P3: Patients Over Paperwork: E&M Options?

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Bess Ann has 30+ years of experience with facility and professional health organizations. She has numerous certifications in coding and healthcare compliance and privacy, as well is licensed as a Registered Nurse. Her background is in consulting, operations and compliance leadership. She has served in management positions including VP Coding & Consulting at McKesson & Change Healthcare, and Deputy Compliance Officer at University of North Texas Science Center. She is a recognized national speaker and author on healthcare revenue cycle and compliance issues.
Disclaimer

• Views expressed are mine and not that of my employer.
• This presentation is intended as a tool to understand changes and potential changes to the aspects of selecting E&M codes.
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Objectives

• Discuss Optional Changes in 2019
• Review proposed changes for 2021
• Consider impact of potential changes to continuity of care, documentation, and payment
Agenda

- Background
- CMS 2019 Final Rule
- CMS 2021
- AMA
- Preparation & Putting into Practice

Background OR...
The only thing that is constant is change.

- 1988 to 2002
- Reason for the Change
- 2019 & 2020
- 2021
Remember

• E&M Changes Discussed Only Apply to:
  – Office or Other Outpatient Evaluation and Management E/M 99202-99215 services
  – Prolonged Services (99354, 99355, 99356, 99XXX)
  – CMS

CMS Final Rule Recap 2019 & 2020

1. Elimination of Medical Necessity for home visit documentation requirement

2. Document what changed since last encounter
CMS Final Rule Recap 2019 & 2020

3. No need to re-enter Chief Complaint or History documented by Ancillary Staff

4. No need to re-enter information documented by residents and the medical team.

Poll 1

Is your organization currently using the 2019 Optional Documentation Guidelines?

• Yes
• No
• Unsure
CMS Rule for 2021 – Looking Ahead

1. Three Payment Rates:
   - Level 1
   - Single rate levels 2 through 4
   - Level 5

At least one more rule will be published prior to implementation dates

This is not the final payment amount, it will be in the 2021 Final Rule for the PFS

Looking Ahead-2021

2. Coding Options
   - Current 1995 or 1997 Guidelines
   - MDM
   - Time
   ✓ Payer source Impact

3. Time
Looking Ahead-2021

4. Minimum Documentation Standard – level 2
   – Payment
   – Patient Continuity of Care

5. New Add-On Codes

6. Extended Visit Add-On Codes

Poll 2

Has your organization evaluated the financial impact of a single pay rate for levels 2-4?

- Yes
- No
- Unsure
Poll 3

If your organization has evaluated the financial impact of a single pay rate for levels 2-4, what is the impact?

• Less reimbursement
• More reimbursement
• About the same
• Unable to determine / Don’t know

AMA CPT Panel

• Changes accepted at the February 2019 panel
• Publication in the 2021 CPT® professional code book
• CMS Reviewing Changes
AMA Update

1. Remove history and exam as key components
2. Code based on MDM or time
   – Delete 99201
3. Time redefined
   – From face-to-face to total time spent on the day
4. Guideline addressing when more than one provider involved

AMA Update

5. Revise 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

6. New MDM Definitions
7. New MDM Table
AMA Revised MDM Grid 2021

MDM cpt-revised-mdm-grid-2021.pdf

AMA Update

8. Three Sets of Guidelines
   – All E&M services
   – Office or Other Outpatient services
   – Hospital Observation, Hospital Inpatient, Consultations, Emergency Department, Nursing Facility, Domiciliary, Rest Home or Custodial Care and Home E/M Services

AMA Office-Prolonged-svs-code-changes-2021.pdf
CMS Updated Proposed Policies for 2021

CMS Proposing:

• Adopt CPT’s revisions to the office/outpatient E/M code descriptors and assign separate payment rates to each of the codes as revised.
• Effective January 1, 2021

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CMS Updated Proposed Policies for 2021

• Code based on time or MDM
• Adopt the CPT’s new interpretive guidelines for levels of MDM
• History and exam no longer key component but should be medically appropriate
• Adopt the new times in the code descriptors that include all practitioner time the day of the visit
• Adopt the new CPT code for prolonged services in lieu of the extended service codes
CMS Updated Proposed Policies for 2021

- New prolonged services code for additional time spent with patients beyond the level 5 visit ($35)
- Consolidate the 2019 HCPCS G codes into a single code ($17)

Preparation & Putting Into Practice

- Monitor for Updates
  - CMS, AMA, Non-CMS Payers, Federal Register
- EHR
  - templates and toggle between guidelines
- Training
  - Providers & Coders
- Policy & Procedure Review
Resources

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

- CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes
  - Includes changes, effective January 1, 2021:
  - Will not be included in the CPT 2020 code set release
- CPT® E/M Office Revisions Level of Medical Decision Making (MDM)
  - Revisions effective January 1, 2021
  - Will not be included in the CPT 2020 code set release

Resources

- CMS
  - MLN 8/12/2019 Call
- Federal Register CY 2020 Revisions to Payment Policies
- CMS E&M page
  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Evaluation-and-Management-Visits.html
- PFS