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2021 Coding Updates and Changes

CPT®, HCPCS, and ICD-10 CM

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CPT®, HCPCS, and ICD-10 CM Coding Changes Summary

For additional details, click on the heading for each section.

CPT® and HCPCS Code Updates

Evaluation and Management Services (CPT codes 99202-99125)

- CPT® code 99201 (new patient, level 1) will be deleted.
- Codes will be selected based on time *or* medical decision making.
- A new medical decision-making table was created.
- New prolonged services codes have been introduced (99417 and G2212).

Prolonged Evaluation and Management Services (99417, G2212, 99358, 99359, 99354, 99555, 99415, 99416)

- CPT® codes 99417 and G2212 were created to describe a 15-minute prolonged service with or without direct patient contact. Use G2212 for Medicare beneficiaries.
- CPT® codes 99358, 99359, 99354, and 99355 may no longer be reported with office and outpatient Evaluation and Management Services (99202-99215) on the same day.
- CPT® codes 99415 and 99416 (clinical staff prolonged service) may still be reported with an office or outpatient Evaluation and Management service in 2021.

Add On Complexity Service (G2211)

- The implementation of add-on complexity HCPCS code G2211 **has been suspended** for at least three years. This code will not be active for 2021.

Care Management Services

- The criteria for a plan of care have been updated and clarified.

Chronic Care Management Services

- A new chronic care management service 99439 (additional 20 minutes of clinical staff time) has been added to the family of codes, replacing G2058.

Complex Chronic Care Management Services

- CPT® clarified which CPT® codes should not be reported during the same calendar month, and for service time, as 99487 and 99489.

Special Services, Procedures and Reports

- CMS will not include CPT® code 99072 as a separately payable service in the Medicare Physician Fee Schedule, but rather as a bundled service. The N95 mask will be included in the CMS supply database on an interim basis. In addition, CMS has increased the price of certain supplies.

Telemedicine

- CMS is implementing HCPCS code G2252 (brief communication technology-based service, 11-20 minutes) for CY 2021 on an interim basis.

HCPCS Code Quarterly Updates

A full list of the changes can be found in the HCPCS Quarterly Update- January 2021 in addition to other quarterly updates. The CMS January 2021 HCPCS Update file will be published separately in the coming weeks at: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.

- ***New/Added Drug Codes***
  - A9591- Fluoroestradiol f 18
  - C9068- Copper cu-64, dotatate, dx
  - C9069- Belantamab mafodontin-blmf
  - C9070-Injection, tafasitamab-cxix
  - C9073-Brexucabtagene autoleucel ca

- ***Discontinued Drug Codes***
  - C9060- Fluoroestradiol f18
  - C9062- Daratumumab hyaluronidase
  - C9064- Mitomycin pyelocalyceal inst
  - C9066- Sacituzumab govitecan-hziy

- ***New/Added Procedure Codes***
  - G0088- Admin IV drug 1st home visit
  - G0089- Admin subq drug 1st home visit
  - G0090- Admin IV chemo 1st home visit

- ***Discontinued Procedures codes***
  - G2058- Chronic care management, 20 minutes of clinical staff time
  - C9747- Ablation, hifu, prostate
  - G0297- Ldct for lung ca screen
  - G2089- A1c level 7-9%
  - G8973- Mst rcnt hbb < 10g/dl
  - G8974- Hgb not doc rns not gvn
  - G8975- Hgb <10g/dl, med rsn
  - G8976- Hgb >= 10 g/dl
  - G9825-Her-2 neg,undoc/unkn
  - G9826-Transf pract aft init chemo
  - G9827-Her-2 targ ther no init tx
  - G9828-Her-2 targ ther dur init tx
  - G9829-Breast adj chemo admin
  - G9833-Transf pract aft init chemo
  - G9834-Pt met dis at dx
  - G9835-Trastuz given w/in 12 mos dx
  - G9836-Rsn no trast given doc
  - G9837-Trastuz not in 12 mos dx
  - G9849-Pt died from cancer
  - G9855- Pt died from cancer

ICD-10 CM Updates

- No significant changes related to neoplasms; however, several codes related to a COVID-19 diagnoses have been added.

CPT and HCPCS Updates

Evaluation and Management (E/M) Office and Outpatient Services

CPT Code 99201 (New Patient, level 1) Deleted
CPT code 99201 is rarely reported by oncologists, and therefore its deletion will have a relatively minimal impact on oncology practices. CPT code 99211 (established patient, level 1) will remain as a reportable service.

History and Exam Removed as Key Components
History and examination will be removed as key components for selecting the level of E/M service. In 2021, history and exam will no longer be used to select an E/M service, but still must be performed to report CPT codes 99202-99215.

Criteria for Code Selection
In 2021, E/M code selection will be based on either:

1) The level of medical decision making (MDM) OR
2) The time performing the service on the day of the encounter.

Definition of time
The definition of time associated with CPT codes 99202-99215 has been revised from the typical face-to-face time to total time spent on the day of the encounter. Total time may include review of tests and medical records, documentation of clinical information, and ordering medications or tests, among other activities performed by the physician or other qualified health care professional. The total time corresponding to CPT codes 99202-99215 have been defined as specific intervals.

Medical Decision-Making Elements
The medical decision-making elements associated with codes 99202-99215 will consist of three components:

1) The number and complexity of problems addressed,
2) Amount and/or complexity of data to be reviewed and analyzed, AND
3) Risk of complications and or morbidity or mortality of patient management

A new medical decision-making table created by the American Medical Association further outlines the criteria for the E/M code level selection.

New Prolonged Services Codes
Two new codes (CPT code 99417 and HCPCS code G2212) have been created to describe a prolonged office and outpatient E/M service of 15 minutes beyond the time of the primary E/M procedure (either CPT codes 99205 or 99215).

More information about the changes to the office and outpatient E/M services can be found on ASCO Practice Central.

Prolonged Evaluation and Management (E/M) Services

Overview
A major component of the 2021 Evaluation and Management (E/M) changes are the introduction of CPT code 99417 and HCPCS code G2212, effective on January 1st, 2021. These codes reflect a prolonged office or outpatient E/M service of 15 minutes beyond the total time of the primary E/M procedure (either CPT ® codes 99205 or 99215). HCPCS code G2212 is reportable to CMS only unless otherwise instructed by Medicaid or a private payer.

CPT ® Code Description
99417- Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services).

HCPCS Code Description
G2212- Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services).

Guidelines and Reporting Instructions
Both CPT ® code 99417 and HCPCS code G2212 may only be reported in conjunction with 99205 or 99215 if the codes were selected based on the time alone and not medical decision making. A service of less than 15 minutes should not be reported. HCPCS code G2212 should be reported for Medicare claims and as directed by a private payer. Be sure to check the payer's policy for appropriate reporting guidelines.

HCPCS code G2212 may only be reported when a 15-minute service has been provided past the *maximum* end of the time interval for the primary service, whereas CPT code 99417 only requires the *minimum* time to have been exceeded by 15 minutes (see the CPT code description).

For additional information on CPT code 99417 and HCPCS code G2212, go to "2021 Evaluation and Management Changes: New Prolonged Services Codes."

Prolonged Service With Direct Patient Contact (Except with Office or Outpatient E&M Services)

Overview
A Prolonged Service With Direct Patient Contact includes both face-to-face and non-face-to-face activities during the same session on the on the patient's floor, unit in the hospital, or nursing facility.

CPT ® Code Descriptions
99354- Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]) 99355- each additional 30 minutes (List separately in addition to code for prolonged service).

99355-each additional 30 minutes (List separately in addition to code for prolonged service)

Guidelines and Reporting Instructions
Since CPT code 99417 and G2212 were created to describe a 15-minute prolonged office or other evaluation and management services (with OR without direct patient contact), CPT codes 99354 and 99355 can no longer be reported with CPT codes 99202-99215 in 2021. However, they may still be reported in conjunction with other E/M services in the inpatient, observation, or outpatient setting (such as CPT codes 90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99483).

Prolonged Service With Direct Patient Contact	
CPT Guidelines 2020	**CPT Guidelines 2021**
▪ Use 99354 in conjunction with 90837, 90847, **99201- 99215**, 99241-99245, 99324-99337, 99341-99350, 99483. ▪ Do not report 99354 in conjunction with 99415, 99416).	▪ Use 99354 in conjunction with 90837, 90847, 99241- 99245, 99324-99337, 99341-99350, 99483. ▪ Do not report 99354 or 99355 in conjunction with **99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99415,** 99416, 99417).

Prolonged Service Without Direct Patient Contact

Overview
A Prolonged Service Without Direct Patient Contact describes a visit that is not face-to-face with the patient in the outpatient, inpatient, or observation setting. It may also include additional time in the patient's floor or unit. The prolonged services without direct patient contact must be related to a service that has occurred or will occur. This service should not be reported for time that is included in other services such as an Online Digital E/M service or a Chronic care Management service.

CPT ® Code Descriptions
99358- Prolonged evaluation and management service before and/or after direct patient care; first hour

99359- each additional 30 minutes (List separately in addition to code for prolonged service)

Guidelines and Reporting Instructions
Like the prolonged services *with* direct contact, they may no longer be reported with an office or outpatient E/M service (99202-99215). However, CPT ® codes 99358 and 99359 may be reported for a prolonged service on a date other than the day of the face-to-face encounter.

Prolonged Service Without Direct Patient Contact	
CPT Guidelines 2020	**CPT Guidelines 2021**
▪ Use 99359 in conjunction with 99358. ▪ Do not report 99358, 99359 during the same month with 99484, 99487-99489, 99490, 99491, 99492, 99493, 99494). ▪ Do not report 99358, 99359 when performed during the service time of codes 99495 or 99496.	▪ Use 99359 in conjunction with 99358. ▪ Do not report 99358, 99359 on the same date of service as 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99417. ▪ Do not report 99358, 99359 for time without direct patient contact reported in other services such as care plan oversight services (99339, 99340, 99374-99380), chronic care management by a physician or other qualified health care professional (99491), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366-99368), interprofessional telephone/Internet/electronic health record consultations (99446, 99447, 99448, 99449, 99451, 99452), or online digital evaluation and management services (99421,99422, 99423).

Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision

Overview

While CPT ® codes 99354, 99355, 99358, and 99359 may not be reported with office and outpatient E/M services (99202-99215) as of January 1, 2021, CPT codes 99415 and 99416 are still available to report prolonged face-to-face *clinical staff* time in addition to an E/M service (99202-99215).

Clinical staff is defined by CPT ® as someone who works under the supervision of a physician or qualified healthcare professional within the state laws and scope of practice.

CPT ® Code Descriptions

99415- Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient evaluation and management service).

99416- each additional 30 minutes (List separately in addition to code for prolonged service).

Guidelines and Reporting
CPT® codes 99415 and 99416 describe a face-to-face, prolonged E/M service in an office or outpatient setting. A physician or qualified healthcare professional must be present to provide direct supervision to clinical staff.

These services would be reported after the highest end of time interval of the primary office and outpatient E/M (CPT® codes 99202-99215) is reached, once per date of service.

CPT® code 99415 describes the first hour of a prolonged service by clinical staff. If the service is less than 30 minutes, it may not be reported. CPT® code 99416 represents each additional 30 minutes (may be reported for 15-30 minutes).

CPT® codes 99415 and 99416 cannot be reported with Prolonged Services CPT ® codes 99354, 99355, or 99417.

Care Management Services – Plan of Care Criteria

Overview
Chronic Care Management (CCM) Services and Complex Chronic Care Management (CCCM) Services require establishment, revision, implementation or monitoring of a comprehensive care plan.

In 2021, the criteria for a plan of care have been updated in the CPT guidelines to provide more clarity.

Plan of Care Criteria			
Specific and measurable goals	Periodically reviewed and updated	Relevant to the patient's well-being and lifestyle	Measurable and timebound

Plans of care may include, but are not limited to the following activities/actions:

- ☑ Problem list
- ☑ Expected outcomes and prognosis
- ☑ Measurable treatment goals
- ☑ Cognitive assessment
- ☑ Functional assessment
- ☑ Symptom management
- ☑ Planned interventions
- ☑ Medical management
- ☑ Environmental evaluation
- ☑ Caregiver assessment
- ☑ Interaction and coordination with outside resources
- ☑ Summary of advance directives

The plan of care must be documented and shared with the patient/family/caregiver either electronically or in printed form.

Chronic Care Management Services

Overview
Chronic Care Management services (99490, 99491, 99439) are defined by CPT® as services that "requires establishing, implementing, revising, monitoring a care plan for a patient due to medical needs. These patients have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months or until the death of the patient. The condition places the patient at significant risk of death, acute exacerbation/decompensation, or functional decline."

A new Chronic Care Management CPT ®code has been introduced for 2021. CPT® code 99439 describes each additional 20 minutes of clinical staff time directed by a physician or other qualified healthcare professional. CPT® code 99439 mirrors HCPCS code G2058, which was only reportable to Medicare (unless otherwise directed by a payer). HCPCS code G2058 will be replaced by CPT® code 99439 in 2021.

CPT® Code Description
99439- each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

Guidelines and Reporting
CPT® code 99439 would be reported with CPT® code 99490 (chronic care management service, first 20 minutes of clinical staff), no more than twice per calendar month.

The following CPT® codes may not be reported with 99439 in the same calendar month: 90951-90970, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99487, 99489, 99491, 99605, 99606, 99607.

In addition, if service time has been reported with CPT® codes 93792, 93793, 98960, 98961, 98962, 98966, 98967,98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99441, 99442, 99443, 99605, 99606, 99607 the work may NOT be counted towards the time of 99439 or 99490. For example, if the physician or QHP already provided an Online Digital E/M service for the patient (CPT® code 99421), that time may *not* be included in the time for the chronic care management service.

CPT® has also updated the list of codes that should not be reported in the same calendar month and for service time for CPT code 99491 (Chronic care management service provided by a physician or qualified healthcare professional).

Complex Chronic Care Management Services

Overview
Complex Chronic Care Management (CCCM) Services (99487, 99489) are similar to chronic care management services as they both involve establishing, revising, implementing, or monitoring a care plan. However, CCCM services involve decision making of moderate or high complexity and are at least 60 minutes per calendar month.

Complex Chronic Care Management services are provided to patients by clinical staff *under the direction* of a physician or qualified healthcare professional. Like Chronic Care Management Services, the guidelines have been updated with a list of CPT ® codes that may not be reported with CCCM services.

For 2021, the definition of Complex Chronic Care Management Services has been amended to remove the phrases "substantial" and "comprehensive care plan." Language was also added to further clarify activities surrounding the care plan.

Complex Chronic Care Management Services	
CPT Guidelines 2020	**CPT Guidelines 2021**
Complex chronic care management services are provided during a calendar month that includes criteria for chronic care management services as well as establishment or **substantial revision** of a **comprehensive care plan…**	Complex chronic care management services are provided during a calendar month that includes criteria for chronic care management services including **establishing, revising, implementing, or monitoring the care plan…**

In addition, CPT® further clarified which codes should not be reported during the same calendar month and service time as 99487 and 99489.

Complex Chronic Care Management Services	
CPT Guidelines 2020	**CPT Guidelines 2021**
Do not report 99487, 99489 during the same calendar month with 90951-90970, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99439, 99490, 99491, 99605, 99606, 99607).	Do not report 99487, 99489, 99490 during the same month with 90951-90970, **93792**, 93793, 98960-98962, 98966, 98967, 98968, 99071, 99078, 99080, 99091, 99339, 99340, 99358, 99359, 99366-99368, 99374-99380, 99441, 99442, 99443, 99495, 99496, 99605-99607.
N/A	Do not report 99487, 99489 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99441, 99442, 99443, 99605, 99606, 99607).

Special Services, Procedures, and Reports

Overview
CPT® code 99072 was created in response to the significant additional practice expenses related to activities required to safely provide in-person medical services to patients during a public health emergency. These activities and supplies are over and above those usually included in a medical visit or service.

CPT® Code Description
99072- Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease

Guidelines and Reporting
CMS will not be including CPT® code 99072 as a separately payable service in the Medicare Physician Fee Schedule, but rather as a bundled service. According to CMS, payment for the services and supplies described in 99072 are inherent in payment for other services. Private payer policies regarding 99072 may differ from CMS. CMS is finalizing several supply price increases:

- Adding the N95 mask on an interim basis.
- Increasing the price of a surgical mark.
- Increasing the price of a mask with a face shield.

The increased costs will be reflected in payment for services that include the supply inputs.

Telemedicine

Overview
In 2020, CMS implemented HCPCS code G2012, which is a brief communication technology-based service of 5-10 minutes of medical discussion. To further support patient care during the pandemic, CMS is implementing HCPCS code G2252 for CY 2021 on an interim basis.

HCPCS Code Descriptions
G2012- Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion.

G2252- Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.

HCPCS codes G2012 and G2252 may be reported to Medicare only unless otherwise directed by a private payer. Brief communication check in services may be reported to private payers with CPT® codes 99441 or 99442 (telephone evaluation and management services). Check payer policies for guidance on appropriate reporting.

Guidelines and Reporting
HCPCS code G2252 code describes a brief communication check in service for an established patient of 11-20 minutes. The service may not have originated from an E/M service within the prior seven days or lead to an E/M service within the next 24 hours. If an E/M service does occur (or did occur) it would simply be considered part of the E/M and not separately reported.

Other CPT® Code Changes

This is not an all-inclusive list. For more details, see the "AMA CPT® 2021 Professional Edition" or "CPT® Changes 2021."

Mastectomy Procedures: Repair/Reconstruction (19316-19396)

- Updates to guidelines and reporting instructions.

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration (96360-96459)

- Language in preamble related to Evaluation and Management services was updated to remove references to CPT code 99201, which has been deleted as of January 1, 2021.

Non-Face to Face Non-Physician Services: Telephone Services (98966-98968)

- CPT codes 98966-98968 may not be reported with 99439, 99487, 99489, 99490, 99491

Qualified Nonphysician Health Care Professional Online Digital Assessment and Management Service (98970-98972)

- CPT codes 98970-98972 may not be reported with 99091, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99439, 99487, 99489, 99490, 99491, for the same communication[s])

HCPCS Code Updates

A full list of the changes can be found in the HCPCS Quarterly Update- January 2021 in addition to other quarterly updates. The CMS January 2021 HCPCS Update file will be published separately in the coming weeks at: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.

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- C9070-Injection, tafasitamab-cxix
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New/Added Procedure Codes

- G0088- Admin IV drug 1st home visit
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Other Discontinued Codes

- G2058- Chronic care management, 20 minutes of clinical staff time
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- G9827-Her-2 targ ther no init tx
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- G9833-Transf pract aft init chemo
- G9834-Pt met dis at dx
- G9835-Trastuz given w/in 12 mos dx
- G9836-Rsn no trast given doc
- G9837-Trastuz not in 12 mos dx
- G9849-Pt died from cancer
- G9855- Pt died from cancer

ICD-10 CM Code Updates

A few minor changes have been made in Chapter 2- Neoplasms (C00-D49).

- C93.1- Chronic myelomonocytic leukemia
  Added language: "Code also, if applicable, eosinophilia (D72.18)"
- D21.6 Benign neoplasm of connective and other soft tissue of trunk, unspecified
  Language revised from "Benign neoplasm and other soft tissue back NOS" to "Benign neoplasm of connective and other soft tissue **of** back NOS."

The Centers for Disease Control and Prevention (CDC) has also developed coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19).

In certain circumstances, other codes for conditions *not* related to coronavirus may be required in accordance with the ICD-10-CM Official Guidelines for Coding and Reporting. A hyphen at the end of a code indicates an additional character is required.

Resources and References

ASCO's Guide to 2021 Evaluation and Management Changes

American Medical Association: CPT® 2021 Professional Edition

Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies

CPT® Assistant: COVID-19 Coding Update (September 8th, 2020)

2021 ICD-10 CM

HCPCS Quarterly Updates: January 2021