Coding and Billing 2021
E/M Knowledge Assessment & Massachusetts Legislative Updates

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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

- Welcome 2021 Coding and Billing
- 2021 Evaluation and Management (E/M) Change Knowledge Assessment
- 2021 E/M Review
  - 7 Tips to Follow to Better Support Compliance
  - Time Leveling Documentation Examples
  - Medical Decision Making (MDM) Documentation Examples
  - Prolong Service Code Update
- Telehealth Review
  - Telehealth Documentation Review
  - Patient Experience Survey
  - Out of State Licensing Guidance
  - Massachusetts Strengthen Telehealth Services
  - Rate Parity for Telehealth
- COVID 19 Testing and Treatment Updates

Welcome 2021 Coding and Billing

- New E/M updates effective January 1, 2021
- Diagnosis codes reset on January 1, 2021 (recapture for all chronic conditions for 2021)
- New fee schedules will be updated for 2021 (reimbursement)
- COVID 19 Phase 1A – Now to End of February Focus of the Department of Public Health (DPH)
- Vaccine Administrative Code
  - 91302
    - 0021 A – first dose
    - 0022 A – second dose
- Payers are supporting patient vaccine efforts

Evaluation and Management (E/M) Updates – Knowledge Assessment

- **What service area have been affected by the new E/M updates?**
  - Inpatient Services *Behavioral Services *Emergency (ED) *Outpatient/Clinic Services
- **What elements have been eliminated as key components?**
  - History *Exam *Review of Systems (ROS) *History & Exam
- **What E/M code has been deleted due to these updates?**
  - 99211 *99201 *99417 *99215
- **What key element has been added in 2021 as a key component for time calculation?**
  - Non-Face-to-Face Time *Face-to-Face with Family Member *Discussion with Specialist
- **What is the definition for "Independent Historian"?**
  - A person who provides history other than patient *A parent *A Witness *All 3
- **What prolong service codes have been added in 2021 and what is the time limit?**
  - 99417/20 minutes *99217/15 minutes *99417/10 minutes *99417 /15 minutes

7 Tips To Better Support New E/M Leveling

- **Avoid Generic Documentation**: If a provider reviews medical records they should document the specific records, from whom (specialist), and the dates of services.
- **Describe Diagnosis Management**: To get credit for diagnosis management in the new MDM table, providers need to link each diagnosis with some type of action—a prescription, test, counseling or some other type of workup. Stating that the diagnosis is managed by another provider doesn't count.
- **Document Compliantly**: Be mindful of total time spent. For example, a provider sees 20 patients a day and documents that they spend 35 minutes per patient, totaling approximately 12 hours. This exceeds a typical eight-hour workday and could be a red flag for a payers.
- **Pay Attention to Services Rendered**: For example, a provider reviews lab results two days after an encounter. They can't count this time toward the E/M level for the previous visit to which the labs pertain. However, they may be able to report CPT codes 99358 and 99359 for prolonged services on a date other than the date of a face-to-face encounter
- **Do not Bill Services Separately Reportable**: If a physician performs an ECG interpretation and report, they can't apply that toward the E/M level because separate CPT codes exist (93000, 93005 and 93010)
- **Include Social Determinant of Health (SDOH)**: Capturing SDOH via ICD-10-CM diagnosis codes (e.g., Z59.0 for homelessness or Z59.5 for extreme poverty) may help support a more complex MDM and thus a higher-level E/M code.
- **Support Medical Necessity**: It will be hard to support 50 minutes with a patient with strep throat. Remember each Clinical scenario is unique and documentation should support the clinical reason for visit.

Overview of Changes

- 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

Visit Time Range Updates

- 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

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
  - Interpreting results and/or communicating results to the patient/family/caregiver
  - Care coordination (not separately reported)

MDM Updates

- 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”

Documentation Examples Primary Care

- Chief complaint: Patient presents for visit due to fall related to fever and blurry vision, patient has been feeling weak and is experiencing chills. Patient presents with spouse who offers additional history related the patient's current condition.
  - The patient is an established patient with prior history obtained – there are no changes in the patient history (PFSH, living environment & medical history)
    - Leveling based off time:
      - The provider spent 10 minutes prior to the visit reviewing the patient history and chronic conditions: 10 minutes
      - The provider meets with the patient and spouse face-to-face for 20 minutes, reviews current health status and confirms with patient and spouse that there have been family stressors that have caused issues with low blood sugar affecting diabetes management: 20 minutes
      - The provider reaches out to the patients endocrinologist to set up an appointment to discuss potential monitoring devices to help manage blood sugar levels: 10 minutes
        - Total visit time: 40 minutes day of encounter – patient visits supports 99215
    - Leveling based off MDM:
      - 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment (Diabetes)
      - Anxiety/Stress – new problem
      - Discussion of management of care for Diabetes and Stress
        - Patient visit supports 99214 (moderate risk)

Documentation Examples Asthma & Allergy

- Leveling based off MDM:
  - Established patient is seen for follow-up to recheck asthma. The patient was seen 3 months ago and asthma was normal. Today there is a flare up that patient states began yesterday. Patient denies headaches.
  - Exam: General: No acute distress, pleasant, alert, and oriented times 3. Speech is normal. Voice is normal. WT: 129. BP: Right arm 175/69, left arm 168/62. HR: 84. TEMP: 97.8. Chest: There is high effort in breathing. Heart: Rate seems high, and patient states there is tightness in chest. Moves all extremities with 5/5 strength. No edema. Skin: there are no signs of rash
  - Provider reviews prior spirometry results
  - Provider will be referring patient to pulmonary to review asthma and potential lung condition
    - The number and complexity of problems addressed here are low
    - The patient has one exacerbated, chronic condition
    - The allergist reviewed the spirometry results and referred to pulmonary
    - Data is solid and level of risk is moderate
      - Patient visit supports 99214 (moderate risk)

Prolong Service Code

- A major component of the 2021 E/M changes is the introduction of CPT prolong service code 99417 (an official CPT code number will be assigned at a later date) effective January 1, 2021.
- The code reflects a **"prolonged office or other E/M service that requires at least 15 minutes or more of total time either with or without direct patient contact on the date of the primary E/M service (either CPT codes 99205 or 99215)"**.
- CPT 99417 Code may only be reported in conjunction with 99205 or 99215 if the codes were selected based on the time alone and not medical decision making. A service of less than 15 minutes should not be reported.
- For example: Existing prolonged E/M code + 99354 will change to specify that you should not report the code in conjunction with 99202-99215

Telehealth Documentation Examples

- Document plan of care for chronic conditions, condition status
  - **Example:** AFib I48.91 – heart rate within normal limits, converting back to normal sinus rhythm, apixaban is helping to regulate heart rate
- Chronic conditions need to be captured/recaptured annually
  - **Example:** Depression (F33.8) or depression in remission (F33.4), Opioid dependence (F11.20) or opioid dependence in remission (F11.21) (Depression: when depression has stabilized coding depression in remission would be appropriate)
- Chronic conditions should be discussed and documented during a new patient visit
  - **Example:** New patient visit with the following chronic conditions: Hypertension I10, CKD stage 3 N18.32 stage 3b, Recurrent depressive disorder F33.8, Opioid dependence in remission F11.21
- Document confirmed chronic conditions to their highest specificity
  - **Example:** Diabetes with CKD stage 3: E11.22, N18.3 1 stage 3a (1st code diabetes with chronic kidney disease then code chronic kidney disease)

Telehealth Exam Components Capture

- Exam components to help support a Telehealth exam:
  - HEENT: Use a flashlight or phone based light to look at the throat and nose
  - Skin: Have the patient press on a rash to observe any scaling or redness
  - Cardiovascular: Find pulses at the radial, carotid, femoral and jugular venous
  - Abdominal exam: Have the patient feel for masses and/or describe location of symptoms such as pain
  - Musculoskeletal: Self palpitation can be used to show locations of pain or point of tenderness. Range of motion can be assessed and directed by the provider
  - Neurologic: Observe patient gait, have them squat and get up and down from a chair and/or walk across the room

  Have the patient be more involved and interactive in the visit, have patient family members or care giver offer additional information to better support the reason for the visit. Include their information in the note to help support the visit medical necessity.

Patient Experience Survey Review

CLIENT LOGO

MEDICAL PRACTICE TELEMEDICINE SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

INSTRUCTIONS: Please rate the services you received from our practice. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

ACCESS	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of arranging your video visit	○	○	○	○	○
2. Ease of contacting (e.g., email, phone, web portal) us	○	○	○	○	○

Comments (describe good or bad experience): _____

Patient Experience Survey Review (continued)

CARE PROVIDER	very poor 1	poor 2	fair 3	good 4	very good 5
DURING YOUR VIDEO VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.					
1. Concern the care provider showed for your questions or worries	○	○	○	○	○
2. Explanations the care provider gave you about your problem or condition	○	○	○	○	○
3. Care provider's efforts to include you in decisions about your care	○	○	○	○	○
4. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)	○	○	○	○	○
5. Likelihood of your recommending this care provider to others	○	○	○	○	○

Comments (describe good or bad experience):_____

TELEMEDICINE TECHNOLOGY	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of talking with the care provider over the video connection	○	○	○	○	○
2. How well the video connection worked during your video visit	○	○	○	○	○

Patient Experience Survey Review (continued)

TELEMEDICINE TECHNOLOGY (...continued)	very poor 1	poor 2	fair 3	good 4	very good 5
3. How well the audio connection worked during your video visit	○	○	○	○	○

Comments (describe good or bad experience):_____

_____

_____

OVERALL ASSESSMENT	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the video visit staff (including the care provider) worked together to care for you	○	○	○	○	○
2. Likelihood of your recommending our video visit service to others	○	○	○	○	○

Comments (describe good or bad experience):_____

_____

_____

Patient's Name: (optional)_____

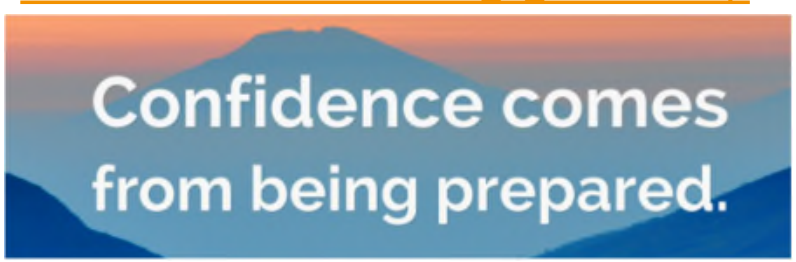
Telephone Number: (optional)_____

Out of State Licensing Guidance

- We urge each provider to be licensed in the state where the patient is located, unless there are provisions in place otherwise due to the pandemic.
- Keep a continuous eye on the changes for each state that you are seeing patients in and do not hold a license to practice, as changes are fluent.
- Federation of State Medical Boards that provides guidance by state, as each state has put in place their own rules and regulations in response to the pandemic - https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf
  - The FSMB website breaks down state specifics surrounding out-of-state physicians; pre existing provider-patient relationships; audio-only requirements; etc.

Our Recommendations

- Before the pandemic, seeing patients across state lines via telehealth without being licensed in the state the patient was physically sitting in was considered practicing without a license. The dust is still settling - although telehealth is the new normal, state medical boards will continue drive their own rules and regulations.
- We recommend you begin to analyze patient data to determine where your patients are living to best determine the states that each provider would benefit in obtaining a state license within.
- Additional licensing guidance can be found at: https://www.nepho.org/nepho-out-of-state-licensing-guidance/



Massachusetts Legislative Bill Signed 1/1/2021

- Strengthening Telehealth Coverage: Mandates permanent payment parity for Behavioral Health services and established parity for Primary Care and Chronic Care Management for the next two years.
- Currently Audio only and E/M (face-to-face) are being reimbursed equally – this bill will help keep this balance in place as we move past the pandemic.
- It requires payers to cover all such services delivered via telehealth that are also offered in-person, and to reimburse providers at the same rate.
- Permanent Expansion for scope of practice for NPs, Nurse Anesthetists, Psychiatric Nurse Mental Health Specialists & Optometrists.
- Protects consumers from surprise billing – the bill requires providers to notify patients if procedure is in or out of network – There is work being done to have a default rate for out-of-network billing by 9/1/2021.

Massachusetts Legislative Bill (continued)

- Improve coverage for COVID 19 Testing and Treatment – this improvement will include asymptomatic individuals.
- This bill is a shift from episodic care to care management, and it will help embrace preventive care measures that improve long-term health outcomes and reduce waste and excessive use. This will help lower visits to urgent care and Emergency Room.
- This bill will better support chronic care management to patients with conditions such as; diabetes, vascular disease, weight management, and mental health.
- This bill will help address areas of gaps in patient care management.
- Increase access to urgent care for MassHealth and eliminate referral requirements.

COVID 19 Vaccine & Testing Updates

- The DPH is reviewing options to have Vaccine Pop-Up Sites
- There needs to be a workflow process in place to ensure 2nd vaccine is given in the necessary time frame (21 days)
- Hospitals and Organizations need to be flexible with patient care and flexible in treating patients with COVID 19
- Phase 1 Vaccine: December 2020 to February 2021
- Phase 2 Vaccine: February 2021 to March 2021
- Phase 3 Vaccine: General Public – Starting April 2021
- The vaccine is being provided at no charge
- The Division of Insurance (DOI) has required all payers to cover members who need to have COVID 19 testing – as this will help prevent the spread of the disease
- The DOI is supporting testing across Massachusetts to ensure all individuals stay safe and healthy

NEPHO Coding Support

- Shawn Bromley @ shawn.m.bromley@lahey.org or 978-236-1704
- Helpful Resources:
  - https://emuniversity.com/
  - https://www.mass.gov/info-details/covid-19-vaccine-frequently-asked-questions
  - https://www.mass.gov/info-details/massachusetts-covid-19-vaccine-information
  - https://mhealthintelligence.com/news/baker-signs-massachusetts-telehealth-bill-with-parity-provisions-into-law