IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202120 MARCH 23, 2021

IHCP announces new revised E/M codes for office visits

Effective January 1, 2021, the Indiana Health Coverage Programs (IHCP) recognizes new and revised evaluation and management (E/M) codes for office visits that have changed according to the American Medical Association (AMA) and the Centers for Medicare & Medicaid (CMS) guidelines. E/M levels are now determined by time ***or*** a new medical decision-making (MDM) matrix. Providers should review these changes and base coding decisions on the updated guidance offered by the AMA.

E/M code change summary

The following is a summary of the E/M code changes:

- ONLY applicable to office/outpatient services (99202-99215)
- Extensive E/M guideline additions, revisions, and restructuring (*Providers are advised to review these changes on the CPT® Evaluation and Management page of the AMA website at ama-assn.org.*)
- Deletion of code 99201 and revision of codes 99202-99215 (See Table 1 for details.)
- Codes 99201 and 99202 previously required straightforward MDM.
- Components for code selection include the following:
  - Medically appropriate history and/or examination (*not used in code level selection*)
  - One of the following requirements:
    - MDM (See Table 2 for details.)
    - Total time on the date of the encounter (See Table 3 for a list of services included in time selection.)
- Addition of a shorter 15-minute prolonged service code (to be reported only when the visit is based on time and after the total time of the highest service [99205 or 99215] has been exceeded):
  - 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).*
  - 99417 – *Prolonged office or other outpatient service by clinical staff, each 15 minutes of total time*

Table 1 – E/M code descriptions and deletion

Procedure code	Description or action
99201	Deleted
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straight forward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.
99211	Office or other outpatient visit for the evaluation and management of an established patient, which may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

Table 2 – Medical decision-making (MDM) matrix

MDM must meet two out of three elements shown in the matrix				
Procedure code	**Level of MDM**	**Number and complexity of problems addressed**	**Amount and/or complexity of data to be reviewed and analyzed**	**Risk of complications and/or morbidity or mortality of patient management**
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal	Minimal or none	Minimal
99203 99213	Low	Low	Limited	Low
99204 99214	Moderate	Moderate	Moderate	Moderate
99205 99215	High	High	Extensive	High

See AMA *Level of Medical Decision Making* matrix at ama-assn.org.

Table 3 – Services included in total time

Services
Preparing for the visit (for example, reviewing test results)
Obtaining and/or reviewing separately obtained history
Performing a medically necessary examination and/or evaluation
Counseling and educating the patient/family/caregiver
Ordering tests, medications, prescriptions, or procedures after the visit
Referring and communicating with other healthcare professionals (when not reported separately)
Documenting clinical information in the patient's medical record
Independently interpreting results (not separately reportable) and communicating results to the patient/family/ caregiver
Care coordination (not separately reportable)

Additional IHCP updates

In response to the E/M service changes, the IHCP is also making the following updates, effective April 23, 2021, retroactive to dates of service (DOS) on or after January 1, 2021.

- G2212 will now be a covered service, effective retroactive to DOS on or after January 1, 2021. *IHCP Bulletin* BT202109 previously listed this code as not covered.
- 99417 will no longer be reimbursed at 40% billed. The procedure code will reimburse at the same rate as G2212.
- When applicable, G2212 or 99417 may be used to report a prolonged service. Providers cannot bill both codes for the same visit.
- Reimbursement rates for 99202–99215 will be updated retroactive to DOS on or after January 1, 2021. The rates will be modified due to significant changes in the code descriptions.
- Claims will be mass adjusted or reprocessed for DOS on or after January 1, 2021, for claims with G2212, 99417, and 99202–99215. Providers should expect to see these claims on their Remittance Advice (RA) on or after April 23, 2021.

Additional information for providers with restricted reimbursement for E/M

In accordance with the *Indiana Administrative Code*, podiatrists and chiropractors are ineligible for reimbursement for detailed or comprehensive visits (99204, 99205, 99214, or 99215). Per the updated guidelines, the history and examination guidelines of problem-focused, expanded problem-focused, detailed, and comprehensive are still important parts of the notes and may contribute to both time and MDM, but they will no longer be scored for determining the level of the E/M visit. The IHCP continues to review any possible policy changes regarding updates to these provider specialty code sets.

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