Review 2021 Evaluation and Management (E/M) Changes & Check in Telehealth Coding

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Disclaimer: *This presentation is offered as guidance to NEPHO providers and office administration. If you are a BILH employed practice please follow up with your practice Leadership on guidance reviewed during this presentation.*

Agenda

- Overview of Changes
- Service Level Changes
- Visit Time Spent Updates
- Medical Decision Making (MDM) Updates
- Prolong Services Update
- RVU Increase Example
- Practice Preparation
- Planning Checklist
- NEPHO Education Plan
- Telehealth Check In – Questions Coding and Billing

Service Level Review

- Remove history and exam as key components – code descriptor “which requires a medically appropriate history and/or examination”
- Code selection based on MDM or time
- 99201– will be deleted
- 99211 – same requirements – no components need to be met and physician presence is not required (nurse visits)
- 99202 & 99212– Straightforward
- 99203 & 99213 – Low
- 99204 & 99214 – Moderate
- 99205 & 99215 – High
- There are proposed RVU increases

Time Redefined

- Face-to-face time to total time spent on the day of the encounter
- Will help to clarify when more than one provider is involved
- Total time will include:
  - Preparing to see the patient (review of tests, prior medical visits)
  - Obtaining and/or reviewing separately obtained history (established patient)
  - Performing the medically appropriate exam and/or evaluation
  - Clinical documentation in the EHR or other health record
  - Interpreting results and/or communicating results to the patient/family/caregiver
  - Care coordination (not separately reported)
  - New time for E/M services
  - Prolonged services new code

2021 E/M Code Level Time Range

- New Patient Codes
  - 99202: 15-29 minutes
  - 99203: 30-44 minutes
  - 99204: 45-59 minutes
  - 99205: 60-74 minutes
- Established Patient Codes
  - 99211: Outlier
  - 99212: 10-19 minutes
  - 99213: 20-29 minutes
  - 99214: 30-39 minutes
  - 99215: 40-54 minutes

Medical Decision Making (MDM) Changes

- Revision of MDM definitions
- Number and Complexity of Problems Addressed
- Amount and/or Complexity of Data to be Reviewed and Analyzed
- Risk of Complications and/or Morbidity or Mortality of Patient Management
- There will be a new table for calculating medical decision-making
  - “Number of diagnosis or management options” will become “Number and complexity of problems addressed”
  - “Amount and/or complexity of data to be reviewed” will become “Amount and/or complexity of data to be reviewed and analyzed”
  - “Risk of complications and/or morbidity or mortality” will become “Risk of complications and/or morbidity or mortality of patient manangment”

MDM Table Examples - Level 2

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

MDM Table Examples - Level 3

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment

MDM Table Examples - Level 4

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
99204 99214	Moderate	Moderate • 1 or more chronic illnesses w/exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury

Moderate (Must meet the requirements of at least 1 out of 3 categories)

- Category 1: Tests, documents, or independent historian(s)
- Category 2: Independent interpretation of tests
- Category 3: Discussion of management or test interpretation

MDM Table Examples – Level 5

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function

Moderate (Must meet the requirements of at least 2 out of 3 categories)

- Category 1: Tests, documents, or independent historian(s)
- Category 2: Independent interpretation of tests
- Category 3: Discussion of management or test interpretation

Prolonged Services

- Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)
- (Use 99XXX in conjunction with 99205, 99215) (Do not report 99XXX in conjunction with 99354, 99355, 99358, 99359, 99415, 99416)
- (Do not report 99XXX for any time unit less than 15 minutes)
- The number for the new code is not final yet
- For example: Existing prolonged E/M code + 99354 will change to specify that you should not report the code in conjunction with 99202-99215

Proposed Add-On Codes Detail HCPCS Level II Codes

- The add-on codes are designed to provide for an additional payment to primary care providers, as well as specialists whose use of E/M codes dominates the specialty
- These changes would, if finalized, apply to Medicare Part B only; Medicare Advantage has its own rules so, unless private insurance companies that offer Medicare Advantage plans adopt the proposed Medicare rules for payment of E/M services, they will apply to Medicare Part B patients only. And should non-Medicare insurance companies decide to adopt these new reimbursement proposals, as outlined by CMS, there is no guarantee that the non-Medicare payers will adopt the proposed Medicare Part B add-on codes (that are not Level 1 CPT® codes)

E/M Proposed RVU Increase Example

	Current	2021 Proposed wRVU	% increase
99201	0.48	Deleted	
99202	0.93	0.93	0%
99203	1.42	1.6	13%
99204	2.43	2.6	7%
99205	3.17	3.5	10%
	Current	**2021 Proposed wRVU**	**% increase**
99211	0.18	0.18	0%
99212	0.48	0.7	46%
99213	0.97	1.3	34%
99214	1.5	1.92	28%
99215	2.11	2.8	33%

Getting Your Practice Ready for Changes

- Make a plan at a practice level to implement changes
- Work with your vendors to ensure transition is planned and ready for January 1, 2021
- Ensure you coding and billing staff is updated and ready for Go-Live
- Prepare the providers for these changes
- Educate providers and staff
- Understand the budgetary implications and potential limitations
- Clinical impact – Documentation template updates will support success
- Update contract changes to appropriate staff
- Implement documentation audits after first quarter
- Have a Go-Live Date in place with team

Planning Process Focus Impact

Planning Checklist

Physician practices are encouraged to start planning now for the operational, infrastructural and administrative workflow adjustments that will result from this overhaul. The following checklist will help you prepare and keep you out in front of these changes.

- Identify a Project Lead
- Schedule Team Preparation Time
- Update Practice Procedures
- Understand Coding Support
- Have an Awareness of Medical Malpractice Liability
- Guard Against Fraud and Abuse Law Infractions
- Update your Compliance Plan
- Meet with your EHR Vendor
- Assess Financial Impact
- Understand Employer and Payer Guidelines

NEPHO E/M Updates Education Plan

- Monthly Webinars Focused Areas:
  - E/M Guidelines Overview
  - Medical Decision Making (MDM) Table
  - Complexity of Problems Addressed
  - 2021 MDM Terms and Definitions
  - Prolonged Services
  - Staying Compliant
- Individual Practice Sessions (Request to Schedule)
- Audits February – April 2021
  - Review Billing Impact
  - Audit Provider Coding and Billing
  - Audit Provider Documentation

Telehealth Discussion

We are leaving this time within presentation open for discussion and questions related to Telehealth. Possible topics for discussion or questions surrounding:

- Recent Billing Denials
- Coding Specific Questions
- Telehealth Program Compliance
  - Malpractice
  - License Requirements
  - Patient Consent Review
  - HIPAA Compliance/Patient Privacy
- Building a Sustainable Program
  - Practice Workflow
  - Improve Video Visits
  - Telehealth Devices Overview

BORIM Updated Policies

Updated COVID-19 related polices from the Board of Registration in Medicine (BORIM), attached for your review.

1. BORIM Policy 2020-05, “Interim Policy on Emergency Temporary Licenses” – The Emergency Temporary License provisions have been extended and are now valid until December 31, 2020, or until 30 days after the Governor rescinds Executive Order 591 or 30 days after the State of Emergency is terminated, whichever occurs last.

https://www.mass.gov/service-details/important-information-regarding-physician-licensure-during-the-state-of-emergency

2. BORIM Policy 2020-01, “Policy on Telemedicine in the Commonwealth” – BORIM has removed the “interim” label and has made permanent the policy on telemedicine which states that the practice of medicine shall not require a face-to-face encounter between the physician and the patient prior to health care delivery via telemedicine.

HHS Telemedicine Hack:

A 10-week learning community to accelerate telemedicine implementation for ambulatory providers

For Registration and Connection Information

Please Click Here

To view resources and recordings of past sessions

Click Here

LIFEHACKS FOR TELEMEDICINE

Office Hours #1

Wednesday, July 29, 2020

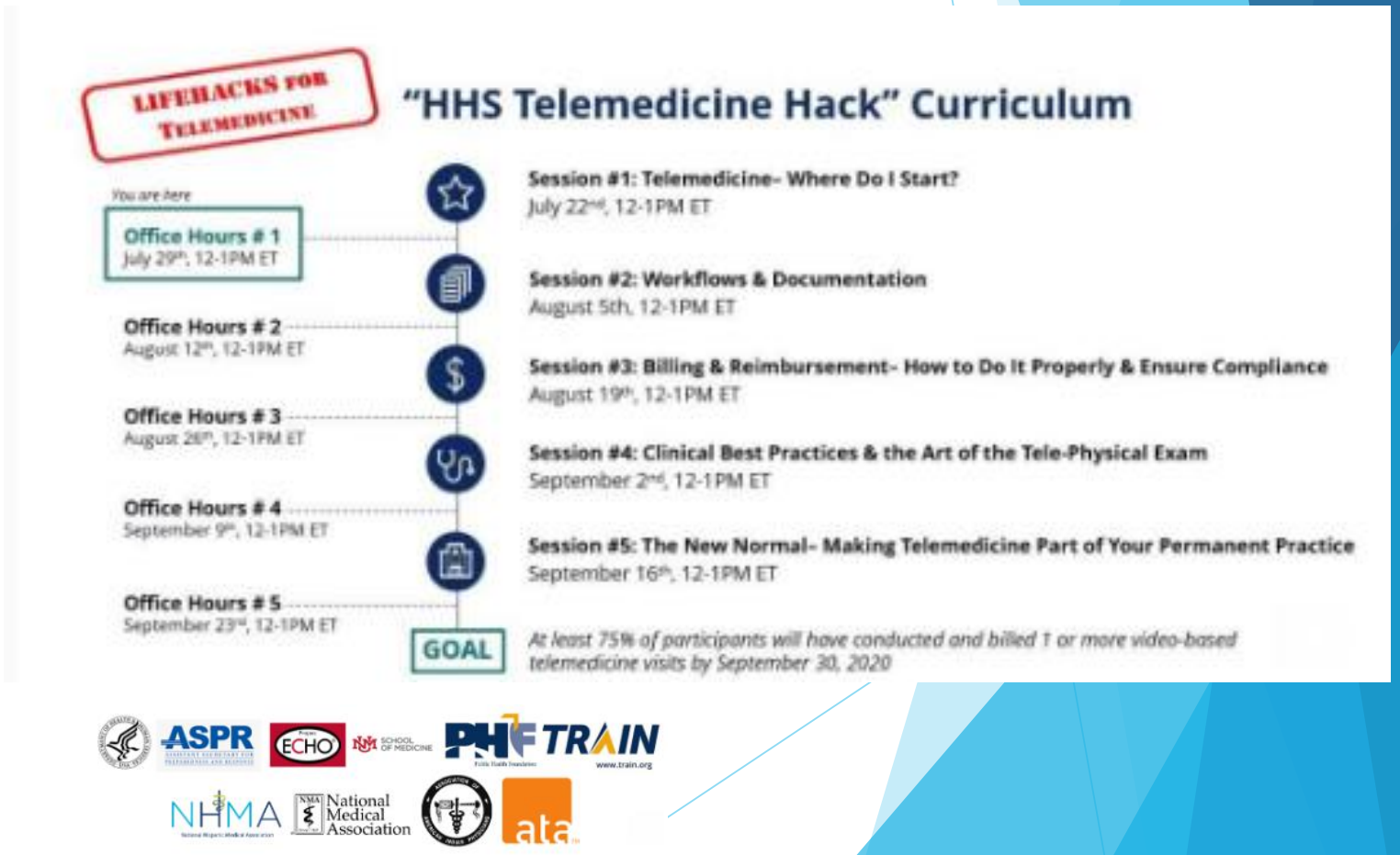
12:00 PM - 1:00 PM EDT
11:00 AM - 12:00 PM CDT
10:00 AM - 11:00 AM MDT
9:00 AM - 10:00 AM PDT

Agenda

1. **Welcome and Introductions** — CAPT David Wong [HHS]
2. **Case #1: Rural IHS Clinic on Navajo Nation** [15 min] — Stephen Neal [Chinle Service Unit]
3. **Ask Our Panelists Your Telemedicine Questions** [35 min] — Facilitated by Bruce Struminger [UNM ECHO Institute] and Christian Ramers [FHCSD]

   - Meg Barron—American Medical Association, Chicago, IL
   - Joe Brennan—American Telemedicine Association, Grand Rapids, MI
   - Marijka Grey—CommonSpirit Health, Physician Enterprise, Chattanooga, TN
   - Michele McComas—Shepherd's Clinic, Baltimore, MD
   - Stephen Neal—Indian Health Service, Chinle, AZ
   - Rebecca Picasso—California Telehealth Resource Center, Sacramento, CA
   - John Scott—UW Medicine, Seattle, WA
   - Andrew Solomon—Northeast Telehealth Resource Center, Providence, RI
   - Haley Taylor—Shepherd's Clinic, Baltimore, MD

4. **Closing** — CAPT David Wong [HHS]



Resources

- https://emuniversity.com/
- https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx
- Reach out to Shawn Bromley @ shawn.m.bromley@lahey.org or 978-236-1704 if you would like to review next steps in making a plan to prepare for the new E/M changes coming in 2021
- Reach out to Alycia Messelaar @ alycia.messelaar@lahey.org or 978-236-1784 if you would like to review Telehealth