Big Changes for Evaluation and Management Coding in 2021

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Enos Medical Coding

Agenda

- Background
- Allowing physicians to choose whether their documentation is based on Medical Decision Making (MDM) or Time
- Modifications to the Criteria for MDM
- New Time Criteria
- Creation of a shorter Prolonged Services Code

Background

- Evaluation and Management are the most widely used ranges of CPT codes, as they are used by providers from all specialties
- Services describe evaluation of the patient’s condition, and management options selected.
- Codes in this section are categorized by the type of encounter, the patient’s status, the place of service, and in some cases, the patient’s age.

Background

The 1995 and 1997 Guidelines, which often conflict, are felt by providers to be "***too complex, ambiguous, and that they fail to distinguish meaningful differences among code levels***," according to CMS

Patients Over Paperwork

- According to CMS, a survey of over **15,000** physicians showed **42%** reported burnout.
- E&M Visits make up **40%** of all charges for Medicare physician payments.
- Over time unnecessary rules and requirements have placed even more of a burden on physicians.

- In its February 2019 meeting, the AMA CPT Editorial Panel approved revised guidelines for new and established office or outpatient visit codes 99202-99215
- CMS mostly accepted these changes in their Final Rule, with only slight modifications.
- These changes go into effect Jan 1, 2021.

The AMA is planning to delete 99201 from the E/M code set. That is an official code deletion, meaning it will no longer appear in the codebook after 2020.

There are some situations in which you may still need to report 99201, such as those entities that will not immediately adopt the 2021 CPT code changes

e.g., workers compensation payers	Other “HIPAA exempt payers such as auto insurance

- The approved revisions to 99202-99215 require that a ***medically appropriate*** history and examination be performed: beyond this requirement, the history and exam do not effect coding.
- Instead, the E/M service level is chosen either by the level of **medical decision making** (MDM) performed, or by the **total time** spent performing the service on the day of the encounter

History and Exam Are Required, but Not Scored

Allow physicians to choose whether their documentation is based on MDM or Total Time

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Medical Decision Making Revisions

"Number of Diagnoses or Management Options"

"Number ***and Complexity of Problems Addressed***"

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

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

"Risk of Complications and/or Morbidity or Mortality"

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

Medical Decision Making (MDM)

Problems	Minimal	Low	Moderate	High
Data	Minimal	Limited	Moderate	Extensive
Risk	Minimal	Low	Moderate	High
MDM	**Straightforward**	**Low**	**Moderate**	**High**
Code	**Level 2**	**Level 3**	**Level 4**	**Level 5**

Number/Complexity of Problems Addressed

Problems	Minimal	Low	Moderate	High
	❑ **1** self-limited or minor problem	❑ **2** or more self-limited or minor problems; ❑ **1** stable chronic illness; ❑ **1** acute, uncomplicated illness or injury	❑ **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; ❑ **2** or more stable chronic illnesses; ❑ **1** undiagnosed new problem with uncertain prognosis; ❑ **1** acute illness with systemic symptoms; ❑ **1** acute complicated injury	❑ **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; ❑ **1** acute or chronic illness or injury that poses a threat to life or bodily function

Number/Complexity of Problems Addressed

- ***Problem addressed:*** A problem is addressed or managed when it is evaluated or treated at the encounter. This includes consideration of further testing or treatment that may not be elected.
- ***Acute, uncomplicated illness or injury:*** A recent short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. (e.g. cystitis, allergic rhinitis, or a simple sprain)

Number/Complexity of Problems Addressed

- ***Stable, chronic illness:*** A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, well-controlled hypertension, non-insulin dependent diabetes, cataract, or benign prostatic hyperplasia).
- ***Chronic illness with exacerbation, progression, or side effects of treatment*:** A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care, but that does not require consideration of hospital level of care.

Number/Complexity of Problems Addressed

- ***Chronic illness with severe exacerbation, progression, or side effects of treatment:*** The severe exacerbation or progression of a chronic illness that have significant risk of morbidity and may require hospital level of care.
- ***Acute or chronic illness or injury that poses a threat to life or bodily function***: An acute chronic illness or injury that poses a threat to life or bodily function in the near term without treatment. (e.g. AMI, pulmonary embolus, severe respiratory distress, psychiatric illness with potential threat to self or others, ARF, or an abrupt change in neurologic status.)

Number/Complexity of Problems Addressed

- Comorbidities, in and of themselves, are not considered in selecting a level of E/M services *unless* they are addressed, and their presence increases the complexity of data to be reviewed and analyzed or the risk of complications.
- The final diagnosis for a condition does not in itself determine the complexity or risk.
- Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction.

- This data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter.
- Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter.

Data is divided into three categories:

1. Tests, documents, orders, or independent historian(s).
2. Independent interpretation of tests.
3. Discussion of management or test interpretation with external physician.

Medical Decision Making (MDM)

Problems	Minimal	Low	Moderate	High
Data	Minimal	Limited	Moderate	Extensive
Risk	Minimal	Low	Moderate	High
MDM	**Straightforward**	**Low**	**Moderate**	**High**
Code	**Level 2**	**Level 3**	**Level 4**	**Level 5**

Amount/Complexity of Data Analyzed

Data	Min	Limited	Moderate	Extensive (must meet 2/3)
	none	❑ **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 ❑ **Assessment requiring an *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) ❑ **Independent interpretation of a test performed by another physician/ qualified health care professional** ❑ **Discussion of management or test interpretation with external physician/other qualified health care professional**	❑ **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) ❑ **Independent interpretation of a test performed by another physician/ qualified health care professional** ❑ **Discussion of management or test interpretation with external physician/other qualified health care professional**

Amount/Complexity of Data Analyzed

- ***Test:*** A clinical laboratory panel is a single test.
- ***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 is reporting the service or has previously reported the service for the patient.

Amount/Complexity of Data Analyzed

- An **external physician** is an individual who is not in the same group practice or is a different specialty or subspecialty.
- An **independent historian** is an individual who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history or because a confirmatory history is judged to be necessary.

Amount/Complexity of Data Analyzed

- When the physician is reporting a separate CPT code that includes interpretation or report, the interpretation or report should not be counted in the medical decision making when selecting a level of service.
- When the physician is reporting a separate service for discussion of management with another health care professional, the discussion is not counted in the medical decision making when selecting a level of service.

Amount/Complexity of Data Analyzed

Data is divided into three categories:

1. Tests, documents, orders, or independent historian(s).
2. Independent interpretation of tests.
3. Discussion of management or test interpretation with external physician.

Limited – category 1

2 tests

Moderate – Any **1** category

3 tests if using category 1

Extensive – Any **2** categories

3 tests if using category 1

Risk of Complications and/or Morbidity or Mortality

Risk: The assessment of the level of risk is affected by the nature of the event under consideration.

- Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty.
- For the purposes of medical decision making, 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.

Medical Decision Making (MDM)

Problems	Minimal	Low	Moderate	High
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Risk of Complications and/or Morbidity or Mortality

	Minimal	Low	Moderate	High
Risk	Minimal risk of morbidity from additional diagnostic testing or treatment	Low risk of morbidity from additional diagnostic testing or treatment	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**	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

Risk of Complications and/or Morbidity or Mortality

- ***Social determinants of health:*** Economic and social conditions that influence the health of people and communities. (e.g. food or housing insecurity)
- ***Drug therapy requiring intensive monitoring for toxicity:*** A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring may be by a lab test, a physiologic test or imaging. (e.g. monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis.)

Medical Decision Making (MDM)

To qualify for a particular level of medical decision making, two of the three elements for that level of medical decision making must be met or exceeded.

Problems	Minimal	Low	Moderate	High
Data	Minimal	Limited	Moderate	Extensive
Risk	Minimal	Low	Moderate	High
MDM	**Straightforward**	**Low**	**Moderate**	**High**
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MDM Tips

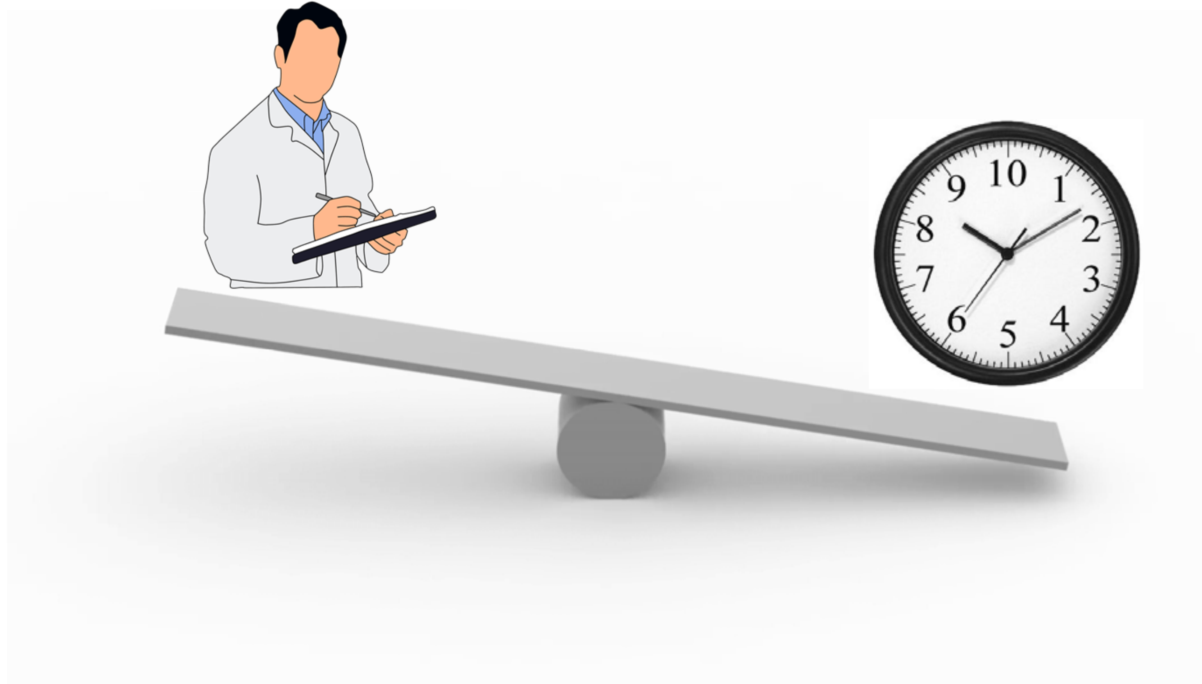
Straightforward: One self-limited or resolved problem

Low: Stable, uncomplicated, single problem

Moderate: Unstable, complicated, or multiple problems

High: Significant risk, requiring hospitalization

Allow physicians to choose whether their documentation is based on MDM or Total Time



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Time

- Beginning with *CPT 2021* and except for 99211, time alone may be used to select the appropriate code level for the office or other outpatient E/M services codes
- Time may be used to select a code level in office or other outpatient services **whether or not** counseling and/or coordination of care dominates the service.

Time

- For coding purposes, time for these services is the **total time on the date of the encounter**.
- It includes both the face-to-face and non-face-to-face time personally spent by the provider on the day of the encounter
- This includes time in activities that require the physician and does not include time in activities normally performed by clinical staff.

Time

Physician/other qualified health care professional time includes the following activities, when performed:

- preparing to see the patient (eg, review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination
- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures

Time

Physician/other qualified health care professional time includes the following activities, when performed:

- referring and communicating with other health care professionals**
- documenting clinical information in the electronic or other health record
- independently interpreting results** and communicating results to the patient/family/caregiver
- care coordination**

Typical times vs planned times for 2021

E/M Code	2020 Time	2021 Time
99201	10	N/A
99202	20	15-29
99203	30	30-44
99204	45	45-59
99205	60	60-74
99211	5	N/A
99212	10	10-19
99213	15	20-29
99214	25	30-39
99215	40	40-54

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New Prolonged Services Code 99417

- The CPT Editorial Panel created a new code for Prolonged Services. This new code would capture shorter prolonged services (15-minute increments).
- **99417** would only be reported with new and established patient office visit codes when the code selection is based on time spent. This means it is only applicable to codes 99205 and 99215.

  99417 *Prolonged office or other outpatient evaluation and management service (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*

- For example, the new code could be reported once for a new patient visit that lasts 75-89 minutes and for an established patient visit that lasts 55-69 minutes
- Additional units may be added as needed

CMS Prolonged Services Code G2212

- CMS disagrees with how AMA defined their prolonged service code, and has created their own code with unique time requirements.

  G2212 *Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)*

- To report **G2212**, - 15 minutes must have passed beyond the maximum time for 99205/99215.
- For example, this could be reported once for a new patient visit that lasts 89-103 minutes and for an established patient visit that lasts 69-83 minutes

Prolonged Services Options

New Patients

Total Time	AMA Billing
60 – 74 minutes	99205
75 – 89 minutes	99205 and 99417
90 – 104 minutes	99205 and 99417 x 2
105 or more	99205 and 99417 x 3+

Total Time	CMS Billing
60 – 74 minutes	99205
75 – 88 minutes	99205
89 – 103 minutes	99205 and G2212
104 or more	99205 and G2212 x2+

Established Patients

Total Time	AMA Billing
40 – 54 minutes	99215
55 – 69 minutes	99215 and 99417
70 – 84 minutes	99215 and 99417 x 2
85 or more	99215 and 99417 x 3+

Total Time	CMS Billing
40 – 54 minutes	99215
55 – 68 minutes	99215
69 – 83 minutes	99215 and G2212
84 or more	99215 and G2212 x2+

G2211 *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 condition or a complex condition*.

- Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established

CMS HCPCS Code for Complexity

- CMS is not limiting the specialties that can use G2211
- It will be used by clinicians who *engage the patient in a continuous and active collaborative plan of care related to an identified health condition the management of which requires the direction of a clinician with specialized clinical knowledge skill and experience*.
- It may be used by physicians and non-physician practitioners, as an add-on to an E/M service.
- Further definition and guidance was issued in the Final Physician Fee Schedule on December 1, 2021.

Does this affect all E/M levels of Service?

The changes specify codes for Office or Other Outpatient visits

- 99202-99205
- 99211-99215

Do not apply these changes to all other Evaluation and Management subsections, and remind providers that their documentation must meet the requirements for each CPT code, based on

- Location
- Type of Service
- Patient Status

Est. payments based on revised work RVUs

Code	2020	2021	*Diff based on 2020	% Diff
99202	$76.51	$106.46	$29.95	39.2%
99203	$110.43	$116.93	$6.50	5.9%
99204	$166.37	$172.51	$6.14	3.7%
99205	$209.68	$221.59	$11.91	5.7%
99211	$23.46	$23.46	$0	0%
99212	$45.83	$53.77	$7.94	17.3%
99213	$75.43	$87.34	$11.91	15.8%
99214	$110.43	$125.59	$15.16	13.7%
99215	$148.69	$173.59	$24.90	16.7%

*With the budget neutrality adjustment to account for changes in RVUs, as required by law, the proposed CY 2021 PFS conversion factor is $32.26, a decrease of $3.83 from the CY 2020 PFS conversion factor of $36.09.

Summary of 2021 Changes

- Eliminate history and physical as elements for code selection
- Allow physicians to choose whether their documentation is based on Medical Decision Making (**MDM**) or **Time**
- Modifications to the Criteria for MDM
- New Time Ranges
- Deletion of CPT code **99201**
- Creation of a shorter Prolonged Services Codes **99417 and G2212**

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Resources

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

https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf

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

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

About the Speaker

Mike Enos, CPC,CPMA,CEMC has over 15 years of experience in medical coding, billing compliance and revenue cycle management and has developed a suite of online training courses on Evaluation and Management, ICD-10 and CPC preparation.

After earning a B.A. from Rhode Island College, Mike pursued three professional medical coding certifications, including Certified Professional Coder (**CPC**), Certified Professional Medical Auditor (**CPMA**) and Certified Evaluation and Management Coder (**CEMC**). Mike's experience with public speaking and education adds a unique perspective to the CPC training courses offered by Nancy Enos, FACMPE, CPC-I, CPMA, CEMC. Mike became a certified CPC instructor (**CPC-I**) in 2016.

Mike has contributed articles to *Medical Economics* and *MGMA Connection* Magazine, and *AAPC Coder's Edge* magazine, and collaborated with *Physicians Practice*, *Contemporary OB/GYN*, and *Contemporary Pediatrics* magazines. He has presented at Regional and National MGMA Conferences, AAPC Chapter Meetings, the Rhode Island Medical Society, and the New England Quality Care Alliance (**NEQCA**) Fall Forum. He has joined the MGMA Health Care Consultant Group, and is a partner in Enos Medical Coding. He has joined several nationally accredited professional organizations, including the American Academy of Professional Coders (**AAPC**), National Alliance of Medical Auditing Specialists (**NAMAS**), Medical Group Management Association (**MGMA**), and American College of Medical Practice Executives (**ACMPE.**)

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