Introduction to the New 2021 Evaluation and Management (E/M) Coding Revisions

The CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) issued their new EVALUATION AND MANAGEMENT (E/M) SERVICES GUIDE in January 2020. This is in response to American Medical Association’s (AMA) revisions to the 2021 CPT code set.

Effective January 1, 2021 CMS is aligning E/M coding with changes adopted by the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel for office/outpatient E/M visits, which:

- Retains 5 levels of coding for established patients, reduces the number of levels to 4 for office/outpatient E/M visits for new patients, and revises the code definitions
- Revises the times and medical decision-making process for all of the codes, and requires performance of history and exam only as medically appropriate
- Allows clinicians to choose the E/M visit level based on either Medical Decision Making (MDM) or time (See the green box located on page 8 located at the link below in the CMS E/M Service Guide)

For more information on the January 2020 CMS EVALUATION AND MANAGEMENT SERVICES GUIDE, visit: cms.eval-mgmt-serv-guide.pdf

For more information on the new, 2021 AMA CPT changes, visit the CPT® Evaluation and Management webpage at: ama cpt-evaluation-and-management-Jan 2020

Getting Started

To implement the new 2021 Evaluation and Management coding changes and begin the planning process, please follow this guidance:

1. **Order your new 2021 CPT code books** so your agency will be ready by January 1, 2021. This includes the CPT, ICD-10 and HCPCS code books.

   Form a multi-disciplinary team including physicians, nurses, certified coders, or other staff that enter coding and billing information, IT staff, etc. to review the new changes and decide how your agency will implement the new code set.

2. **Reach out to your electronic health record (EHR) vendor** to discuss how their response to the changes will impact workflows including any necessary revision to the DPH program templates. Preparing early (start now!) will help assure local health departments (LHDs) continue to capture the required data points to comply with the NC Division of Public Health (DPH) Consolidated Agreement and Addenda.
3. Revise any policies and procedures to reflect the new changes.

4. Develop and implement training on the 2021 changes to assure staff competencies. Prior to training, consider what pre-work and/or reading staff will need to complete to ensure everyone has the foundational information they need before they begin to plan for the change. Also consider what training is needed prior to implementation of the 2021 changes. The New 2021 Evaluation and Management Coding Revisions Resource List below offer links to documents and video modules to assist you in this process.

5. Practice using the 2021 CPT guidelines by using scenarios coded under the previous code set to see how the new guidelines will function in the new system. This will allow you to work through any areas that need improvement both in your workflows and coding practices.

6. Implement a quality review process that reviews the use of the 2021 coding practices in the first 1 – 2 weeks of use and follow with quarterly reviews. This will assure staff are following the new CPT code set changes, the CMS evaluation and management services guidelines, and agency policies and procedures.

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**New 2021 Evaluation and Management Coding Revisions Resource List**

   - Downloadable resource booklet regarding documentation and coding E/M visits

   - Overview of 2021 E/M changes

3. CPT Evaluation and Management: [cpt em-tools resources](#)  
   - Overview
   - Essential Tools & Resources- see brown box at the bottom of page

4. Implementing Revisions to Coding E/M Visits: [implementing-cpt-revisions](#)  
   - Click on the “Access the Modules” box for training
   - YouTube videos explaining 2021 E/M revisions- helpful training opportunity

5. How to Prepare for January 2021 Changes In-house Checklist: [checklist-2021-transition](#)  
   - Overview of 2021 E/M Changes, the history of the process to make the changes, and AMA checklist to use internally to prepare agencies (also includes link to same modules in #3)

   - Downloadable resource with requirements for each E/M CPT service code, new definitions, and instructions for selecting level of E/M visits