HIS | Healthcare Information Services, L.L.C.

Preparing for The Evaluation and Management Office Visit Changes for 2021

Reasons for Change

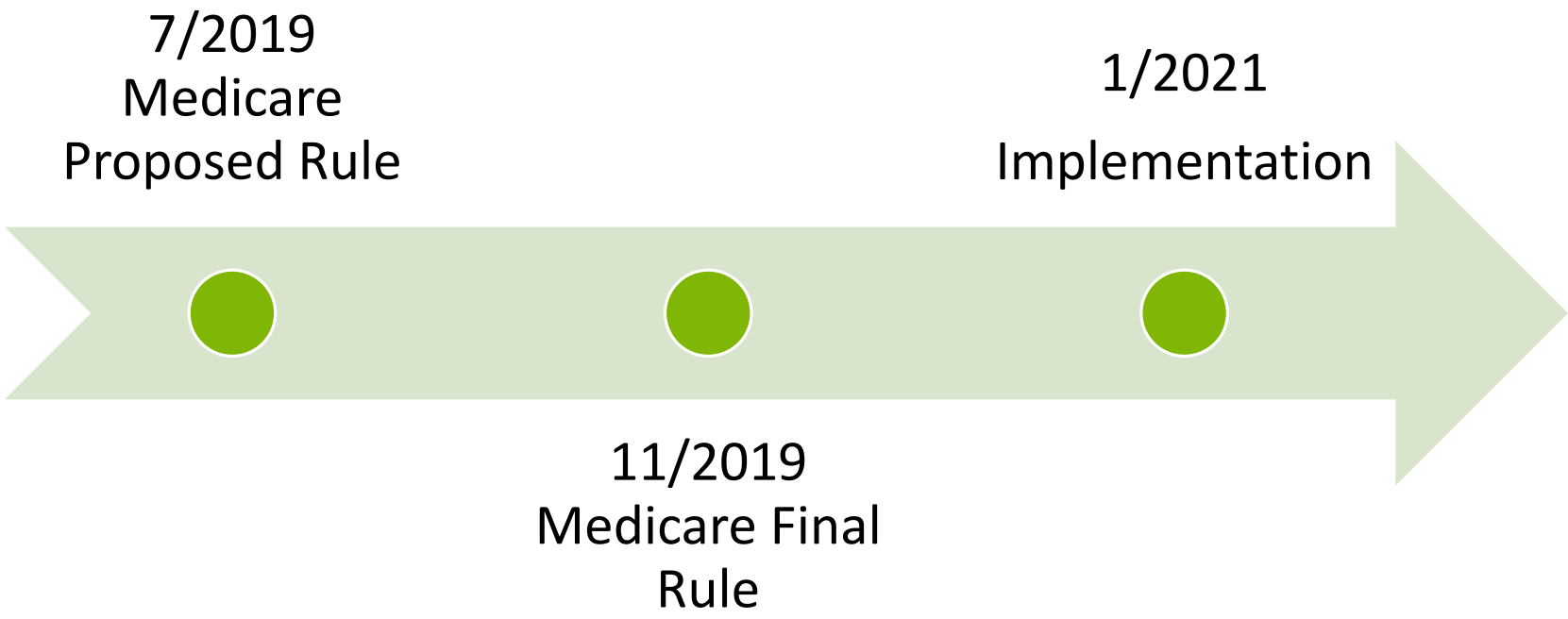
Patients Over Paperwork

- Reduce time spent on documenting visits
- Document information pertinent to patient care
- Create resource-based reimbursement
- Less need for audits due to definitions and guidelines being extended

➢ AMA E/M Revisions Module

HIS Healthcare Information Services, L.L.C.

Timeline



HIS Healthcare Information Services, L.L.C.

E/M Medicare Stats

- 40% of Medicare allowed charges for the physician's fee schedule are E/M
- 20% of all allowed charges are E/M
- Proposed rule increases work RVU on 75% of codes 99202-99215

99201

- Will be eliminated 1/1/2021
  - Has the same required elements for history and examination as 99202
  - Straightforward medical decision making is needed for both

New vs. Established Patient

- Revised descriptions
  - Professional services is added to distinguish that an E/M service doesn't have to be previously reported to define an established patient
  - A new patient is one who hasn't been seen in the last 3 years by a physician/QHP of the **exact** same specialty or subspecialty in the same group practice
  - APN's and PA's are considered the **exact** same specialty and **subspecialty** as the physician
  - CPT® 2021

Elimination of History and Examination

- History and examination will no longer be used to determine level of service
- Pertinent history and examination is required

E/M Documentation Requirements

	Documentation Criteria		Documentation Criteria
2019	History	2021	Time
	Examination, and/or		OR
	Medical Decision Making		Medical Decision Making

Time

- Changed from typical to minimum
- Time will include
  - Face to face
    - Examination and/or evaluation
    - Counseling and education
  - Non face to face
    - Preparation to see patient-reviewing test results and obtained history
    - Orders
    - Documentation
    - Interpreting of test results with communication
    - Care Coordination

CPT® 2021 Guidelines for Time

- Will not be used for ED E/M services
- Counseling and coordination of care will no longer be required.
- Use 99211 when face to face time is performed by clinical staff under the supervision of a provider.
- Shared/split visits will require the time of both providers be added together. Time spent in meeting regarding a patient together should only be counted once.

➢ CPT® 2021

Time Assignments

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

Time Restrictions

- Time spent with clinical staff- a person who works under the supervision of a physician or other qualified healthcare professional
- Individual encounters of a physician and qualified healthcare professional reported on the same day
- Third party payers may have additional requirements
- Only applies to office/outpatient visits

Coding Example- Time

A 23-year-old female referred from the local emergency room (ER) presents to the orthopedist with a sprained shoulder after a fall. The sprain is fairly straightforward and can be treated with over-the-counter painkillers, ice, and rest. The patient also has a number of bruises, including some that make the provider concerned about possible abuse. The patient denies any abuse or any fear or concerns, but the provider spends some time checking her medical record for previous injuries. The provider then furnished the patient with information about a women's shelter and other alternatives for help. Finally, the provider attempts to refer the patient to a local therapist, but she declines. The total encounter time is 45 minutes.

- Source: Orthopedic Coding Alert March 2020

Coding Example Time

- Talking to PCP 7 minutes
- Reviewing patient's chart 2 minutes
- History and examination of patient 8 minutes
- Discussing treatment plan with patient 6 minutes
- Ordering tests and writing Rx 6 minutes
- Documenting the visit 5 minutes
- Total time 34 minutes = 99203 or 99214

Prolonged Services

- New code 99417 to use with 99205 and 99215
  - Can only be used when time is used to determine level of service
  - Provider time for each additional 15 minutes
  - Cannot be used for time increments of less than 15 minutes
  - Can be reported with multiple units
  - Cannot include time spent to perform other billable services

Other Changes Prolonged Services

- 99354 and 99355 add codes cannot be reported with 99202-99215
- GPC1X- Medicare created code for complex conditions

Medical Decision Making

- Edited elements for coding choice
  - Removed ambiguous elements
- Guidelines for MDM interpreted further
  - Reformatted
  - New definitions for data
    - Diagnostic tests are counted per test
  - Change to Risk
    - Social Determinants of Health influencing Dx or treatment
    - Decision to hospitalize the patient added-high

Separate Services

- Performing and interpreting tests are not included in determining the level of service if reported with a separate code.

- If not separately reported, an independent interpretation of a test can be part of medical decision making.

➢ CPT® 2021

Medical Decision Making

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
Minimal	Minimal	Minimal
Low	Limited	Low
Moderate	Moderate	Moderate
High	Extensive	High

- CPT® 2021

Problems

- New and established problems affect MDM
- Comorbidities and underlying diseases are only considered in the MDM when it increased the amount of data to be reviewed and/or the risk of complications, morbidity, and/or mortality
- A final diagnosis does not in itself determine the complexity of an evaluation
- Multiple problems in combination may create a higher risk

➢ CPT® 2021

Problems Addressed at the Encounter

99202 99212	Straightforward	Minimal • 1 self-limited or minor problem
99203 99213	Low	Low • 2 or more self-limited or minor problems OR • 1 stable chronic illness OR • 1 acute, uncomplicated illness or injury

Problems Addressed at the Encounter

99204 99214	Moderate	• 1 or more chronic illnesses with exacerbation OR • 2 or more stable chronic illnesses OR • 1 undiagnosed new problem OR • 1 acute illness with systemic symptoms OR • 1 acute complicated injury

Problems Addressed at the Encounter

99205 99215	High	• 1 or more chronic illnesses with severe exacerbation OR • 1 acute or chronic illness or injury that poses a threat to life or bodily function

3 Types of Data

1. Tests, documents, orders, or independent historian(s)

2. Independent interpretation of tests

3. Discussion of management or test interpretation with external physician or other QHP or appropriate source

Data- 3 Categories

Category 1	Category 2	Category 3
Review of prior external note(s) from each unique source	Assessment requiring an independent historian(s)*	Discussion of management or test interpretation
Review of the result(s) of each unique test	OR	
Ordering of each unique test	Independent interpretation of tests	

*Becomes a Category 1 element for moderate and extensive data

Category 1 99203/99213

Any two of the following

- External notes from a unique source
  - Records
  - Communication
  - Tests results
    - Review an assessment by ED doctor for a patient that was injured the day before
- Result(s) for each unique test (determined by CPT® code)
  - Imaging
  - Clinical lab
  - Other test(s)
    - Review of x-rays taken in the ED
- Ordering of each unique test

Category 2 99203 99213

- Assessment with independent historian when patient can't themselves.
  - Child
  - Dementia or mental health impairment
  - Independent Historian
    - Parent
    - Guardian
    - Spouse
    - Witness
    - Surrogate
- Not used for language translation

Category 1
99204,99205, 99214, 99215

- Tests, documents or independent historian(s)- 3 of the following
  - External notes from a unique source
  - Result(s) for each unique test (determined by CPT® code)
  - Ordering of each unique test
  - Assessment with independent historian when patient can't themselves.

Category 2 & 3 99204,99205,99214,99215

- Category 2- Independent Interpretation of tests performed elsewhere
  - Physician performs and documents the findings of an independent interpretation of a test
  - Tests performed in the office and billed with an independent CPT® code cannot be considered
- Category 3- Discussion with other provider about patient
  - Patient treatment management
  - Test interpretation

- Level 4- 1 of 3
- Level 5- 2 of 3

Data Requirements

99202 99212	Minimal or None	Straight forward					
99203 99213	Limited	Low	2 elements from Category 1	OR	Category 2		
99204 99214	Moderate	Moderate	3 elements from Category 1	OR	Category 2	OR	Category 3
99205 99215	Extensive	High	3 elements from Category 1	AND/OR	Category 2	AND/OR	Category 3

- Extensive requires 2 of the 3 categories

Risk- Changes

Moderate- Social determinants of health

- Economic Stability
- Neighborhood and Physical Environment
- Education
- Food
- Community and Social Context
- Health Care System

High

- Decision regarding hospitalization

ICD-10-CM Social Determinants of Health

- Z59.4 Lack of adequate food and safe drinking water
- Z59.5 Extreme poverty
- Z59.6 Low income
- Z59.7 Insufficient social insurance and welfare support
- Z59.8 Other problems related to housing and economic circumstances
- Z59.9 Problems related to housing and economic circumstances, unspecified

AMA Resources

- CPT® Evaluation and Management Code and Guideline Changes- https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf
- E/M Office visit revisions- https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management
- Practice Checklist for 2021 transition- https://www.ama-assn.org/practice-management/cpt/em-prep-your-house-practice-checklist-2021-transition
- Revised table of risk- https://www.ama-assn.org/system/files/2019-06 /cpt-revised-mdm-grid.pdf

CPT® Changes 2021 Shoulder Debridement

- 29822- two discrete structures
- 29823- three or more discrete structures

- Discrete Structures
  - Humeral bone and articular cartilage
  - Glenoid bone and glenoid articular cartilage
  - Biceps tendon, biceps anchor complex
  - Labrum
  - Articular Capsule
  - Articular side of the rotator cuff
  - Bursal side of the rotator cuff

CPT® Change Arthroscopy Loose or Foreign Body

- 29819 - shoulder
- 29834 - elbow
- 29861 - hip
- 29874 - knee
- 29894 - ankle
- 29904 - subtalar joint

- Loose or foreign body:
  - Must be the same size or bigger than the diameter of the arthroscopic cannula(s) used for specific procedure by
    - Separate incision

    OR
    - Enlarged portal