Agenda

- Overview of E&M coding changes for 2021
- Selecting the appropriate E&M codes
- Prolonged services coding
- Other educational resources
Speakers

Allison Hirschorn
Senior Coding & Reimbursement Specialist
ASCO Clinical Affairs
2021 Evaluation and Management Coding Changes:

A guide to code selection, reimbursement, and practice preparation.

Allison M. Hirschorn
Senior Coding and Reimbursement Specialist
American Society of Clinical Oncology
2021 Evaluation and Management Coding Changes

- As of **January 1, 2021**, there will be significant changes to the office and outpatient Evaluation and Management (E/M) services (CPT® codes 99202-99215) for both new and established patients.

- The changes have been finalized by the CPT Editorial Panel and Medicare and are accurate as described as of today. ASCO is actively engaged on these issues and will alert members of any changes.
Objectives

1. Present an overview of the changes.

2. Demonstrate how to select the appropriate E/M codes based on the new criteria.

3. Review details about the changes to the prolonged services codes.

4. Provide information about other educational resources and opportunities.
Overview of the Changes
Overview: Deletion of CPT ®  Code 99201

- CPT ® code 99201 (level 1, new patient) will be deleted as of January 1st, 2021.

- 99201 is rarely reported by oncologists, and therefore its deletion will have a minimal impact on oncology practices.

- CPT ® code 99211 (established patient, level 1) will remain as a reportable service.
Overview: History and Exam in 2021

- Currently, history and exam are two of the three key components (along with medical decision making) used to select the appropriate E/M service.

- In 2021, history and exam will no longer be used to select an E/M service, but a “medically appropriate history or examination” must be performed in order to report CPT® codes 99202-99215.
Overview: Selecting an E/M Code in 2021

In 2021, E&M code selection will be based on either:

1) The level of **medical decision making** (MDM).

OR

2) The **time** spent performing the service on the day of the encounter.
Overview: New Prolonged Service Code

- A new CPT® code has been created to describe a prolonged office and outpatient E/M service of 15 minutes beyond the total time of the primary E/M procedure (either CPT® codes 99205 or 99215).
Time in 2021
Time: Definition in 2021

- The definition of time associated with CPT® codes 99202-99215 has been revised from the “typical” face-to-face time to total physician/qualified health care professional (QHP) time spent on the day of the encounter.

- Time may be used to select a code level whether or not counseling and/or coordination of care dominates the visit.

- Time includes both face-to-face and non-face-to-face activities performed by the physician or qualified healthcare professional.

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Time: Activities Included

- Preparing to see the patient (e.g., review of tests).
- Obtaining and/or reviewing separately obtained history.
- Ordering medications, tests, 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: Clinical Staff Activities

- CPT ® definition of clinical staff:
  - Works under the supervision of a physician or qualified healthcare professional within state laws and scope of practice.

- Time spent by clinical staff on a service may not be included in the calculation of total time for the purposes of code selection.
The total time corresponding to CPT® codes 99202-99215 (except for 99211) have been clearly defined as specific intervals effective **January 1, 2021**.

<table>
<thead>
<tr>
<th>New Patient</th>
<th>Code</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99202</td>
<td>15-29 min</td>
</tr>
<tr>
<td></td>
<td>99203</td>
<td>30-44 min</td>
</tr>
<tr>
<td></td>
<td>99204</td>
<td>45-59 min</td>
</tr>
<tr>
<td></td>
<td>99205</td>
<td>60-74 min</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Established Patient</th>
<th>Code</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99211</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>99212</td>
<td>10-19 min</td>
</tr>
<tr>
<td></td>
<td>99213</td>
<td>20-29 min</td>
</tr>
<tr>
<td></td>
<td>99214</td>
<td>30-39 min</td>
</tr>
<tr>
<td></td>
<td>99215</td>
<td>40-54 min</td>
</tr>
</tbody>
</table>

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## Time: Current vs. 2021

Example: CPT® code 99215

<table>
<thead>
<tr>
<th>Current (Prior to January 1, 2021)</th>
<th>January 1, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Typically” 40 minutes must be spent on the date of the encounter.</td>
<td>40-54 minutes of total time must be spent on the date of the encounter</td>
</tr>
</tbody>
</table>

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Time: Definition of a Split/Shared Visit

- When 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.
Time: Split/Shared Visit Example

Example of a Split/Shared Visit:

A physician spends 5 minutes of time with an established patient and the physician assistant spends 25 minutes on the date of the encounter.

\[
\begin{align*}
25 \text{ minutes (Physician Assistant Time)} \\
+ \quad 5 \text{ minutes (Physician Time)} \\
\hline
30 \text{ minutes (Total Time)}
\end{align*}
\]

The applicable code in this example would be 99214 (30-39 minutes)
## Time: Review of the Changes

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

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Medical Decision Making in 2021
### Medical Decision Making: Elements

#### Three Elements of Medical Decision Making in 2021

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number and complexity of problems addressed.</td>
<td>Amount and complexity of data to be reviewed and analyzed.</td>
</tr>
<tr>
<td></td>
<td>Risk of complications and/or morbidity or mortality of patient management.</td>
</tr>
</tbody>
</table>
## Medical Decision Making: Levels

<table>
<thead>
<tr>
<th>New Patient</th>
<th>Established Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>99211</td>
</tr>
<tr>
<td>99203</td>
<td>99212</td>
</tr>
<tr>
<td>99204</td>
<td>99213</td>
</tr>
<tr>
<td>99205</td>
<td>99214</td>
</tr>
<tr>
<td></td>
<td>99215</td>
</tr>
</tbody>
</table>

- New Patient:
  - 99202: Straightforward
  - 99203: Low level
  - 99204: Moderate
  - 99205: High level

- Established Patient:
  - 99211: N/A
  - 99212: Straightforward
  - 99213: Low level
  - 99214: Moderate
  - 99215: High level

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In order to select a level of E/M service, **two** of the three elements of medical decision-making must be met or exceeded.

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

Documentation should support the E/M code selected.

**Elements of Medical Decision-Making**

1. Number and complexity of problems addressed.
2. Amount and complexity of data to be reviewed and analyzed.
3. Risk of complications and/or morbidity or mortality of patient management.
<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM (Based on 2 out of 3 Elements of MDM)</th>
<th>Number and Complexity of Problems Addressed</th>
<th>Elements of Medical Decision Making</th>
<th>Risk of Complications and/or Morbidity or Mortality of Patient Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>25235</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99202</td>
<td>Straightforward</td>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99215</td>
<td>Low</td>
<td>Low</td>
<td>Limited</td>
<td>Low risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99234</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99235</td>
<td>High</td>
<td>High</td>
<td>Extensive</td>
<td>High risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
</tbody>
</table>

### Elements of Medical Decision Making

- **Limited (Must meet the requirements of at least 1 of the 3 categories)**
  - **Category 1: Tests and documents**
    - Any combination of 2 from the following:
      - Review of prior external notes from each unique source*;
      - Review of the result(s) of each unique test*;
      - Ordering of each unique test*;
  - **Category 2: Assessment requiring an independent historian(s)**
    - For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high

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

- **N/A**
- **Minimal risk of morbidity from additional diagnostic testing or treatment**
- **Low risk of morbidity from additional diagnostic testing or treatment**
- **Moderate risk of morbidity from additional diagnostic testing or treatment**
- **High risk of morbidity from additional diagnostic testing or treatment**

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# Medical Decision-Making Table: Breakdown

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
<th>Column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPT ® Codes</strong></td>
<td><strong>Levels of Medical Decision Making</strong></td>
<td><strong>Elements of MDM: Number and Complexity of Problems Addressed</strong></td>
<td><strong>Elements of MDM: Amount and Complexity of Data to Be Reviewed and Analyzed</strong></td>
<td><strong>Elements of MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management</strong></td>
</tr>
</tbody>
</table>
| The far-left hand column contains CPT ® codes 99202-99205 and 99211-99215. | Corresponding four levels of medical decision making to each CPT code:  
  ▪ Straightforward (99202 and 99212)  
  ▪ Low (99203 and 99213)  
  ▪ Moderate (99204 and 99214)  
  ▪ High (99205 and 99215) | ▪ Minimal (99202 and 99212)  
  ▪ Low (99203 and 99213)  
  ▪ Moderate (99204 and 99214)  
  ▪ High (99205 and 99215) | Category 1: Tests and documents.  
Category 2: Assessment requiring an independent historian (level 3) OR Independent interpretation of tests (level 4 or 5).  
Category 3: Discussion and management or test interpretation. | ▪ Minimal risk of morbidity from additional diagnostic testing or treatment. (99202 and 99212)  
▪ Low risk of morbidity from additional diagnostic testing or treatment. (99203 and 99213)  
▪ Moderate risk of morbidity from additional diagnostic testing or treatment. (99204 and 99214)  
▪ High risk of morbidity from additional diagnostic testing or treatment. (99205 and 99215) |
## Medical Decision Making: Terms and Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal problem</td>
<td>A problem that may not require the presence of the physician or other qualified health care professional, but the service is provided under the physician’s or other qualified health care professional’s supervision (see 99211).</td>
</tr>
<tr>
<td>Self-limited or minor problem</td>
<td>A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.</td>
</tr>
<tr>
<td>Stable, chronic illness</td>
<td>A problem with an expected duration of at least a year or until the death of the patient.</td>
</tr>
<tr>
<td>Acute, uncomplicated illness or injury</td>
<td>A recent or new short-term problem with low risk of morbidity for which treatment is considered.</td>
</tr>
<tr>
<td>Acute, complicated injury</td>
<td>An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity.</td>
</tr>
</tbody>
</table>
## Medical Decision Making: Terms and Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic illness with severe exacerbation, progression, or side effects of treatment</td>
<td>The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.</td>
</tr>
<tr>
<td>Acute or chronic illness or injury that poses a threat to life or bodily function</td>
<td>An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment.</td>
</tr>
<tr>
<td>Chronic illness with exacerbation, progression, or side effects of treatment</td>
<td>A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.</td>
</tr>
<tr>
<td>Undiagnosed new problem with uncertain prognosis</td>
<td>A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.</td>
</tr>
<tr>
<td>Acute illness with systemic symptoms</td>
<td>An illness that causes systemic symptoms and has a high risk of morbidity without treatment.</td>
</tr>
</tbody>
</table>

A full list of terms and definitions can be found in the AMA’s “CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes.”
Medical Decision Making: Selecting a Code

**Step 1:** Select the applicable number and complexity of problems addressed at the encounter.

**Step 2:** Select the amount and/or complexity of data to be reviewed and analyzed.

**Step 3:** Select the risk of complications and/or morbidity or mortality of patient management.

**Step 4:** Put the selections together to determine the appropriate E&M code selection and level.

*DISCLAIMER- This is for example purposes only. Appropriate code selection is determined on an individual basis.*

ASCO Practice Central (practice.asco.org)
“Selecting an E/M Code Based on Medical Decision Making in 2021”
Prolonged Services in 2021
A new prolonged services CPT® code has been created to describe a prolonged office and outpatient E/M service of 15 minutes beyond the total time of the primary E/M procedure (either CPT® codes 99205 or 99215).

CPT® Code Description for 99XXX (An official code number will be assigned in the 2021 CPT Professional Edition.)

99XXX-Prolonged office or other outpatient evaluation and management service(s) (beyond the total 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 (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services.)
Prolonged Services: New CPT Code

- 99XXX can only be reported if 99205 or 99215 was selected based on time (not medical decision-making).

- This service can be reported *with or without* patient contact (face-to-face or non-face-to-face time) on the date of an office or other outpatient service.

- It is a smaller time increment (15 minutes) than current prolonged services codes (99354 and 99358) which cannot be reported if the services is less than 30 minutes.
## Prolonged Services: Code Comparison

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Patient Contact</th>
<th>Duration of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>99XXX</td>
<td>Prolonged office or other outpatient evaluation and management service(s) (beyond the total 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 (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)</td>
<td>With or without direct patient contact</td>
<td>15 min</td>
</tr>
<tr>
<td>99354</td>
<td>Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)</td>
<td>Direct patient contact</td>
<td>First hour</td>
</tr>
<tr>
<td>99358</td>
<td>Prolonged evaluation and management service before and/or after direct patient care; first hour</td>
<td>Before and after direct patient contact</td>
<td>First hour</td>
</tr>
</tbody>
</table>
# Prolonged Services: How to Report 99XXX

<table>
<thead>
<tr>
<th>Total Duration of a New Patient Office or Other Outpatient Level 5 Service (99205)</th>
<th>Total Duration of an Established Patient Office or Other Outpatient Level 5 Service (99215)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
<td><strong>Codes</strong></td>
</tr>
<tr>
<td>Less than 75 minutes</td>
<td>Not reported</td>
</tr>
<tr>
<td>75-89 minutes</td>
<td>99205 and 99XXX (1x)</td>
</tr>
<tr>
<td>90-104 minutes</td>
<td>99205 and 99XXX (2x)</td>
</tr>
<tr>
<td>105 or more</td>
<td>99205 and 99XXX (3x or more for each additional 15 min)</td>
</tr>
</tbody>
</table>

Disclaimer: The above illustration is based on the example provided in the “CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes.”

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**ASCO**

American Society of Clinical Oncology
Prolonged Services: How to Report 99XXX

A physician spends 84 minutes with a patient on the date of an office or other outpatient visit.

<table>
<thead>
<tr>
<th>Minutes</th>
<th>Code Billed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>99215</td>
<td>40-54 minutes of total time is spent on the date of the encounter; code 99215 once to account for the maximum (54) minutes</td>
</tr>
<tr>
<td>15</td>
<td>99XXX</td>
<td>Bill 2 units of 99XXX for each additional 15 minute increment</td>
</tr>
<tr>
<td>15</td>
<td>99XXX</td>
<td></td>
</tr>
<tr>
<td>84</td>
<td>Total Minutes</td>
<td></td>
</tr>
</tbody>
</table>

Disclaimer: The above illustration is for example purposes only. Appropriate code selection and reporting must be determined on an individual basis.
Prolonged Services: Additional Changes

- Since CPT® code 99XXX was created to describe a 15-minute prolonged office or other evaluation and management services (with OR without direct patient contact), CPT® codes 99354 and 99358 can no longer be reported with CPT codes 99201-99215 in 2021.

- If CPT® codes 99202-99204 and 99211-99214 are chosen based on time the E/M service would be selected based on the appropriate time intervals.

<table>
<thead>
<tr>
<th>Code</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>15-29 min</td>
</tr>
<tr>
<td>99203</td>
<td>30-44 min</td>
</tr>
<tr>
<td>99204</td>
<td>45-59 min</td>
</tr>
<tr>
<td>99205</td>
<td>60-74 min</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>N/A</td>
</tr>
<tr>
<td>99212</td>
<td>10-19 min</td>
</tr>
<tr>
<td>99213</td>
<td>20-29 min</td>
</tr>
<tr>
<td>99214</td>
<td>30-39 min</td>
</tr>
<tr>
<td>99215</td>
<td>40-54 min</td>
</tr>
</tbody>
</table>
# Prolonged Services: Additional Changes

## Prolonged Services With Direct Patient Contact

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Reporting Instructions</th>
</tr>
</thead>
</table>
| 99354    | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour | Use 99354 in conjunction with 90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99483  

Do not report 99354 in conjunction with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99415, 99416, 99XXX |
| 99355    | Each additional 30 minutes | Use 99355 in conjunction with 99354  

Do not report 99355 in conjunction with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99415, 99416, 99XXX |
| 99356    | Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour | Use 99356 in conjunction with 90837, 90847, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310 |
| 99357    | Each additional 30 minutes | Use 99357 in conjunction with 99356 |
## Prolonged Services: Additional Changes

### Prolonged Services Without Direct Patient Contact

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Reporting Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>99358</td>
<td>Prolonged evaluation and management service before and/or after direct patient care; first hour</td>
<td>Codes 99358, 99359 may be used during the same session of an evaluation and management service, except office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215). For prolonged time without direct patient contact on the date of office or other outpatient services, use 99XXX.</td>
</tr>
<tr>
<td>99359</td>
<td>Each additional 30 minutes</td>
<td>Codes 99358, 99359 may also be used for prolonged services on a date other than the date of a face-to-face encounter.</td>
</tr>
</tbody>
</table>
Medicare Reimbursement in 2021
Medicare Reimbursement: Overview

- Factors Affecting 2021 E/M Reimbursement Rates
  - Conversion Factor decreasing by 10.6% from 36.0896 in 2020 to 32.2605 in 2021 due to the mandated budget neutrality adjustment
  - Updated Work RVUs in 2021 resulting from CMS' adoption of the AMA CPT Editorial Panel’s work.

- 2021 values (RVUs and $) reflect PROPOSED rule values and subject to change. The final rule is expected on December 1, 2020 which will contain the final 2021 values.
## Medicare Reimbursement: New Patient

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Work RVUs</th>
<th>Payment Rate</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>2021</td>
<td>2020</td>
<td>2021</td>
</tr>
<tr>
<td>99201</td>
<td>0.48</td>
<td>N/A</td>
<td>$46.56</td>
<td>N/A</td>
</tr>
<tr>
<td>99202</td>
<td>0.93</td>
<td>0.93</td>
<td>$77.23</td>
<td>$69.04</td>
</tr>
<tr>
<td>99203</td>
<td>1.42</td>
<td>1.60</td>
<td>$109.35</td>
<td>$106.14</td>
</tr>
<tr>
<td>99204</td>
<td>2.43</td>
<td>2.60</td>
<td>$167.09</td>
<td>$159.37</td>
</tr>
<tr>
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## Reimbursement: Est Patients and Add on Codes

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What Practices Need to Do Now
What Practices Need to Do Now

Identify a project leader or leaders.

- Identify a leader for the administrative side and a leader from the clinical staff side to work together on the project.

- Create an internal workgroup to support the leaders with transition initiatives.
What Practices Need to Do Now

Evaluate administrative systems.

- Determine which internal systems need to be updated. Examples: forms, communications, template, compliance plans.

- Review physician contracts. Changes to payment rates/RVUs may require amendments to physician salaries.
Contact private payers.

- Determine if the private payers your practice is contracted with will be implementing the changes.
- Inquire about educational resources regarding the changes, as private payers may not follow CMS guidelines.
What Practices Need to Do Now

Create a practice transition plan.

- Develop a customized checklist and timeline that is appropriate for your practice.

- Sample Timeline and Checklist is available on ASCO Practice Central (practice.asco.org).
Resources and Educational Opportunities
Resources & Educational Opportunities: ASCO Practice Central

ASCO will be providing resources on ASCO Practice Central (practice.asco.org) for the remainder of 2020 and into 2021 to assist with the transition.

Resources currently available:

- "Changes to Evaluation and Management Codes in 2021."
- "Nine Essential Tips to Prepare Your Practice"
- "Time in 2021”
- “New Prolonged Services Code and Other Prolonged Services Changes”
- "Selecting an E/M code Based on Medical Decision-Making"
- "Sample Transition Checklist"
Resources & Educational Opportunities: American Medical Association

Other resources from the American Medical Association include:

CPT® Evaluation and Management
Basic overview of the changes

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

CPT E/M Office Revisions: Level of Medical Decision Making (MDM)

10 tips to prepare your practice for E/M office visit changes

Implementing CPT Evaluation and Management (E/M Revisions)
Resources & Educational Opportunities: American Medical Association

Office Evaluation and Management (E/M) CPT code Revisions Educational Modules

Office Evaluation and Management (E/M) CPT Code Revisions
Provides an overview of the new E/M code revisions and shows how it will differ from current coding requirements and terminology.
https://edhub.ama-assn.org/interactive/18057429
*0.5 CME Credits!

Revisions to the CPT E/M Office Visits: New Ways to Report Using Time
Overview of the differences between selection of codes based on time currently and in 2021.
https://edhub.ama-assn.org/cpt-education/interactive/18461930
*0.5 CME Credits!

Revisions to the CPT E/M Office Visits: New Ways to Report Using Medical Decision Making (MDM)
Overview of how to select codes based on medical decision making in 2021.
https://edhub.ama-assn.org/cpt-education/interactive/18461932
*0.5 CME Credits!
Questions?
Questions: E/M Changes

Questions regarding the changes to the E/M codes (or any other inquiries) can be sent to billingandcoding@asco.org.
2020 Survey of Oncology Practice Operations

Comprehensive reporting on staffing, resources, productivity, expenses, and revenue

Open now through Friday, October 16

For more information, email David.Harter@asco.org or visit: practice.asco.org >> Practice Support >> Practice Benchmarking
Upcoming Events

- Next Practice Leadership Call
  - Thursday October 15
  - 4:00pm EDT
  - Topic: Chemotherapy Safety
  - Panelists:
    - Ronda Bowman, MHA, RN, OCN
    - Veronica Gorman, MBA
  - Register at
Practice Leadership Calls

ASCO Practice Central
practice.asco.org

• Access slides & references
• Register for future calls
• Calendar of events
• Oncology Practice Insider
• PracticeNET, QOPI & more

The PracticeNET program hosts Practice Leadership calls on the 3rd Thursday of many months to address issues relevant to oncology practice. Anyone is welcome to join, but these calls are primarily aimed at practice administrators and other practice leadership.

Click here to view and register for upcoming Practice Leadership calls.
See below for archives of past calls.

August 2020 Practice Leadership Call
• Slides from the August 2020 Practice Leadership call
• Watch the full video of the August 2020 call
• Visit the CMS 2021 Proposed Rule for OPPS Page
• Visit the CMS 2021 Proposed Rule for OPPS Page
• Visit the CMS 2021 Proposed Rule for OPPS Page