The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) coordinated fundamental changes in the methodology to document and select CPT levels for office visit evaluation and management (E/M) services. The American Academy of Family Physicians (AAFP) has developed this sample training outline to help your practice prepare to implement the updated E/M guidelines. Use it as a guide to ensure that you and your staff understand the key concepts and documentation changes that go into effect on January 1, 2021.

I. Introduction
   A. Overview of changes
      1. CPT codes that are affected – Office/outpatient E/M CPT codes 99202-99205 and 99211-99215
      2. Deletion of CPT code 99201
      3. Components of E/M code selection
         a) Total time on date of encounter or revised medical decision making (MDM)
         b) Elimination of history and physical exam as key components of E/M code selection
      4. Prolonged services add-on CPT codes
      5. Primary care add-on code (GPC1X*)
   B. Who is impacted by the changes?
      1. Physicians and other clinicians
      2. Clinical support staff
      3. Front office and billing staff
   C. Timeline
      1. Important dates (e.g., electronic health record [EHR] upgrades, additional training dates)
      2. Changes go into effect on January 1, 2021.

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II. Billing based on total time

The definition and calculation of total time have changed. It is important for physicians and staff to understand what activities count toward total time, as well as any changes in practice workflows.

A. Updated definition of total time – The total time spent on the date of the encounter, including both face-to-face and non-face-to-face time spent personally by the physician and/or other qualified health care professional(s)

B. Accounting for physician/clinician time on date of encounter
   1. Whose time counts?
   2. Examples of time that counts
      a) Review of labs
      b) Review of external records
      c) Discussion with other health care professionals
      d) Interpretation of tests or X-rays for which no additional code is being billed
   3. Examples of time that does not count
      a) Activities normally performed by clinical staff
      b) Services reported separately

C. Workflow
   1. Documentation
      a) Documentation required for audits
      b) Documentation expectations by role (physician, medical assistant, nurse, etc.)
   2. EHR changes/updates

III. Prolonged services add-on CPT codes

A. Prolonged services without direct patient contact (CPT codes 99358 and 99359)

B. Prolonged clinical staff services with supervision by physician or other qualified health care professional (CPT codes 99415 and 99416)

C. Prolonged services with or without direct patient contact on the date of an office or other outpatient service (99XXX**)
   NEW CODE

D. Payer coverage of prolonged services
   1. Private payers
   2. Medicare – As of January 1, 2021, Medicare does not cover CPT codes 99358 and 99359.
IV. Billing based on medical decision making

The MDM table has been updated. Instead of a points system, the level of medical decision making is based on the types of tasks performed. To qualify for a particular level of MDM, an E/M service must meet or exceed two out of the three elements for that level. Be sure that physicians and staff understand each element of MDM and what must be documented to support the level of service selected.

A. Additions and changes to the MDM table
   1. New/revised definitions
      a) Independent historian – An individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.
      b) Social determinants of health (SDoH) – Economic and social conditions that influence the health of people and communities (e.g., food or housing insecurity)
   2. Based on types of tasks instead of number of tasks

B. Understanding the elements of MDM
   1. Number and complexity of problems addressed
      a) Minimal, low, moderate, or high
   2. Amount and/or complexity of data to be reviewed and analyzed
      a) Understanding categories of data
         (1) Tests, documents, or independent historian(s)
         (2) Independent interpretation of tests
         (3) Discussion of management or test interpretation
      b) Minimal/none, limited, moderate, or extensive
   3. Risk of complications and/or morbidity or mortality of patient management
      a) Minimal, low, moderate, or high risk of morbidity from additional diagnostic testing or treatment

C. Selecting the level of MDM
   1. Straightforward (CPT codes 99202 and 99212)
   2. Low (CPT codes 99203 and 99213)
   3. Moderate (CPT codes 99204 and 99214)
   4. High (CPT codes 99205 and 99215)
   5. MDM and CPT code 99211
   6. Separately reported interpretation and/or report

D. Workflow
   1. Documentation
      a) Documentation required for audits
      b) Documentation expectations by role (physician, medical assistant, nurse, etc.)
   2. EHR changes/updates

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V. Primary care add-on code (GPC1X*) **NEW CODE**
   A. Healthcare Common Procedure Coding System (HCPCS) code GPC1X* is an add-on code intended to reflect the resources associated with primary care visits.
   B. Definition – Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient’s single, serious, or complex chronic condition
   C. Payer coverage
      1. Private payers
      2. Medicare

VI. Conclusion
   A. Summary of changes
   B. Information on what has been communicated to patients
   C. Resources
      1. Staff contact for follow-up questions
      3. AAFP – Coding for Evaluation and Management Services (available online at www.aafp.org/emcoding)

* HCPCS code GPC1X is a placeholder code. CMS will release the final code later this year.

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