

## Selecting E&M Level Based on Time

Effective January 1, 2021, providers may select the level of office and outpatient evaluation and management (E&M) services based on either time or medical decision-making.

Prior to 2021, time associated with CPT<sup>®</sup> codes 99202-99215 was based specifically on the typical face-to-face time the physician/qualified health care professional (QHP) spent on the day of the encounter. As of 2021, the time-related rule requiring that 50% or more of the visit be spent on counseling and/or coordination of care to report the service based on time is no longer applicable.

The new definition is based on “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. “Total” time includes 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 to be counted.

| Prior to January 1, 2021   | Effective January 1, 2021 (and beyond)  |
|--|---|
| 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 are based on a typical time for the level of service   | Time is based on defined intervals of time.   |



### Activities that count towards time

- ✓ Preparing to see the patient (e.g., review of tests)
- ✓ Obtaining and/or reviewing separately obtained history
- ✓ Performing a medical appropriate examination and/or evaluation
- ✓ Ordering medications, tests, procedures
- ✓ Counseling and educating the patient/family/caregiver
- ✓ Referring and communicating with other health care professionals (when not reported separately)
- ✓ 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)



### Total Time Intervals

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

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



### Split/Shared Visits

In circumstances where the physician and another qualified healthcare professional each perform 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 the NP/PA 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.

- Although the concept of shared or split services has been around for a long time, it was previously defined by Medicare in their claims processing manual.
- Beginning in 2021, the AMA is including rules about shared or split services and time in the CPT® book.
- Medicare has not changed its rules related to incident to billing or split/shared visits.
- Review all commercial payer contracts regarding bill for nurse practitioners and physician assistants before making any changes based on CPT rules.

For questions or additional information, contact the ACR practice management department at [practice@rheumatology.org](mailto:practice@rheumatology.org).

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Created: January 15, 2021 @ 3:30pm