Magellan HEALTHCARE®

2021 HIPAA Coding Changes for Evaluation and Management (E/M) Office Visits Background and Frequently Asked Questions

BACKGROUND

The American Medical Association (AMA) has issued changes to the CPT® evaluation and management (E/M) office visit code structure, effective Jan. 1, 2021.

KEY POINTS FOR MAGELLAN PROVIDERS

- Changes impact psychiatrists and qualified health practitioners who perform E/M office visit services.
- Key elements of the E/M office visit changes include:
  - Eliminating history and physical exam as an element for code selection.
  - Allowing physicians to choose whether documentation is based on medical decision-making (MDM) or using total time, which includes non-face-to-face work done on the day of the office visit.
  - Changing MDM criteria to focus on tasks that affect the management of patient's condition instead of merely cataloguing tasks; MDM criteria will include new definitions.
- CPT code 99201 will be deleted, effective Jan. 1, 2021.
- Except for 99211, time alone may be used to report the appropriate code level for the E/M office visit services. Codes 99202-99205 and 99212-99215 now have defined time ranges (e.g., 99215 Office Visit, established patient, 40-54 minutes).
- Providers will use a new add-on code, 99417, when reporting 15-minute increments of prolonged services with E/M office visit level 5 codes 99205 and 99215 for *non-Medicare Advantage members*.
- Since CMS does not recognize 99417 for Medicare, providers must use G2212 when reporting 15-minute increments of prolonged services for 99205 and 99215 for *Medicare Advantage members*.
- Note: CMS defines *total time* as the sum of *all* time, including prolonged services time, that the reporting practitioner spends on the date of service.
- Magellan providers billing prolonged time for Magellan members should follow CMS' guidelines for reporting prolonged time using *total time* in the grid below. ***Magellan providers should only bill the new prolonged services codes when the total time of 99205 or 99215 has been exceeded by the full 15 minutes.***

Guidelines for Magellan providers reporting prolonged services codes 99417 and G2212

CPT 99205, Level 5, *new patient*	**Total time required for reporting**
99205 only	60-74 minutes
99205 x 1 99417 (or G2212)* x 1	89-103 minutes
99205 x 1 99417 (or G2212)* x 2	104-118 minutes
99205 x 1 99417 (or G2212)* x 3 or more for each add'l 15 min	119 minutes or more

CPT 99215, Level 5, *established patient*	**Total time required for reporting**
99215 only	40-54 minutes
99215 x 1 99417 (or G2212)* x 1	69-83 minutes
99215 x 1 99417 (or G2212)* x 2	84-98 minutes
99215 x 1 99417 (or G2212)* x 3 or more for each add'l 15 min	99 minutes or more
*Note: G2212 should be reported for Medicare Advantage members, as 99417 is invalid for Medicare.	

FREQUENTLY ASKED QUESTIONS

QUESTION:	ANSWER:
Why have the CPT codes for E/M office visits changed?	The American Medical Association (AMA), under contract with the Centers for Medicare and Medicaid Services (CMS), makes changes to CPT code sets annually. The AMA worked with CMS and specialty societies to simplify and streamline the coding and documentation for E/M office visits, making them clinically relevant and reducing administrative burden.
Do these CPT code changes affect me?	Yes, these code changes will affect you if you are a psychiatrist or qualified health practitioner (nurse practitioner/physician assistant) who performs E/M office visits.
When do these CPT code changes go into effect?	The changes became effective **Jan. 1, 2021.** The AMA does not allow for a transition period. • **For dates of service *on or after* Jan. 1, 2021:** You must bill with the new CPT code guidelines for E/M office visits. • **For dates of service *before* Jan. 1, 2021:** You must bill using the previous CPT code guidelines for E/M office visits. The new prolonged service and interactive complexity add-on codes, effective Jan. 1, 2021, cannot be billed for dates of service before that date.
Where can I find more information about the changes to E/M office visit guidelines?	Visit the AMA's website for resource information, including videos and webinars: https://www.ama-assn.org/practice-management/cpt/implementing-cpt-evaluation-and-management-em-revisions
Where can I find more information about the medical decision-making (MDM) criteria changes?	Visit the AMA's website to see the AMA's 2021 Level of MDM grid: https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf

QUESTION:	ANSWER:
Will I be able to begin using the new codes **prior** to Jan. 1, 2021?	No. You should submit claims for E/M office visit services rendered **prior** to Jan. 1, 2021 using the former E/M code guidelines. If you bill new add-on codes for services rendered prior to Jan. 1, your claims will deny.
Have my rates changed?	Your rates for existing E/M office visit codes have not changed. Magellan has mapped the rate amounts from current codes to the new add-on codes based on the complexity of the service.
When can I expect to receive a copy of my revised Magellan reimbursement schedule(s)?	Magellan is mailing an amendment with Attachment A, *HIPAA Coding Crosswalk for Evaluation and Management (E/M) Office Visits* to providers in early January. The amendment and Attachment A will serve as notice of the rates for the new add-on codes. Magellan has begun updating our current reimbursement schedules and will make those available sometime in late January.
Will I need a new contract with Magellan?	No, the amendment you will receive in January will amend your current Magellan agreement.
Am I required to accept the new codes?	Yes. You are required to comply with the new CPT code changes by the Transaction and Code Set Rule of the Health Insurance Portability and Accountability Act (HIPAA). The amendment to your agreement and all reimbursement schedules that you currently hold with Magellan reflect these changes. As they are federally mandated, they are not negotiable. If you have any concerns or objections to these new codes, you must submit them in writing within 33 days of the date of this letter to: Magellan Healthcare, Inc. Attn: CPT Code Changes – MO14 14100 Magellan Plaza Maryland Heights, MO 63043
Why are there two different prolonged services codes (CPT 99417 and HCPCS G2212)?	The AMA developed new CPT code 99417 for 15 minutes of prolonged services, conducted on the same day as the E/M office visit codes 99205 and 99215. CMS does not agree with the AMA about the use of prolonged services code 99417 and has assigned 99417 as invalid for Medicare. Instead, CMS released HCPCS code G2212 to be used when billing 15 minutes of prolonged services for Medicare, including Medicare Advantage members.
When can I bill prolonged services code 99417?	• Use the prolonged services code 99417 for **non-**Medicare Advantage members. *CMS does not recognize 99417 for Medicare Advantage members.* • Use 99417 to report additional 15-minute increments, after you have exceeded the *total time* of 99205 or

QUESTION:	ANSWER:
	99215 by at least 15 minutes, on the same day as the E/M office visit service. • See guidelines for reporting prolonged services codes in the table above. • If you perform services that you bill under another CPT code, do not include that time in the office visit or prolonged service codes.
When can I bill HCPCS G2212?	• Use the CMS prolonged services code HCPCS G2212 for billing services for **Medicare Advantage** members only. • Use G2212 to report additional 15-minute increments, after you have exceeded the *total time* under 99205 or 99215, on the same day as the E/M office visit service. • See guidelines for reporting prolonged services codes in the table above. • If you perform services that you bill under another CPT code, do not include that time in the office visit or prolonged service codes.
Have E/M guidelines changed for other E/M codes?	The E/M codes for services in other settings (e.g., hospital, observation, emergency department, nursing home) will continue to use the 1995 and/or 1997 Documentation Guidelines. The new E/M guidelines (with revised MDM definitions or selecting total time) only apply to E/M office visits (99202-99205, 99211-99215) in 2021.
Have CPT codes 99354 and 99355 been deleted?	CPT codes 99354 and 99355 are still in effect, but for dates of service Jan. 1, 2021 and after, these codes cannot be billed in conjunction with E/M office visit codes (99202-99205, 99211-99215).
Do the new add-on codes require authorization?	The new add-on codes will not require authorization. Magellan will monitor utilization of these new codes for appropriate use.
How do I bill for the new add-on codes?	Add-on codes should be reflected as a separate claim row on your CMS 1500 or electronic claim submission. Be sure to include all required elements on the claim row that reflects the add-on code. NOTE: Add-on codes may not be billed without a primary related CPT code.
Will the new add-on codes be covered for all health plans, including Medicaid?	Codes on reimbursement schedules may vary by state or health plan. Nothing in the Attachment A–Magellan HIPAA Coding Crosswalk should be construed as altering your currently contracted services. There may be specific health plans that exclude coverage of the new add-on codes.

QUESTION:	ANSWER:
Where can I find more information about the new CPT codes?	The AMA administers CPT codes and owns the official descriptions. • For more information about CPT codes, please consult the AMA website at http://www.ama-assn.org. • Providers can purchase a copy of the 2021 CPT code book from the AMA's website or by calling the AMA at 1-800-621-8335. • Providers can also purchase a downloadable copy of 2021 CPT codes: https://catalog.ama-assn.org/Catalog and searching for "CPT 2021 Data File."
What if I have additional questions regarding these CPT code changes?	Magellan will post updates to this FAQ, as well as a link to the crosswalk at MagellanProvider.com. From the *Getting Paid* tab, select *HIPAA Coding*. If you have other questions about how these coding changes will affect administrative services with Magellan, contact your area field network representative, email ProviderServices@MagellanHealth.com or call the Magellan Provider Services Line at 1-800-788-4005.