

# Review 2021 Evaluation and Management (E/M) Changes

Shawn Bromley, NEPHO

Wednesday, June 24, 2020

***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

- ▶ Effective January 1, 2021
- ▶ Review Code Changes
- ▶ Guideline Updates
- ▶ Time Redefined
- ▶ Medical Decision Making (MDM) Updates
- ▶ Prolong Services Update
- ▶ RVU Increase Example
- ▶ Preparing Providers and Practice for Changes
- ▶ Communication Focus

# New 2021 E/M Documentation Guidelines

- ▶ 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 management”

# 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 <ul style="list-style-type: none"> <li>• 2 or more self-limited or minor problems; or</li> <li>• 1 stable chronic illness; or</li> <li>• 1 acute, uncomplicated illness or injury</li> </ul>	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents <ul style="list-style-type: none"> <li>• Any combination of 2 from the following:               <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• review of the result(s) of each unique test*;</li> <li>• ordering of each unique test* or</li> </ul> </li> </ul> 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 <ul style="list-style-type: none"><li>• 1 or more chronic illnesses w/exacerbation, progression, or side effects of treatment; or</li><li>• 2 or more stable chronic illnesses; or</li><li>• 1 undiagnosed new problem with uncertain prognosis; or</li><li>• 1 acute illness with systemic symptoms; or</li><li>• 1 acute complicated injury</li></ul>

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 <ul style="list-style-type: none"><li>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or</li><li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li></ul>

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

	<b>Current</b>	<b>2021 Proposed wRVU</b>	<b>% increase</b>
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%
	<b>Current</b>	<b>2021 Proposed wRVU</b>	<b>% increase</b>
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%

# 2021 E/M Key Changes Recap

- ▶ The changes apply to new and established office patient only
- ▶ 99201 level of care will be deleted
- ▶ The history and exam will no longer be key components of documentation
- ▶ The level of care will be determined by time spent or by the MDM
- ▶ The rules for adding up time will be updated in 2021
- ▶ There will be a new table for calculating MDM in 2021
- ▶ There will be new G codes for increased medical complexity and/or primary care - will start with Medicare Part B
- ▶ There will be new prolonged services code for new and established office visits
- ▶ The E/M service changes will have increase in RVUs

# 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 Development





# Resources

- <https://emuniversity.com/>
- Reach out to Shawn Bromley @ [shawn.m.bromley@lahey.org](mailto: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.