

## CPT errata amends E/M coding with series of technical corrections

Pay close attention to revisions and corrections to the E/M office visit guidelines that kicked in Jan. 1. The AMA has made a number of updates, and you will need to refer to the “Errata and Technical Corrections — CPT 2021” document issued on the AMA website March 9 for the freshest E/M guidance.

The nine-page PDF document compiles a variety of clarifications, expansions and new items. Your coders will want to print it out to keep handy with their CPT manual for reference.

### More than office visits

Two changes apply to the guidelines for all E/M codes — not just the office visit codes — so practices should not overlook those changes. In addition, the errata document makes two adjustments to the “problems addressed” element of its office visit guidelines for medical decision-making (MDM) and one clarification to the “data analyzed” MDM element.

Practices also will find five new definitions and four revised definitions added to the 2021 office visit guidelines. These are all classified as technical corrections, or “clarifications of original panel intent for the current code structure,” the AMA states. The document includes eight additional errata notes that correct code references.

Though the updates were released March 9, the changes are effective retroactive to Jan. 1.

### Guideline changes for all E/M services

The following adjustments apply to E/M visits in all settings — not just the office:

Time spent on the following activities may not be counted toward a time-based visit, according to the AMA errata:

- “The performance of other services that are reported separately,
- travel and
- teaching that is general and not limited to discussion that is required for the management of a specific patient.”

Under “Services reported separately,” the guidelines are revised to state (changes in *italic*):

*“The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified health care professional reporting the E/M service. Tests that do not require separate interpretation (eg, tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation, but may be counted as ordered or reviewed for selecting an MDM level.”*

**What this means:** A clinician who ordered a diagnostic test and performed the interpretation of that test during the visit can’t count it toward the MDM data element if they are billing for the test separately.

If a test doesn’t require interpretation — as is the case with most clinical lab tests — then you can count it toward the number of tests ordered or performed, but you can’t count reading the test as doing an “independent interpretation.”