

Have Your Practice Ready for 2021 Evaluation and Management (E/M) 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

- ▶ Overview of E/M Updates
- ▶ Service Level Changes
- ▶ Visit Time Spent Updates
- ▶ Medical Decision Making (MDM) Updates
- ▶ Prolong Services Update
- ▶ Practice Preparation
- ▶ Planning Checklist
- ▶ Education Plan

Historical Background & Overview of E/M Changes

- ▶ **Why it's important:** These updates have been in the works since 2018 and were pushed back in 2020. The American Medical Association worked with Centers for Medicare/Medicaid, specialty organizations, and health care professionals to support these updates. This is the first E/M update in 24 years. These updates were focused on a way to simplify and streamline the coding and documentation for E/M office visits, making them clinically relevant, and reducing excessive administrative burden for providers.
- ▶ Key elements of the E/M office-visit update include:
 - ❑ Eliminating history and physical exam as elements for code selection. While significant to both visit time and medical decision-making, these elements alone should not determine a visit's code level.
 - ❑ Allowing providers to choose whether their documentation is based on medical decision-making or total time. This supports the movement to recognize the work involved in non-face-to-face services like patient care coordination.
 - ❑ Changing medical decision-making criteria to move away from simply adding up provider completed tasks to instead focus on tasks that affect the management of a patient's condition.

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

Time Redefined

- ▶ Face-to-face time to total time spent on the day of the encounter
- ▶ 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"> • 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 <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 E/M 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 E/M service).
- ▶ Code +99XXX will apply only if you chose the primary E/M code based on time.
- ▶ The new code will include total time with and without direct patient contact on the date of service.
- ▶ The appropriate primary codes will be only 99205, which represents the longest time among the new patient codes, and 99215, which represents the longest time among the established patient codes.

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 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 Education Plan

▶ **Coding and Billing Webinars – 2021 E/M Updates**

- ❑ New MDM Table Review
- ❑ Specialty documentation examples
- ❑ Prolong service review
- ❑ Additional CMS updates in 2021

▶ **NEPHO Ad Hoc Support**

- ❑ Practice education
- ❑ 1x1 Provider education
- ❑ Provider documentation review
- ❑ Future audit opportunity

Contact & Resources

➤ 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 your practice for the new E/M changes coming in 2021

➤ Resources

<https://emuniversity.com/>

<https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx>