



2021 Evaluation and Management (E/M) Current Procedural Terminology (CPT) Coding Revisions Quick Guide

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](https://www.cms.gov/medicare/coverage/pdfs/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](https://www.ama-assn.org/practice-management/cpt/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.

