PROPOSED CHANGES TO E/M OUTPATIENT SERVICES

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DO YOU KNOW?

- How many sets of guidelines are there for Evaluation and Management (E/M) services?

- How long has it been since the E/M guidelines have been re-evaluated ?

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WHY?

- Reduce administrative burden
- Misuse of Electronic Health Records (EHR's)
- Improper coding

PATIENTS OVER PAPERWORK

- November 1, 2019 CMS finalized the provision in the 2020 Medicare Physician Fee Schedule Final Rule. This includes revisions to the E/M office visit CPT® codes 99201-99215 that were approved by the AMA CPT Editorial panel in February of 2019.

- Documentation will now be centered around how the provider thinks and taking care of the patient. It will no longer be on the mandatory standards of history, physical and medical decision making (MDM).

https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management

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CHANGES EFFECTIVE CY 2019

- Elimination of the requirement to document medical necessity of a home visit in lieu of an office visit.
- For established patient office/outpatient visits, when relevant information is already contained in the medical record, practitioners may choose to focus their documentation on what has changed since the last visit, or on pertinent items that have not changed, and need not re-record the defined list of required elements if there is evidence that the practitioner reviewed the previous information and updated it as needed. Practitioners should still review prior data, update as necessary, and indicate in the medical record that they have done so. **The provider still has to acknowledge that information was re-visited.**
- Additionally, we are clarifying that for E/M office/outpatient visits, for new and established patients for visits, practitioners need not re-enter in the medical record information on the patient's chief complaint and history that has already been entered by ancillary staff or the beneficiary. The practitioner may simply indicate in the medical record that he or she reviewed and verified this information. **From a compliance perspective and best practice stand point the provider should document that they reviewed, verified and expand upon it.**
- Removal of potentially duplicative requirements for notations in medical records that may have previously been included in the medical records by residents or other members of the medical team for E/M visits furnished by teaching physicians. **The provide should document an attestation that they were there participating in the patients care.**

https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year

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MORE TO COME IN 2021

- Eliminate history and physical exam as required elements.
- Deletion of CPT code 99201
- Create a shorter prolonged services code.
- Allow providers to choose E/M visits based on medical decision making (MDM) or total time.

MORE TO COME IN 2021

Modifications to the criteria for MDM.

- Ambiguous terms (e.g. “mild”) and defined previously ambiguous concepts (e.g. “acute or chronic illness with systemic symptoms”) are being removed.
- Important terms, such as “Independent historian.” are being defined.
- Re-defined the data element(s) to move away from simply adding up tasks to focusing on tasks that affect the management of the patient (i.e. independent historian)

E/M TIME BASED VISITS - NEW PATIENTS

CPT	Current	CY2021
99202	Typically 20 minutes	15-29 minutes
99203	Typically 30 minutes	30-44 minutes
99204	Typically 45 minutes	45-59 minutes
99205	Typically 60 minutes	60-74 minutes

E/M TIME BASED VISIT - ESTABLISHED PATIENTS

CPT	CURRENT	CY2021
99212	Typically 10 minutes	10-19 minutes
99213	Typically 15 minutes	20-29 minutes
99214	Typically 25 minutes	30-39 minutes
99215	Typically 40 minutes	40-54 minutes

TIME BASED E/M

- Preparing to see the patient (ex. review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

MDM REVISIONS CY2021

- 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.**

NEW MDM CHART

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		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**
99211	**N/A**	N/A	N/A	N/A
99202 **99212**	**Straightforward**	**Minimal** • **1** self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

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

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99204
99214
	Moderate	**Moderate**
		• **1** or more chronic illnesses with 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)
			• **Any combination of 3 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*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

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
			Extensive
			(Must meet the requirements of at least 2 out of 3 categories)
			
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 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*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
				High risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Drug therapy requiring intensive monitoring for toxicity
				• Decision regarding elective major surgery with identified patient or procedure risk factors
				• Decision regarding emergency major surgery
				• Decision regarding hospitalization
				• Decision not to resuscitate or to de-escalate care because of poor prognosis

PROLONGED SERVICES

- Reported only with 99205 and 99215.
- 15 minute increments.
- Total time with or without direct patient contact.
- Reported only when time was the basis for the code selection.

ADD ON CODE

- CMS is still working on a G-code describing additional resources associated with primary care and certain types of non-procedural specialty visits, for CY 2021.

- They are proposing a single add on code describing ongoing primary care/or ongoing medical care related to a single, serious or complex chronic condition billable with every office visit E/M meeting the criteria

2021 E/M REIMBURSEMENT CHANGES

E/M code New Patient Visit	Current Non-facility Payment	Proposed Non-facility Payment
99201	$46	Deleted
99202	$76	$130
99203	$110	
99204	$167	
99205	$211	$211
E/M Established Patient Visit	Current Non-facility Payment	Proposed Non-facility Payment
99211	$23	$23
99212	$45	$90
99213	$74	
99214	$109	
99215	$148	$148

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PREPARING FOR CHANGE

- Have you done a financial analysis? Could there be a significant impact on revenue?
- Does your EHR have a function to assist the provider in calculating level of service?
- Train providers on the new documentation requirements.
- Any internal policies and procedures related to the changes should be reviewed.

RESOURCES

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Fast-Facts/EM-Correct-Coding
- https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf
- https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2019-08-12-PFS-Presentation.pdf
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