NC Department of Health and Human Services

Upcoming 2021 Changes to Evaluation and Management (E/M) Services

Local Technical Assistance and Training Branch (LTATB)
NC Division of Public Health
November 2020

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Learning Objectives

By the end of this training the participant will be able to:

❑ Describe the need for Current Procedural Terminology (CPT) E/M revisions
❑ Describe the revised CPT E/M office or other outpatient services guidelines

❑ Make suggestions for preparing and implementing 2021 revision changes

SOURCE: AMA Ed Hub

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Primary Objectives of CPT Editorial Panel Revisions

The four (4) primary objectives to this important work:

❑To decrease documentation and coding

❑To decrease the need for audits

❑To decrease unnecessary documentation

❑To ensure that payment for E/M is resource-based

SOURCE: AMA Ed Hub

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Why Revisions are Needed

Centers for Medicare and Medicaid Services (CMS) are:

❑Aligning with the American Medical Association (AMA) and CPT changes

Local Health Departments (LHD):

❑Should align with changes for reimbursement

CMS Fact Sheet

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Summary of Revisions

❑ Eliminate history and physical as elements for code selection

❑ Allow physicians to choose whether their documentation is based on Medical Decision Making (MDM) or Total Time

❑ Modifications to the criteria for MDM

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2021 E/M Revisions

The E/M office visit modifications include:
❑ Eliminating history and physical examination for code level selection

❑ Physicians and Qualified Health Care Professionals (QHPs) code level selection is based on Medical Decision-Making (MDM) or Time

❑ Promote payer consistency

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History and Physical Examination

Eliminate history and physical as elements for code selection:

❑ Providers should perform and/or review a "medically appropriate history and/or examination".

❑ These elements should not determine the appropriate code level.

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Chief Complaint: **Program:**

HISTORY

HPI (history of present illness) elements:
☐ Location   ☐ Severity   ☐ Timing   ☐ Modifying factors
☐ Quality   ☐ Duration   ☐ Context   ☐ Associated signs and symptoms

ROS (review of systems):
☐ Constitutional   ☐ Eyes   ☐ GI   ☐ Integumentary   ☐ Endo
  (wt loss, etc)   ☐ Card / Vasc ☐ GU   (skin, breast)   ☐ Hem/lymph
☐ Ears, nose   ☐ Resp   ☐ Musculo   ☐ Neuro   ☐ All / Imm
  mouth, throat   ☐ Psych   ☐ "All others negative"

PFSH (past medical, family, social history) areas:
☐ Past history (patient's past experiences with illness, operations, injuries and treatments)
☐ Family history (a review of medical events in the patient's family)
☐ Social history (an age-appropriate review of past and current activities)

Above: Overall Histor

EXAM

Organ Systems (1995 Guidelines) :
☐ Constitutional(e.g., vital signs, general appearance)   ☐ Eyes
☐ Ears, nose, mouth, throat   ☐ Cardiovascular   ☐ Respiratory
☐ Gastrointestinal   ☐ Genitourinary ☐ Musculoskeletal   ☐ Skin
☐ Neurologic   ☐ Psychiatric   ☐ Hematologic/Lymphatic/Immunologic

"Medically appropriate history and/or physical examination"

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Medical Decision Making (MDM)

MDM in the office and other outpatient services are defined by 3 elements:

❑ The number and complexity of problem(s)
❑ The amount and/or complexity of data reviewed & analyzed
❑ The risk of complications, morbidity, and/or mortality of patient management decisions

* *Definitions of the elements* begin on page 3 of AMA Guideline Changes

AMA CPT Guideline Changes

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Medical Decision Making (MDM)

Data reviewed & analyzed is divided into 3 categories:

❑ Tests

❑ Interpretation

❑ Discussion

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Medical Decision Making (MDM)

Important items to know:

❑ Code 99201 has been deleted

❑ Separate Identifiable Procedures or Services are not counted in the MDM

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Time

For coding purposes defined as:

❑ Total time on the date of the encounter

❑ Includes both face-to-face (required) and non-face-to-face time

❑ Whether or not counseling and/or coordination of care dominates the service

❑ By the service descriptors of each code

ACOG 2021 E/M Summary   AMA CPT Guideline Changes

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Summary of Guideline Differences:

Component(s) for code Selection	Office or Other Outpatient Services
History and/or Examination	As medically appropriate. Not used in code section.
Medical decision Making	May use MDM or total time on the date of the encounter.
Time	May use MDM or total time on the date of the encounter.
MDM Elements	• Number and complexity of problems addressed at the encounter • Amount and/or complexity of data to be reviewed and analyzed • Risk of complications and/or morbidity or mortality of patient management

AMA Press Releases

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Elements of Medical Decision 99202, 99212- Straightforward		
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
Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

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

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Elements of Medical Decision 99213, 99203		
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
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; o Review of prior external note(s) from each unique source*; o Review of the results of each unique test*; o Ordering of each unique test* OR Category 2: Assessment requiring an independent historian(s) Independent Historian	Low risk of morbidity from additional diagnostic testing or treatment

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Elements of Medical Decision 99214, 99204		
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
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 notes from each unique source*; • Review of the results of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian; OR Category 2: Independent interpretation of test •Independent interpretation of a test performed by another physician/other qualified health care professional (not separately); OR Category 3: Discussion of management or test interpretation •Discussion of management or test interpretation with external physician/or other qualified health care professional/appropriate source (not reported separately)	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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Elements of Medical Decision 99205, 99215		
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
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 notes from each unique source*; • Review of the results of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian; OR **Category 2**: Independent interpretation of test • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately); OR **Category 3**: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/or other qualified health care professional/appropriate source (not reported separately)	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

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Prolonged Time

Prolonged E/M service is time spent beyond the typical face-to-face time of the code description

❑Codes 99415 – 99416
❑99415 used only once per day
❑99416 can be used more than once

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Prolonged Time

Prolonged E/M service with and without direct patient contact, based on **time** alone only after the highest-level service has been exceeded by 15 minutes.

❑Code 99417- only used with codes 99205 and 99215

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CPT ® 99417 Code Reporting

Total Duration of a New Patient Office or Other Outpatient Level 5 Service (99205)		Total Duration of an Established Patient Office or Other Outpatient Level 5 Service (99215)	
Time	Codes	Time	Codes
Less than 75 minutes	Not reported	Less than 55 minutes	Not reported
75-89 minutes	99205 and 99417 (1x)	55-69 minutes	99215 and 99417 (1x)
90-104 minutes	99205 and 99417 (2x)	70-84 minutes	99215 and 99417 (2x)
105 or more	99205 and 99417 (3x or more for each additional 15 min)	85 or more	99215 and 99417 (3x or more for each additional 15 minutes)

ASCO
AMERICAN SOCIETY OF CLINICAL ONCOLOGY

SOURCE: ASCO   American Society of Clinical Oncology from AMA CPT

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Three Sets of Guidelines

- ☐ **Guidelines Common to All E/M Services**
- ☐ Guidelines for Hospital Observation, Hospital Inpatient, Consultations, Emergency Department, Nursing Facility, Domiciliary, Rest Home or Custodial Care and Home E/M Services
- ☐ **Guidelines for Office or Other Outpatient E/M Services**

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Preparing for the Changes

Follow a checklist such as the American Medical Association's (AMA) list

- ☐ The AMA and CPT's **10 tips** to prepare for E/M office visit changes

- ☐ The AMA recommends viewing their Educational Module

SOURCE: Implementing 2021 E/M Changes - AMA

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Suggestions for Implementing Changes

To begin implementing changes:

❑ Consider purchasing a 2021 CPT Code Book

❑ Identify a team leader and multidisciplinary team

❑ Update policies and protocols as needed

❑ Consider including risk management in changes

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Suggestions for Implementing Changes

To Begin Implementing Changes Cont.:

❑ Review Time capturing policies and/or procedures

❑ Reach out to your Electronic Health Record (EHR) Vendor

❑ Review Payer and/or programmatic requirements and policies

❑ Implement a quality review process

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2021 E/M Quick Guide from LTAT

Three sections in the Quick Guide:

- ❑ Introduction to the New 2021 Evaluation and Management (E/M) Coding Revisions
- ❑ Getting Started
- ❑ New 2021 Evaluation and Management Coding Revisions Resource List

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The Local Technical Assistance & Training Branch (LTATB) would like to thank our local public health partners. Please reach out to your LTATB Administrative or Nurse Consultant with any questions.

DPH Local Health Department Website

https://publichealth.nc.gov/lhd/index.htm

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