



Up to date as of March 16, 2021

On March 9, 2021 the AMA published a document titled Errata and Technical Corrections CPT® 2021. The Technical Corrections revise portions of the E/M guidelines and those changes impact the instruction provided during your KZA-led education session.

This is the link to a short document with only the Technical Corrections: <https://www.ama-assn.org/system/files/2020-12/cpt-corrections-errata-2021.pdf>

This is the link to the longer document with all the new E/M guidelines including the Technical Corrections: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

We recommend you read through the Technical Corrections and consider our comments below about their impact.

1. The AMA separates risk of the condition under *Number and Complexity of Problems Addressed* from the risks associated with how the patient is being managed, under *Risk of Complications and/or Morbidity or Mortality of Patient Management*. This is a concept KZA has reinforced and are pleased to see the AMA address.
2. There is no change / impact, on element #2 Data, for physicians that bill the global service for in-office imaging. The AMA added the word “ordered” to the section on Services Separately Reported, as we explained in our December 16, 2020 notification, or during education in 2021. The AMA is not allowing any MDM data Category 1 or 2 credit for these tests because billing for a global service includes billing for a professional interpretation that is performed by the physician.

*Example: A physician orders right knee x-rays (or in-office MRI, in-office sinus CT, other x-rays, ultrasound) that are performed and billed on the professional claim. The physician performs the interpretation.*

*Result: No Category 1 test order credit is allowed because the global fee billed by the physician includes a professional interpretation component. No Category 1 test report review credit is allowed because the physician ordered the test. No Category 2 independent interpretation credit is allowed because the physician billed the global service which includes the professional interpretation.*

Similarly, there is no change / impact for physicians that bill for the global service for tests such as an EMG and nerve conduction studies (or electronystagmography, sleep study) associated with their own E/M service. This is because reporting the global service includes a professional interpretation.

*Example: A physician evaluating a patient for a pain complaint (or other complaint such as dizziness or sleep apnea) advises that the patient needs an EMG and NCS (or ENG, sleep study), and proceeds to perform those tests.*



*Result: No Category 1 test order credit is allowed because the global fee billed by the physician includes a professional interpretation component. No Category 1 test report review is allowed because the physician ordered the test. No Category 2 independent interpretation credit is allowed because the physician billed the global service which includes the professional interpretation.*

However, if the EMG/NCS (or ENG, sleep study) is ordered by the physician but performed and read by a physician of a different specialty, then MDM Category 1 Data credit for the test order is allowed for the physician who requested the studies.

3. Also for element #2 Data, if a physician/practice bills only the technical component (TC) of in-office imaging, changes to the E/M guideline for labeled Services Separately Reported DO have an impact on your data credit. Because you/your practice is not billing for the professional interpretation/component of imaging, the AMA allows Category 1 data credit for the order (including associated result review) and allows Category 2 credit for independent interpretation of the test, because the formal interpretation was not separately reported by you/your practice.

*Example: A physician in private practice orders an in-house MRI (or in-office CT, other x-rays, ultrasound). The practice bills only the technical component of the MRI in the physician's name; the professional component is billed by an external radiologist.*

*Result: The physician CAN claim Category 1 test order credit for the MRI (or in-office CT, x-rays, ultrasound) in conjunction with the E/M service. If the physician reviews and documents independent interpretation of the MRI images at the time of a subsequent E/M visit, the physician could take Category 2 data credit for that activity as well.*

4. Also for element #2 Data, the AMA has made a distinction for tests that are defined as "results only" and do not include a professional interpretation. When those tests are separately reported by the physician/practice, Category 1 data credit for the test order (including associated results review) is allowed.

*Examples: A physician orders three lab tests that have unique CPT codes, and the lab tests are billed on the physician's professional claim. A physician orders a quick strep screen or urinalysis or RAST testing and also bills for the testing.*

*Result: The physician CAN claim Category 1 test order credit for the lab test(s) in the calculation of the E/M service.*

5. The AMA has indicated that an independent historian is not required to be physically present during the associated E/M service.

*Example: An elderly patient with dementia is seen in the office for an evaluation. A family caretaker is not physically present but is reached by telephone and relays pertinent history to the provider.*

*Result: With documentation of who provided the history and why, the provider could claim Category 1 or 2 data credit for an independent historian.*



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*Because the Technical Corrections were not released until March 9, 2021, these answers may differ from scenarios discussed during your KZA education session or included in your teaching materials.*

Scenario	Can the ordering physician claim Category 1 Data credit for ordering the test?	Can the ordering physician claim Category 1 Data credit for reviewing the test report/result?	Can the ordering physician claim Category 2 Data credit for the independent interpretation?
A physician orders right knee x-rays (or in-office MRI, in-office sinus CT, other x-rays, ultrasound) that are performed and billed on the professional claim using a CPT code with no modifier. The physician performs the interpretation.	No, because the ordering physician billed for the test (separately reported the test)	No, because the physician ordered the test, and review of a test result is included in the test order	No, because the ordering physician billed the global service CPT code, which includes the professional interpretation
A physician orders right knee x-rays (or in-office MRI, in-office sinus CT, other x-rays, ultrasound). However, the physician bills only the technical component (modifier TC) of the radiology code.	Yes, because the ordering physician did not bill for the professional component	No, because the physician ordered the test, and review of a test result is included in the test order	Yes, because the ordering physician did not bill for the professional component of the test
A physician evaluating a patient for a pain complaint (or other complaint such as dizziness or sleep apnea) advises that the patient needs an EMG and NCS (or ENG, sleep study), and proceeds to perform those tests. The test is billed using a CPT code with no modifier.	No, because the ordering physician billed for the test (separately reported the test)	No, because the physician ordered the test, and review of a test result is included in the test order	No, because the ordering physician billed the global service CPT code, which includes the professional interpretation
A physician evaluating a patient for a pain complaint (or other complaint such as dizziness or sleep apnea) orders an EMG and NCS (or ENG, sleep study), and the physician's different specialty partner performs and bills those tests.	Yes, because the ordering physician did not bill for the professional component	No, because the physician ordered the test, and review of a test result is included in the test order	Yes, because the ordering physician did not bill for the professional component of the test