Preparing Your Practice for the 2021 E/M Documentation and Coding Changes

Rosen, Sapperstein & Friedlander, LLC (RS&F)
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Agenda

- History of E/M Coding Guidelines
- Benefits of 2021 E/M Documentation Changes
- 2021 Coding Changes
  - Time - Definitions
  - Medical Decision Making - Definitions
- Coding Scenarios
- Questions and Answers

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History of E/M Coding Guidelines

Two Sets of Guidelines from 1995 and 1997:

- History level based on meeting 3/3 sub-component levels.
- Exam level based on 1995 OR 1997 criteria.
- Medical decision-making level based on 2/3 subcomponents.
- New patient code levels based on 3/3 major components.
- Established patient levels based on 2/3 major components.
- Only direct face-to-face time was factored into time-based service.

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History of E/M Coding Guidelines

2020 CHANGES TO DOCUMENTATION REQUIREMENTS:

- Focus on what has changed or pertinent factors that have not changed since the last encounter.
- Acknowledge, rather than re-document that a patient's HPI or CC has been reviewed and verified.
- Acknowledge and verify, rather than re-document notations made by other members of the medical team.

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Benefits of New 2021 E/M Documentation Changes

- Decreased administrative burden of documentation and coding.
- Decrease unnecessary documentation that may not be pertinent to patient care.
- Addition and expansion of key definitions and guidelines would reduce the need for audits.
- Payment is resource-based with no direct goal for payment redistribution among specialties.

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2021 E/M Coding: Not Changing

WHAT DOES NOT CHANGE – MEDICAL NECESSITY STANDARDS

- Medical Necessity is the overarching criteria to meet the level of E/M service.
- Medical Necessity dictates that a “condition appropriate” History and Exam must be documented.
- Notes that are copied and pasted (cloned) without updates do not meet Medical Necessity standards.

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2021 E/M Coding Change Summary

- Eliminating the History and Physical exam components as a requirement for determining the level of service.
- Basing the level of E/M service on Medical Decision Making (MDM) only **OR** total Time only, regardless of 50% counseling on the day of the encounter.
- Revising the definition and duration of times associated with each level of Medical Decision Making

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2021 E/M Coding Change Summary

- Only the New and Established Office/Outpatient E/M codes are subject to the new guidelines.

- **99201-99215** the E/M code set reportable by physicians (MD/DO/MDHP) and other Qualified Healthcare Professionals (QHP's, e.g., ARNP, CNM, PA etc.)

- Time will be based on the total time personally spent on the date of the encounter either by the physician (MD/DO's) or other qualified healthcare professional (QHP).

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2021 E/M Coding Change Summary

- Elimination of CPT code 99201 because the level of medical decision making is the same as 99202.
- Code descriptions contain a “medically appropriate history and/or exam” for each level of service.
- Code descriptions include the specified level of medical decision making.
- Descriptions are revised to include specific time based instruction.

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Sample New Code Descriptor

★▲ 99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires ~~these 3 key components~~: a medically appropriate history and/or examination and moderate level of medical decision making.

~~• A comprehensive history; ▪~~
~~• A comprehensive examination~~; ▪
~~• Medical decision making of moderate complexity.~~
~~Counseling and/or coordination with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or the family's needs. Usually the presenting problem(s) are of low to moderate severity. Typically, 45 minutes are spent face-to-face with the patient and/or family~~.

When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

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TIME BASED CODING

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2021 E/M Office/Outpatient Codes

CODE	MDM	TIME	
~~99201~~	~~Straightforward~~		Deleted 1-1-2021
99202	Straightforward	15-29 minutes	
99203	Low	30-44 minutes	
99204	Moderate	45-59 minutes	
99205	High	60-74 minutes	

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2021 E/M OFFICE/OUTPATIENT CODES

CODE	MDM	TIME	
99211	Minimal		Physician or QHP's presence not required
99212	Straightforward	10-19 minutes	
99213	Low	20-29	
99214	Moderate	30-39	
99215	High	40-54	

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Coding Based on Time

- Time preparing for the visit, (e.g., review of records, tests, obtaining results).
- Time obtaining and/or reviewing separately obtained history.
- Time performing a medically appropriate exam and/or evaluation.
- Time counseling and educating the patient and/or family/caregiver.
- Time ordering medications, tests or procedures.

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Coding Based on Time

- Referring and communicating with other health care professionals (when not separately reported)
- Documenting the clinical information in the patient's medical record.
- Independently interpreting results (not separately reported) and communicating results to the patient and/or family/caregiver.
- Care coordination (not separately reported).

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Coding for Additional Time

- ✚ ● **99417** Prolonged office or other outpatient evaluation and management service(s) (beyond the minimum 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 **E/M** services).

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Total Duration of New Patient E/M	Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 and 99417 X 1
90-104 minutes	99205 and 99417 X 2
105 or more	99205 mad 99417 X3 or more for each additional 15 minutes
Total Duration of Established Patient E/M	**Code(s)**
Less than 55 minutes	Not reported separately
55-69 minutes	99215 and 99417 X 1
70-84 minutes	99215 and 99417 X 2
85 minutes or more	99215 and 99417 X 3 or more for each additional 15 minutes

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Medical Decision Making

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Coding Based on Medical Decision Making (MDM)

- The level of service is based ONLY on the level of MDM.
- The final level of MDM remains based on meeting or exceeding the level in 2 out of 3 elements of MDM.
- Use the current level descriptors of straightforward, low, moderate and high complexity.

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Coding Based on MDM

The 3 elements of MDM have been re-defined.

EXPIRES 12-31-2020		
Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk associated with presenting problem, diagnostic test ordered or management option
EFFECTIVE 1-1-2021		
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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Definitions- Number & Complexity

Problem: A disease, condition, illness, injury, symptom, sign, finding complaint or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

Problem addressed: When it is evaluated or treated at the encounter. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/surrogate choice. *The mere presence of a condition listed in the patient's record or managed by another provider does not qualify as being addressed*.

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Definitions- Number & Complexity

Minimal problem: One that does not require MDM or the presence of a physician or QHP. (99211)

Self-limited or minor problem: One that runs a definite and prescribed course, is transient in nature and is not likely to permanently alter the patient's health status.

Acute, uncomplicated illness or injury: Low risk of morbidity for which treatment is considered. Little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A minor problem that is not resolving.

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Definitions- Number & Complexity

Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient. The patient is at their treatment goal.

***Chronic illness with exacerbation, progression, or side effects of treatment*:** Acutely worsening, poorly controlled or progressing and requiring additional supportive care, but that does not require consideration of hospital level of care.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition that is likely to result in a high risk of morbidity without treatment.

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Definitions- Number & Complexity

Acute illness with systemic symptoms: One that causes systemic symptoms and has a high risk of morbidity without treatment.

Acute, complicated injury: Requiring treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive or the treatment options are multiple and/or associated with risk of morbidity

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.

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REVISED MDM DEFINITIONS

CODE	Level of MDM	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	Straight-forward	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

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REVISED MDM DEFINITIONS

CODE	Level of MDM	Number and Complexity of Problems Addressed
99214 99204	Moderate	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

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REVISED MDM DEFINITIONS

CODE	Level of MDM	Number and Complexity of Problems Addressed
99215 99205	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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THREE CATEGORIES OF DATA

- Category 1 – **Tests and documents** (each unique test or document is counted to contribute to the level)
- Category 2 – **Assessment requiring an independent historian(s)**(each independent historian is counted to contribute to the level) OR **Independent interpretation of tests** not separately reported
- Category 3 – **Discussion of management or test interpretation(s)** with external physician or other QHP or appropriate source.

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Data Definitions

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

External: Records, communications and/or test results that are from an external physician, other qualified health care professional, facility or healthcare organization.

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

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Data Definitions

Independent historian(s): An individual or individuals who provide a history in addition to that provided by the patient who is unable to provide a complete or reliable history or because a confirmatory history is judged to be necessary.

Independent interpretation: The interpretation of a test for which there is a CPT code and an interpretation or report is customary. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.

Discussion of management: A source that includes professionals who are not health care professionals but may be involved in the management of the patient (e.g., lawyer, parole officer, case manager, teacher).

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REVISED MDM DEFINITIONS

CODE	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed * Each unique test, order or document is counted in Category 1
99211	NA	NA
99202 99212	Straight-forward	Minimal or none

99203
99213
	Low	Limited – Meet the requirement of 1 out of 2 categories
		• Category 1 – at least 2 of the following:
		  • Review of prior external note(s) per source*
		  • Review of the result(s) of each test*
		  • Ordering of each unique test*
		• Category 2
		  • Assessment requiring an independent historian(s)

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REVISED MDM DEFINITIONS

CODE	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed * Each unique test, order or document is counted in Category 1
99204 99214	Moderate	Must meet the requirement of at least 1 out of 3 categories. Category 1 – Any combination of **3** from the following: • Review of prior external note(s) per source* • Review of the result(s) of each test* • Ordering of each unique test* • Assessment requiring an independent historian(s) • Category 2- Independent interpretation of a test performed by another Provider • Category 3 – Discussion of management or test interpretation with external Physician or QHP or appropriate source.

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REVISED MDM DEFINITIONS

CODE	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed * Each unique test, order or document is counted in Category 1
99205 99215	High	Must meet the requirements of at least **2 out of 3** categories. Category 1 – Any combination of **3** from the following: • Review of prior external note(s) per source* • Review of the result(s) of each test* • Ordering of each unique test* • Assessment requiring an independent historian(s) • Category 2- Independent interpretation of a test performed by another Provider • Category 3 – Discussion of management or test interpretation with external Physician or QHP or appropriate source.

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

Risk: For the purposes of MDM, the 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.

Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

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

Social determinants of health (SDOH): Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity that would add moderate risk to the patient's management.

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 (high risk). The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy.

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REVISED MDM DEFINITIONS

CODE	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	NA	NA
99202 99212	Straight-forward	Minimal risk of morbidity from additional diagnostic testing or treatment.
99203 99213	Low	Low risk of morbidity from additional diagnostic testing or treatment. *Examples only:* • Over the counter drugs • Superficial biopsies • Minor surgery with no identified patient or procedure risk factors • Physical therapy • PFT's or imaging studies with contrast (non-cardiovascular)

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Revised MDM Definitions

CODE	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99204 99214	Moderate	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** • Physiologic tests under stress • Cardiovascular imaging studies with contrast and no risk factors

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Revised MDM Definitions

CODE	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99205 99215	High	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 • Cardiac electrophysiological tests • Diagnostic endoscopies with identified risk factors

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Medical Decision Making Grid

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making: Number and Complexity of Problems Addressed	Elements of Medical Decision Making: 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.*	Elements of Medical Decision Making: Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

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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Medical Decision Making Grid

99204
99214
	Moderate	**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 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
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			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)
				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

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
			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
			Category 2: Independent interpretation of tests
			• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**
			or
			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)
				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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Coding Scenarios

99202 or 99212: A 69 year old male with HTN and type 2 diabetes presents with sudden worsening of hearing in the left ear over a period of several days. He is found to have cerumen occluding the entire external auditory canal, which is amenable to removal by irrigation. The physician performs the procedure in the office. The HTN and diabetes are not addressed at this visit and are not factored into the MDM. The performance of the procedure is not factored into the MDM.

One acute uncomplicated illness = low
Amount and complexity of data = minimal
Risk of complications/morbidity = minimal

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Coding Scenarios

99203/99213: A 28 year old male presented urgently with a power-saw wound to his left palm. The patient was conscious but nauseated and was accompanied by his girlfriend. A targeted history was obtained . The physician evaluated him and ordered and interpreted a hand X ray reported separately to verify the apparent superficial depth of the injury. The physician advised that the wound would require layered closure with sutures.

One acute uncomplicated injury = low
Amount and complexity of data = none/minimal
Risk of complication/morbidity = low

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Coding Scenarios

99204 or 99214: Patient presents with history of HTN, DM Type 2 and hypercholesteremia for transfer of care or follow-up. Provider reviews patient's recordings of BP and home glucose monitoring which are under good control. Discussion of diet and exercise reveal poor choices. Orders CMP (80053), A1c (83036), Lipid panel (80061) and ECG (93000) performed in-house. Assessment is stable HTN, DM2 and hypocholesteremia and all prescriptions are renewed.

Amount and complexity of problems = moderate
Amount and complexity of data = moderate
Risk of complications/morbidity = moderate

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Coding Scenarios

99205 or 99215: Elderly patient with history of cardiovascular disease presents with shortness of breath and chest pain, accompanied by daughter who is the primary caregiver. Daughter describes compliance with current medications and progression of symptoms. Treatment plan includes chest x-ray to rule out pneumonia, CBC and ECG. Chest x-ray indicates pneumothorax and ECG shows arrhythmia. Hospitalization discussed for management with IV diuretics and cardiac observation.

Amount and complexity of problems = high
Amount and complexity of problems = high
Risk of complications/morbidity = high

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Separately Reportable Services

- Services reported separately are not to be counted in the time spent on the encounter or as an independent interpretation contributing to the level of MDM.
- **Modifier 25** should be appended to the E/M service to unbundle it from minor procedures performed on the same date as the E/M.
- When separately reported services are performed on the same date as a time based E/M service, time should be documented as exclusive of other reported services.

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Separately Reportable Services

- **Modifier 25** should be appended to the E/M service when reporting the office E/M visit on the same date as a preventive visit (routine physicals).
- TIP: Use MDM to determine the level of the E/M that may be reported on the same date as a preventive service to eliminate differentiating time spent on simultaneously performed portions of the visit (obtaining history and performing an exam)
- Associate orders and plan of care with specific diagnoses or problems evaluated or identified during the routine exam.

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Work RVU Changes

CODE	2020	2021	% Increase
99201	0.48	NA	NA
99202	0.93	0.93	0%
99203	1.42	1.6	13%
99204	2.43	2.6	7%
99205	3.17	3.5	10%
99211	0.18	0.18	0%
99212	0.48	0.70	46%
99213	0.97	1.30	34%
99214	1.50	1.92	28%
99215	2.11	2.80	33%

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How to Prepare for the Changes

- Educate your providers and staff.
- Review your templates to eliminate unnecessary documentation of History and Exam.
- Revise your time-keeping procedures to incorporate the new time frames and to account for non face to face time.
- Talk to your EMR vendors to update the MDM calculators.
- Contact your payers to verify their readiness to accept the new guidelines.
- Calculate the financial impact on your organization.

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5 Key Changes to Prepare For

- E/M level will be determined by MDM or Time only
- The criteria to determine the level of MDM and time-based coding are new for 2021 and the current criteria will only apply to other site-specific E/M services.
- The level of history and physical exam documented will no longer contribute to the level of service.
- Time frames associated with each level of new and established will be new in 2021 and include non-face to face time.
- 99201 will be eliminated from CPT effective January 1, 2021

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Resources

- AMA Education Hub https://edhub.ama-assn.org/cpt-education/interactive/18057429
- AAPC https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx
- CMS Final Rule-Physician Fee schedule https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched
- Novitas Reference- https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00238707

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Questions?

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