - 1 self-limited or minor problem

- **Low**
  - 2 or more self-limited or minor problems
  - 1 stable chronic illness
  - 1 acute, uncomplicated illness or injury

- **Moderate**
  - 1 or more CPT codes
  - 2 or more CPT codes
  - 2 or more SRT codes
  - 1 Undiagnosed new problem with uncertain prognosis

**Amount and/or Complexity of Data to be Reviewed and Analyzed**

- **Category 2**
  - Independent interpretation of Tests
    - Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)

**Risk of Complications and/or Morbidity or Mortality of Patient Management**

- Moderate risk of morbidity from additional diagnostic testing or treatment

**Recalculate Using Time** or **Get E/M Code for Next Patient**
Time Spent on Date of Encounter
0 minutes

[Timer set to 0 minutes]

Input Time Spent (includes face-to-face and non face-to-face)
Add time spent to get E/M Code

Your time includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff). Physician/other qualified health care professional time includes the following activities, when performed:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)
Time Spent on Date of Encounter
30-39 minutes

Input Time Spent (includes face-to-face and non-face-to-face)
Add time spent to get E/M Code

34 min

Your time includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff). Physician/other qualified health care professional time includes the following activities, when performed:

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- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)
Calculating E/M Code

Medical Decision Making

Time Spent on Date of Encounter
30-39 minutes

Input Time Spent (includes face-to-face and non-face-to-face)
Add time spent to get E/M Code

34 min

Your time includes the following activities on the date of the encounter:

- Preparing to see the patient (e.g. review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

Summary: 99214

Office or other outpatient visit for the evaluation and management of an established patient.

Based on your interpretation of the services provided on the date of the encounter, this code is consistent with the AMA guidelines.

Time Spent on Date of Encounter
34 minute

Recalculate Using MDM or Get E/M Code for Next Patient

Disclaimer: The information in the Licensed Application is intended to assist health care providers and/or their staff in the identification of Current Procedural Terminology (CPT®) code(s) that may be appropriate to report Evaluation and Management services furnished in the office or other outpatient setting based on user inputs and published AMA coding guidelines. This Licensed Application includes a truncated version of the "Null" instructions that appear in the current most current CPT publication; providers and/or their staff should be certain to review these full instructions before using and/or if they have any questions while using this tool. This Licensed Application is intended for reference use only, and is not intended to serve as reimbursement advice, a guarantee of coverage, or a guarantee of payment at any particular rate. Third-party payment for medical services is affected by numerous factors. The decision of which code to report must be made by health care providers and/or their staff considering the clinical facts, circumstances, and applicable coding instructions (e.g., the CPT Guidelines contained in this Licensed Application and in the most current CPT publication). Please refer to payer policies and other published instructions for additional information.

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CPT E/M Office Visit Coder

Official CPT 2021

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E/M Calculator
Enter encounter information and let us identify potential code options

E/M Code Parameters
View summary of requirements for each E/M code

Select Code
99202
99203
99204
99205
99212
99213
99214
99215

Note: If E/M service is performed at the time of another encounter, a modifier may be necessary. Please consult the current CPT code manual or other publication for additional information.
**Summary:** 99215

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components [more...](#)

### Elements of Medical Decision Making (MDM) based calculation

**Level of MDM**
- **High** (calculated when at least 2 elements of MDM match, or all 3 elements are needed if they mismatch.)

**Number and Complexity of Problems Addressed**
- 1 or more chronic illnesses 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

**Amount and/or Complexity of Data to be Reviewed and Analyzed**
- Must meet the requirements of at least 2 out of 3 categories

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<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tests and Documents</td>
<td>Independent Interpretation of Tests</td>
<td>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</td>
</tr>
<tr>
<td><em>Each unique test, order, or document should be counted.</em></td>
<td>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)</td>
<td></td>
</tr>
<tr>
<td>- Review of prior external note(s) from each unique source*</td>
<td>- Review of the result(s) of each unique test*</td>
<td></td>
</tr>
<tr>
<td>- Ordering of each unique test*</td>
<td>- Assessment requiring an independent historian(s)</td>
<td></td>
</tr>
</tbody>
</table>

**Risk of Complications and/or Morbidity or Mortality of Patient Management**
- **High**
Questions?
Physicians’ powerful ally in patient care
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