E/M Fundamentals

Steps to Prepare for the Coming Changes

AAPC WEBINARS

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Objectives

- Review the CMS Final Rule and CPT E/M Guideline Changes for 2021
- Discuss best practices to implement the 2021 E/M New and Established Office/Outpatient Guidelines

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Important Reminders

- Effective January 1, 2021
- Only New and Established Office/Outpatient E/M Codes
- Review the Proposed Rule and Final Rule for 2021

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CMS Final Rule 2019 and 2020

- Providers can document what has changed since the last encounter

4

CMS Final Rule 2019 and 2020

- Do not need to re-enter chief complaint and history documented by ancillary staff

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CMS Final Rule 2019 and 2020

- Remove requirement to re-enter information documented by residents and the medical team.

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Question 1

Has your practice/health system implemented the relaxed documentation requirements?

Yes

No

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Question 2

If you have implemented the relaxed documentation requirements, is it working?

Yes

No

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2021 E/M Guidelines

- Remove history and exam as key components

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2021 E/M Guidelines

Code descriptor

"which requires a medically appropriate history and/or examination"

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2021 E/M Guidelines

- Code selection based on MDM or time

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2021 E/M Guidelines

- ~~99201: Straightforward~~
- 99202: Straightforward
- 99203: Low
- 99204: Moderate
- 99205: High

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2021 E/M Guidelines

- Time redefined from face-to-face time to total time spent on the day of the encounter
  - Defined total time
  - Guideline added to clarify when more than one provider is involved

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Time Defined

- Preparing to see the patient (eg, 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
- 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)

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Code	Time	Code	Time
99211			
99212	10-19	99202	15-29
99213	20-29	99203	30-44
99214	30-39	99204	45-59
99215	40-54	99205	60-74

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Prolonged Services New Code

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)

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Prolonged Services Time

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	Code(s)
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99XXX X 1
90-104 minutes	99205 X 1 and 99XXX X 2
105 or more	99205 X 1 and 99XXX X 3 or more for each additional 15 minutes.
Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	**Code(s)**
less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99XXX X 1
70-84 minutes	99215 X 1 and 99XXX X 2
85 or more	99215 X 1 and 99XXX X 3 or more for each additional 15 minutes.

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Question 3

Does clinical staff time count toward the physician time for determining E/M?

Yes

No

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2021 Guidelines

- 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

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Number and Complexity of Problems Addressed

"The final diagnosis for a condition does not in itself determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction."

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Number and Complexity of Problems Addressed

"Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services unless they are addressed and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management."

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Number and Complexity of Problems Addressed

"A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service. **This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice.** Notation in the patient's medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being 'addressed' or managed by the physician or other qualified health care professional reporting the service. Referral without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service."

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Tests

Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.

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External Records

External records, communications and/or test results are from an external physician, other qualified

health care professional, facility or healthcare organization

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External physician or other qualified healthcare professional

An external physician or other qualified health care professional is an individual who is not in the same group practice or is a different specialty or subspecialty. It includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.

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Independent historian(s):

An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.

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Independent Interpretation

The interpretation of a test for which there is a CPT code and an interpretation or report is customary. This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.

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Appropriate source

Professionals who are not health care professionals, but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.

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Risk

The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. Level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.

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Social determinants of health

Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

ICD-10-CM codes Z55- Z65

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Drug therapy requiring intensive monitoring for toxicity

- Adverse effects not therapeutic efficacy
- Generally accepted practice for the agent, but may be patient specific in some cases
- Long-term or short term
- Long-term intensive monitoring is not less than quarterly
- Monitoring: lab test, a physiologic test or imaging. Not history or exam

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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

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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 • 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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Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
99204 99214	Moderate	Moderate • 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

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Amount and/or Complexity of Data to be Reviewed and Analyzed

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

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Amount and/or Complexity of Data to be Reviewed and Analyzed

Category 2: Independent interpretation of tests

- Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);

or

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Amount and/or Complexity of Data to be Reviewed and Analyzed

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)

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Risk of Complications and/or Morbidity or Mortality of Patient Management

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

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Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
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

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Amount and/or Complexity of Data to be Reviewed and Analyzed

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

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Amount and/or Complexity of Data to be Reviewed and Analyzed

Category 2: Independent interpretation of tests

- Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);

or

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Amount and/or Complexity of Data to be Reviewed and Analyzed

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)

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Risk of Complications and/or Morbidity or Mortality of Patient Management

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 deescalate care because of poor prognosis

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Evaluation and Management: New HCPCS Level II

Proposed HCPCS Level II Code

GPC1X Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Addon code, list separately in addition to office/ outpatient evaluation and management visit, new or established)

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Evaluation and Management: RVUs

	Current	2021 Proposed wRVU	% increase
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%
	Current	**2021 Proposed wRVU**	**% increase**
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%

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Question 4

What is the code for this case based on MDM?

99211

99212

99213

99214

99215

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Question 5

What is the code for this case based on MDM?

99211

99212

99213

99214

99215

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Question 6

What is the code for this case based on MDM?

99202

99203

99204

99205

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Implementing Change

- Largest E/M Guideline change since 1997
- Challenges for large practices
  - Communication/organization
- Challenges for small practices
  - Resources

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Question 7

Will you be leading the implementation efforts?

Yes

No

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Implementation Committees

- Depends vastly on size of practice
  - Sponsor
  - Strategic Steering
  - Communication
  - Education

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Coordinate with Business Partners

- Success counts on strategy
  - Encompass the entire practice
  - Working with vendors
  - Identify Resource

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Key Obstacles

- Resistance to change
- Updating skills
- Changes in work flow and processes
- Sense of being overwhelmed

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Organizing the Implementation Effort

- Cross functional teams
- Clear leadership
- Project teams
- Physician support

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Organizing the Implementation Effort

- Get ready
  - Review the Final Rule
  - Review the 2021 CPT guidelines
  - Obtain senior management support and buy-in
  - Identify areas of impact
  - Establish a regular schedule to report progress

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E/M Project Plan

- Outline
  - Vision, objectives, scope, deliverables (what)
  - Stakeholders, roles, responsibilities (who)
  - Resource, financial, and quality plans (how)

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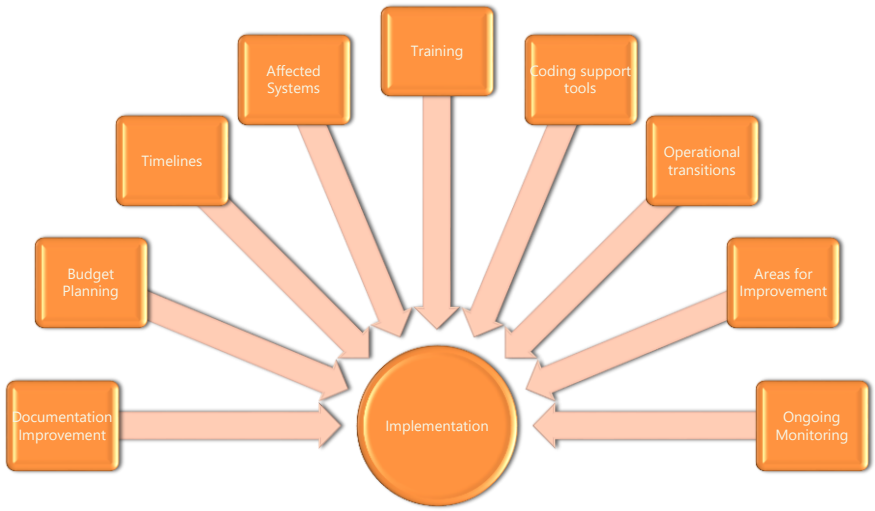
Begin the Process



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Initial Impact Assessment

- Begin to assess the impact
  - Readiness survey
    - High level assessment—creates a snapshot
    - Distribute to all business areas
    - Information provided can assist in development of business impact analysis

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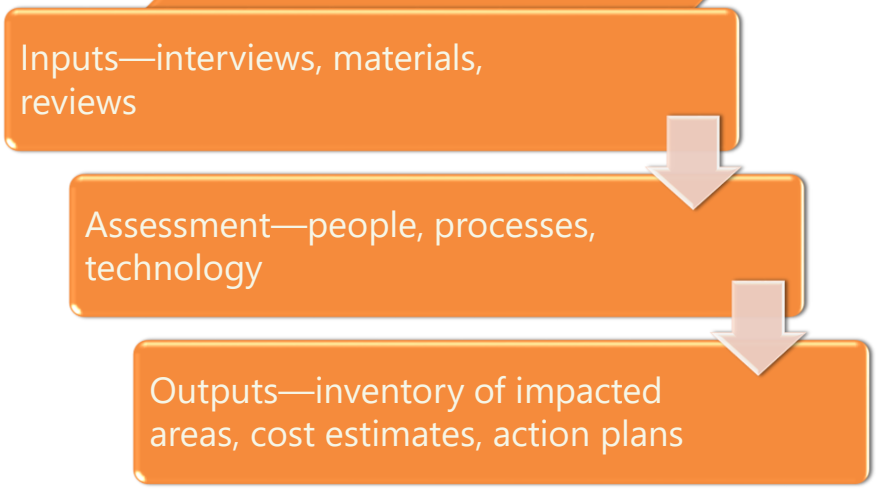
Assessments



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Organizational Efforts

- Key to any project
  - Structure can be loose or formal
  - Form an organizational chart
  - Have each team member contribute
  - Team leader
    - More of a coach
    - Do not manage all activities

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Flow Chart

Function	Team Member	Areas Impacted	Communications	Target Date	Completion Date
Implementation Plan	Susan	All	Workgroup	TBD	TBD
Communication Plans	Delaney	All	Emails	TBD	TBD

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Transparency

- Necessary to achieve ultimate results
- Without it, project will struggle
- Evaluate progress
  - Do potential members have expertise?
  - Do they have credibility?
  - Can they work towards the common goal?

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Communication

- Effective communication = Success
- Communication plan provides focus and order
- Creates a team atmosphere

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Communication Planning

- Methods to store information
- Limits
- Relationships
- Contact information
- Schedules
- Method for updates

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Development of the Communication Plan

- Evaluate current communication methods
- Define objectives
- Define audience
- Identify tools
- Establish timetable
- Evaluate and analyze the results

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Communication Effort

- Ask the right questions
  - Who
  - What
  - When
  - Where
  - How

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Identifying Systems Impacted

- EHRs
- Computer Assisted Coding
- Audit tools
- Think strategically
  - Will it be affected
  - What modifications may be required
  - Who is responsible
  - How much programming
  - Who will test

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Budgetary Implications

- IT solutions will face budgetary limitations
  - Hardware and software changes may be required
  - Other costs include
    - Consulting
    - Internal downtime
    - Possible new systems

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Impact Analysis

- Determine areas and systems impacted

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Conducting the Analysis

- Work closely with all departments and vendors
- Use survey tools
  - Infrastructure
  - Systems
  - Workflows
  - Information management uses
  - Links to other business areas and external entities

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Clinical Impact

- Documentation will have a large impact
- Documentation readiness audits are key
  - Use an auditor (internal or external)
  - Run frequency report
  - Look at current level of documentation
  - Provide education and training as needed

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Documentation Audits

- Provide education
- Review at least 10 records per provider
- Educate, encourage, monitor, provide retraining

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Medical Contracts and Policies

- Contracts will need modified
  - Contact payers and discuss potential changes to existing contracts
  - Determine timing of contract negotiations
  - Modify agreements as needed
  - Communicate contract changes to appropriate staff

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Billing and Coding

- Billing and coding significant impact
- Dual systems
- Skills updates
- New guidelines

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Vendor Discussions

- What implementation plans do they have?
- What software changes are needed?
- What products and services will be available?
- How long will development take?
- When will installation take place?
- What guidance/training will be available?

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Budgeting

- Understand how to assess project costs
- Develop and draft project budgets
- Review estimated implementation costs

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Implementation Costs

- Four categories
  - Information systems
  - Auditing and monitoring
  - Education and training
  - Staffing

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Question 8

How will you provide education?

Internally

Through a vendor

Each employee's responsibility

I don't know

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Education and Training

- Gain understanding of training needed
- Importance of education and training
- Suggested training approach
- Understanding the different learning styles

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Education Plan

- Provide solid direction
  - Assessment of education and training needs
  - Development of effective programs
  - Programs that match implementation strategies
  - Evaluation of the learning process

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Assessments

- Understand a gap analysis
- Provide mechanism to measure productivity and compliance
- Re-evaluations
- Outcomes measurements
- How to address deficiencies

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Sources

AMA website: https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

CMS 2020 Final Rule: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F

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Coding Case 1

Chief Complaints/ Concerns

Allergic Reaction Broke out yesterday continues to spread is itchy. No dysphagia or SOB. Finished a course of Sulfa for UTI recently. No prior allergic history.

No other known allergies.

Physical exam
Respiratory: Normal to inspection. Lungs clear to auscultation.
Cardiovascular: Regular rhythm. No murmurs, gallops or rubs.
Integumentary:
Comments: HAS CLASSIC URTICARIAL RASH ALL OVER INCLUDING FACE

Assessment/ Plan
Hives Severe.
-Call if symptoms persist -Medication prescribed - Side effects reviewed -Discussed treatment plan with patient -Treat symptomatically-OTC BENEDRYL 150MG Q 6 HR
WATCH FOR SEDATION. Injection today and prescription for prednisone.

Medications:

Brand Name	Dose	Sig Desc
Prednisone	20 mg	3 BY MOUTH DAILY

Completed: Melhylprednisolone (Depo-Medrol) Injection 80 mg. 80Mg 1mL IM Today

Coding Case 2

Sex: F Age: 67 years

Nurse Note: PT here today to go over PT Blood work. PT also needs refills on synthroid, Simvastatin, Diovan, lorazepam.

Subjective

CC: Feels generally well but no success w/weight loss.

HPI: Still left side sinus congestion at times, finally relieved now. Gets GYN and mammogram next week.

ROS:

Const: Denies chills, fatigue, fever and weight change. General health stated as good.

Eyes: Denies visual disturbance.

CV: Denies chest pain and palpitations.

Resp: Denies cough, dyspnea and wheezing.

Gl: Denies constipation. diarrhea, dyspepsia, dysphagia, hematochezia, melena, nausea and vomiting.

GU: Urinary: denies dysuria, frequency, hematuria, incontinence, nocturia and urgency.

Musculo: Denies arthralgias and myalgia.

Skin: Denies rashes.

Neuro: Denies neurologic symptoms.

Psych: Denies psychiatric symptoms.

Current Meds: Reglan 10 mg. Albuterol 90 mcg/act, Prevacid 30 mg, Synthroid 75 mcg, Diovan HCT 80/12.5. Lorazepam 0.5 mg. Simvastatin 20 mg

Allergies: NKDA

PMH:

Childhood Illnesses: Chickenpox, Measles, Mumps

Medical Problems: Emphysema, Thyroid Disease, Hiatal Hernia

Surgeries: Knee Surgery

Assistive Devices: Wears glasses.

FH:

Father: Deceased due to MI.

Mother: Deceased due to MI.

SH: Highest level of education completed is 12th grade. Martial status: married. Lives with spouse. There are no pets in the home. Occupation: Retired. The patient does not have an advance directive. No history of abuse.

Personal Habits: Cigarette Use: Never Smoked Cigarettes. Alcohol: Rare. Drug Use: Denies Drug Use. Daily Caffeine: Occasionally. Always uses a seat belt.

Objective

BP: 112/70 Pulse: 72 T: 98.2 Ht: 63.25" 5'3.25" Wt: 2141b Wt Prior: 2101b as of 06/06/08 Wt Dif: +4lb BMI: 37.6 LMP: Mento

Exam:

Const: Appears obese. No signs of apparent distress present.

ENMT: Auditory canals normal. Tympanic membranes are intact. Nasal mucosa is pink and moist. Dentition is in good repair. Posterior pharynx shows no exudate, irritation or redness.

Neck: Palpation reveals no lymphadenopathy. No masses appreciated. Thyroid exhibits no thyromegaly. No JVD.

Resp: Respiration rate is normal. No wheezing. Auscultate good airflow. Lungs are clear bilaterally.

CV: Rate is regular. Rhythm is regular. No heart murmur appreciated.

Extremities: No clubbing, cyanosis or edema.

Abdomen: Bowel sounds are normoactive. Palpation of the abdomen reveals no CVA tenderness, muscle guarding, rebound tenderness or tenderness. No abdominal masses. No palpable hepatosplenomegaly.

Musculo: Walks with a normal gait.

Skin: Skin is warm and dry.

Assessment #1: Hypothyroidism

Comments: Discussed lab. Renewed meds.

Plan for #1:

Med Current: Synthroid 75 mcg 1 po qd

Lab: Thyroxine Free

Assessment #2: Hypertension

Comments: OK on meds

Plans for #2:

Med Current: Diovan HCT 80/12.5 1 po daily

Assessment #3: Hyperlipidemia Mixed

Comments: Discussed labs

Plan for #3:

Med Current: Simvastatin 20 mg 1 po qd

Lab: Annual Labs for Females

Assessment #4: Obesity

Comments: Encouraged efforts – thyroid not to blame.

Plan for #4: None

Assessment #5: Esophageal Reflux

Comments: No sx on prevacid.

Plan for #5:

Med Current: Prevacid 30 mg 1 po qd

Assessment #6: Anxiety Disorder Generalized

Comments: Rarely uses lorazepam and just at HS.

Plan for #6:

Med Current: Lorazepam 0.5 mg 1 po bid prn

Assessment #7: Acute Bronchospasm

Plan for #7:

Med Current: Albuterol 90 mcg/act 2 puffs q4h prn

Follow Up: Flu shot here or elsewhere fall. See me after labs in Spring.

Coding Case 3

CC: New Patient presents with Pink eye L eye

HPI: L eye matted shut this morning, red itchy watery today

ROS: No fever, no ear pain, rhinnorhea, sore throat, abd pain, diarrhea, constipation, dysuria, rash or edema

SH: Lives with M&D and older sister

FH: Anemia, bowel disorders, htn, ashtma/enviromental allergies

Allergies: NKDA

Meds: none reported

Vitals: T: 97.8 Wt: 140lb; P: 80; RR:18

PE: vision right 10/10 left 10/13 eye injected, PERRLA EOMI, no periorbital edema or erythma or tenderness

A/P Conjunctivitis

Prescribe: Polytrim drops, 3 drops affected eye 5x day for 7 days, #1 bottle