E/M Office or Other Outpatient Visit Revisions for 2021: Time

For Current Procedural Terminology (CPT®) 2021, the office or other outpatient visit evaluation and management (E/M) guidelines and code descriptors will be significantly revised. Due to the widespread use of these codes and the scope of the changes, information is being distributed early to facilitate familiarization in advance of the effective date.

Note: Throughout this article series, revised guidelines and descriptors for CPT codes 99202-99205 and 99211-99215 are referenced. It is important to note that further CPT Editorial Panel or Executive Committee actions may affect these codes and/or descriptors. For this reason, code numbers and/or descriptor language in the CPT code set may differ at the time of publication. In addition, further CPT Editorial Panel actions may result in gaps in code number sequencing. Users should consult the CPT 2021 code set, when available, for final code descriptors and guideline verbiage.

Background

The CPT Editorial Panel approved comprehensive revisions to the CPT E/M office or other outpatient visit reporting guidelines and code descriptors that will become effective in the 2021 code set. The most significant area of change is the ability of physicians and/or other qualified health care professionals (QHP) to use either time *or* medical decision making (MDM) as the primary code selection criterion.

This article reviews the changes for E/M office or other outpatient visit codes when using *time* as the criterion for code-level selection; and a comparison of time definitions in effect across the range of E/M codes that will be effective January 1, 2021.

Revision Overview

Under current CPT coding guidelines, the use of time as the determining factor to qualify for a particular level of E/M office or other outpatient service is permitted *only* when counseling and/or coordination of care dominates (more than 50% of the encounter). In addition, when considering the type of care provided, only *face-to-face time* is to be included in the time calculation.

Effective January 1, 2021, and with the exception of code 99211, time alone may be used to select the appropriate level of code for office or other outpatient E/M services (99202-99205, 99212-99215), whether or not counseling and/or coordination of care dominates the service. Time is to be calculated for these codes based on *total time* on the date of the encounter, including both the face-to-face and non-face-to-face time personally spent by the physician and/or other QHP. Time ranges specified in each code descriptor are discrete and nonoverlapping, providing concrete guidance when total time is employed as the key selection criterion. Note that time will be removed as an available code-selection criterion for code 99211 effective January 1, 2021.

The CPT 2021 Evaluation and Management (E/M) Services Guidelines section will include guidelines common to all E/M services, as well as guidelines specifically for office or other outpatient services and for the remaining E/M services. It is important to review the instructions for each category or subcategory of E/M services to ensure appropriate code selection.

Time Calculation: Activities Included

The 2021 office or other outpatient E/M coding changes indicate that calculation of the total time spent by the physician/other QHP on the day of the encounter for the purposes of code selection may include the following activities, whether the activities are face-to-face or non-face-to-face:

- preparing to see the patient (eg, 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 (when not separately reported) and communicating results to the patient/family/caregiver
- care coordination (when not separately reported)

Clinical Staff Time and E/M Code Selection

CPT defines a clinical staff member as "a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service, but does not individually report that professional service." The E/M services for which these time-related guidelines apply will require a face-to-face encounter with the physician or other QHP. Time spent by clinical staff may not be included in the calculation of total time for the purposes of code selection when the physician or other QHP performs the face-to-face services of the encounter. Clinical staff time is included in the practice expense calculation. When reporting code 99211, ***Office or other outpatient visit*** *where the physician's or other QHP's time is spent in the supervision of clinical staff who perform the face-to-face service rather than performing the work themselves,* time should not be used for code selection.

Time Calculation for Split/Shared Visits: Distinct Time

A split/shared visit is defined in the new CPT E/M guidelines for 2021 as a visit in which a physician and/or other QHP jointly provide the face-to-face and non-face-to-face work related to the visit. When time is used to select the appropriate level of service and when time-based reporting of split/shared visit is allowed, the time personally spent by the physician and/or other QHP for the E/M service on the date of the encounter is summed to define total time. Only the distinct individual time of each person should be summed for split/shared visits; if both are jointly meeting with or discussing the patient, only the time of *one* individual should be counted.

Table 1 provides a summary of the current typical times for new or established office or other outpatient visit E/M codes, as well as the time ranges that will become effective January 1, 2021.

Time must be documented in the health record when it is used as the basis for code selection. Third-party payers may have additional criteria regarding the acceptable level of documentation detail required when using time, and they should be contacted to obtain their specific documentation requirements.

Definitions of Time Across E/M Code Groups

Although the guidelines for calculation of time for E/M office or other outpatient visit codes will be changing substantially with the CPT 2021 code set, it is important to remember that the changes are effective *only* for E/M codes 99202-99205 and 99211-99215; definitions for time calculation will not change for other E/M services. As a result, care should be taken to ensure that the appropriate definition of time (ie, office or other outpatient E/M visits vs all other E/M visits) is used when reporting a given E/M service. A summary of time definitions, as well as activities that should be included in time calculation for coding purposes by E/M code group, is provided in Table 2.◆

Table 1: CPT E/M Office or Other Outpatient Visits: Time Comparison

E/M Office or Other Outpatient CPT Code	Typical Face-to-Face Time (pre-2021)	Total Face-to-Face and Non-Face-to-Face Time (2021) (Only on the date of the encounter)
New Patient		
99201	10 minutes	Code deleted
99202	20 minutes	15-29 minutes
99203	30 minutes	30-44 minutes
99204	45 minutes	45-59 minutes
99205	60 minutes	60-74 minutes
Established Patient		
99211	5 minutes	Time component removed
99212	10 minutes	10-19 minutes
99213	15 minutes	20-29 minutes
99214	25 minutes	30-39 minutes
99215	40 minutes	40-54 minutes

Table 2: E/M 2021—Time Calculations by E/M Code Category

E/M Code Group(s)	E/M Office or Other Outpatient Services (99202-99205, 99212-99215)	Office or Other Outpatient Consultations (99241-99245) Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services (99324-99328, 99334-99337) Home Services (99341-99345, 99347-99350) Cognitive Assessment and Care Plan Services (99483)	Hospital Observation Services (99218-99220, 99224-99226, 99234-99236) Hospital Inpatient Services (99221-99223, 99231-99233) Inpatient Consultations (99251-99255) Nursing Facility Services (99304-99318)
Time calculation for coding purposes is defined as	*Total time* on date of encounter personally spent by the physician and/or other QHP includes face-to-face and non-face-to-face time	*Face-to-face time* with the patient and/or family	*Unit/floor time* that includes the time present on the patient's hospital unit and at the bedside rendering services for that patient
Activities included in time calculation	• Preparing to see the patient (eg, 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 • Care coordination (not separately reported) • Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver	• Obtaining history • Examining the patient • Counseling the patient	• Establishing and/or reviewing the patient's chart • Examining the patient • Writing notes • Communicating with other professionals and the patient's family Note: Time is not a descriptive component for E/M levels of emergency department services