

## 2021 Evaluation and Management Changes: Selecting a Code Based on Time

Starting on **January 1<sup>st</sup>, 2021**, providers may select the level of office and outpatient Evaluation and Management (E&M) services based on either **Time** or **Medical Decision Making**.



### Using Time to Select an E&M Code

Prior to 2021, the definition of time associated with CPT ® codes 99202-99215 was based on the typical *face-to-face* time the physician/qualified health care professional (QHP) spent on the day of the encounter. In 2021 the definition is based on the **total** time (face-to-face and non-face-to-face) spent by a physician/qualified health care professional (QHP) on the day of the encounter. The time-related rule requiring 50% of the visit be spent on counseling and/or coordination of care to report the service based on time will no longer be applicable as of 2021.

The definition of time will include **both** face-to-face and non-face-to-face activities performed by the physician or qualified healthcare professional on the date of the encounter. It does not, however, include time in activities that are normally performed by clinical staff. This is a significant departure from E&M guidelines which only allowed for face-to-face time be counted.

Current (Prior to January 1 <sup>st</sup> , 2021)	January 1 <sup>st</sup> , 2021
Time may only be used/selected if 50% of the encounter is spent on counseling and/or coordination of care.	Time can be used to select an E&M code whether or not counseling and/or coordination of care dominates the visit.
Time is based on only face to face activities on the date of service.	Time includes are both face to face and non-face to face activities on the date of service
Time criteria is based on a <i>typical</i> time for the level of service.	Time is based on defined intervals of time.



### Activities that count towards time

- Preparing to see the patient (eg, review of tests)
- Obtaining and/or reviewing separately obtained history
- Ordering medications, tests, procedures
- Referring and communicating with other health care professionals
- 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

CPT Copyright 2020 American Medical Association. All rights reserved.  
CPT® is a registered trademark of the American Medical Association."



## Total Time Intervals

The intervals of total time corresponding to CPT ® codes 99202-99215 are defined in the table below for 2021 (and beyond). For example, in order to report 99215, 40 to 54 minutes of total time must be spent on the date of the encounter.

<b>2021 Time Intervals: CPT ® Codes 99202-99215</b>			
<b>New Patient</b>		<b>Established Patient</b>	
<b>Code</b>	<b>Time</b>	<b>Code</b>	<b>Time</b>
99202	15-29 min	99211	N/A
99203	30-44 min	99212	10-19 min
99204	45-59 min	99213	20-29 min
99205	60-74 min	99214	30-39 min
		99215	40-54 min



## Split/Shared Visits

In circumstances where the physician and qualified healthcare professional each perform the face-to-face and non-face to face work for a visit, the time spent by each is summed for the total time. For example, a physician spends five minutes of time with an established patient and a physician assistant spends 25 minutes on the date of the encounter. The total time of the visit would be 30 minutes (5 + 25); and therefore, CPT code 99214 (30 to 39 minutes) would be selected per the new time intervals.

## Resources

[CPT® Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99XXX\) Code and Guideline Changes](#)

*CPT Copyright 2020 American Medical Association. All rights reserved.  
CPT® is a registered trademark of the American Medical Association."*