GOOD NEWS FOR E/M CODERS!

- CPT is moving into the digital age with new codes for online digital evaluation and management
- AMA has set 01/01/21 implementation date for significant changes to E & M services

TODAY’S AGENDA

- New Codes for Online Digital Communications
- Chronic Care Remote Patient Monitoring Codes
- Importance of MDM and Its Role in 2021 E/M Codes
- Implementations Changes to E/Ms for 2021
- How to Prepare for Changes
- How Changes Will Affect Focus of E/M Coding
NEW CODES FOR ONLINE DIGITAL COMMUNICATIONS

NEW CODES FOR ONLINE DIGITAL E/M

Deletion of 99444 and replacement with the following more specific codes:

- 99421 Online digital evaluation and management service, EP; for up to 7 days cumulative time during the 7 days; 5-10 minutes
- 99422 11-20 minutes
- 99423 21 or more minutes

- Must be type that would be done face-to-face
- Performed through HIPAA compliant secure platform
- Must be patient-initiated
- May be billed by clinicians who are qualified to independently bill E/M
- Cannot be used by clinical staff/clinicians who do not have E/M services in scope of practice

Additional Guidelines for Online Digital E/M Services

- Report only once during 7-day period
- 7-day period begins with physician or other QHP (qualified health professional) initial, personal review of patient-generated inquiry
- Cumulative service time includes:
  - review of patient records or data pertinent to assessment of problem
  - personal physician or QHP interaction with clinical staff focused on patient’s problem, development of management plan, including generation of prescriptions, ordering tests and communication with patient through online, telephone, email or other digitally-supported communication which does not represent separately reportable E/M service
Other Stipulations for Use of Digital Online E/Ms

- Online interaction must be documented in permanent record
- If within seven days of initiation of online service, a face-to-face E/M service occurs, time of online service or MDM complexity may be utilized by selecting a face-to-face E/M service, but the online digital service may not be billed
- If patient initiates online service within 7 days of an E/M service for the same problem, the online service is not billable
- If patient initiates online service within 7 days of an E/M service for a new problem, the online service is billable
- Only for established patients
- HIPAA compliance securing platform is defined as a platform such as electronic health record portal, secure email or other digital applications

New Codes for Other Professionals for Online Services

- Applicable to other professionals who may not bill E/Ms such as speech-language pathologists, physical therapists, occupational therapists, social workers, dieticians for example
- Medicare is not recognizing these codes because definition includes word "evaluation" and these professionals are not allowed to perform those services
- CPT codes 99070, 98753 and 98752
- Medicare developing HCPCS codes (to be released 11/2019)

PROPOSAL HCPCS CODES FOR QHP DIGITAL ONLINE SERVICES

- GNPP1 Qualified non-physician health care professional online assessment, established patient, for up to seven days, cumulative time during the 7 days: 5-10 minutes
- GNPP2 11-20 minutes
- GNPP3 21 or more minutes
Examples of Device/Technology for Chronic Care Remote Monitoring Codes

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>Example Device(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Glucometer monitoring</td>
</tr>
<tr>
<td>Obesity</td>
<td>Caloric intake monitoring</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Ambulatory monitoring device; manual monitoring devices</td>
</tr>
<tr>
<td>Cardiac arrhythmia</td>
<td>Heart rate monitor, cardiac rhythm monitor</td>
</tr>
<tr>
<td>Dementia</td>
<td>Video surveillance devices, location tracking devices</td>
</tr>
<tr>
<td>Lung disease</td>
<td>Continuous pulse oximetry monitoring</td>
</tr>
</tbody>
</table>

99453 Remote monitoring of physiological parameters (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial, set up and patient education on use of equipment

99454 Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30-days

99457 Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other QHP time in a calendar month requiring interactive communication with the patient/caregiver during the month
**COLLECTION AND INTERPRETATION OF DATA FOR REMOTE MONITORING**

99091  Collection and interpretation of physiologic data (e.g. ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

- Does not require interactive communication such as 99457
- Requires physician or other QHP to perform
- Requires 30 minutes every 30 days to bill
- 99457 and 99091 cannot both be billed concurrently

**REQUIREMENTS FOR USE OF REMOTE MONITORING CODES**

- Patient must opt-in to service (must be documented)
- Device must meet FDA definition of medical device
- Device must be supplied for at least 16 days for current billing period
- Service must be ordered by MD or other QHP
- Data must be wirelessly synced where it can be evaluated
- Data-monitoring may be performed by MD, QHP or clinical staff. Clinical staff may include RN, medical assistants, depending on state law and scope of practice

**COMPARISON OF USE OF 99457/99091**

<table>
<thead>
<tr>
<th>CPT Code 99457</th>
<th>CPT Code 99091</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires 20 minutes professional time per calendar month</td>
<td>Requires 30 minutes professional time per 30 day period</td>
</tr>
<tr>
<td>Time spent by physician/QHP or clinical staff (cannot be billed incident to)</td>
<td>Reimbursed only for physician or QHPs</td>
</tr>
<tr>
<td>Requires interactive communication between provider and patient/caregiver</td>
<td>No communication required</td>
</tr>
</tbody>
</table>
IMPORTANCE OF MDM AND ITS ROLE IN 2021 E/Ms

MEDICAL DECISION-MAKING COMPONENTS REDEFINED

<table>
<thead>
<tr>
<th>CPT</th>
<th>DIAGNOSIS/MGT</th>
<th>DATA</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>Number of diagnosis or management options</td>
<td>Amount and/or complexity of data to be reviewed</td>
<td>Risk of complications and/or morbidity or mortality</td>
</tr>
<tr>
<td>2021</td>
<td>Number and complexity of problem(s) addressed</td>
<td>Amount and/or complexity of data to be reviewed and analyzed</td>
<td>Risk of complications and/or morbidity or mortality of patient management</td>
</tr>
</tbody>
</table>

MDM DEFINITIONS REDEFINED

- Number of Dx/Management Options renamed “Number and Complexity of Problems Addressed”
- Amount and/or Complexity of Data to Be Reviewed” renamed “Amount and/or Complexity of Data to Be Reviewed and Analyzed”
- Risk of Complications and/or Morbidity or Mortality renamed “Risk of Complications and/or Morbidity or Mortality of Patient Management”
MDM OR TIME WILL BE DETERMINING FACTOR FOR E/Ms 99202-99215

- Medical decision making or time will be the basis for code selection in 2021
- Time definition will be redefined as follows:

<table>
<thead>
<tr>
<th>CPT</th>
<th>Time Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>Typical time (with summary of face-to-face counseling and/or coordination of care)</td>
</tr>
<tr>
<td>2021</td>
<td>Total time</td>
</tr>
</tbody>
</table>

IMPLEMENTATION CHANGES TO E/Ms FOR 2021

- Will be included in CPT 2021
- Medicare may produce HCPCS codes with specific guidance for Medicare-contracted providers in some instances
- CPT code 99201 will be deleted from CPT
- History and exams will still be required “commensurate” with the level of service reported; however, no auditing will be performed for these components
- MDM or time will be the determining factor for 99202-99215
- Time component redefined (as previously discussed)
- Elimination of requirement to re-document information previously documented by clinical staff or on previous visits
ADDITIONAL CHANGES TO E/M SECTION OF CPT

- Restructuring of E/M guidelines into 3 subsections:
  - 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
- Retain 5 levels for Office/Outpatient Established Patients
- Reduce Office/Outpatient New Patients to 4 levels (eliminating 99201)

HOW TO PREPARE FOR CHANGES

- What Can YOU Do to Prepare?
  - Keep up-to-date on upcoming changes
  - Make your practice aware of the changes
  - Develop an impact analysis for your practice
  - Utilize your practice’s service analysis/productivity report to determine the specific impact to your practice
  - Financial impact will not be as significant as originally proposed, since 5 EP levels and 4 NP levels will remain for Outpatient/Office
  - Work on educating providers on documentation requirements for MDM
  - Recent MARS audit demonstrated that 37-42% of all E/Ms did not meet MDM for level assigned

2020 CPT Changes: The Status of E/Ms
HOW CHANGES WILL AFFECT FOCUS OF E/M CODING

How Do We Benefit?

- Decreased Risk for Audit
  As part of proposed changes, CMS intent on decreasing amount of chart reviews/audits

- Decreased Burden of Documentation Requirements
  Physicians will be able to document less in many instances, and not be as concerned about meeting "bullets."

How Will This Affect the Coding Industry and You?

- Change on Focus
  While coder/auditor of E/M levels may not be auditing levels to the same extent, their primary role will be determine which elements will be utilized by the practice for determining their levels and ensuring all elements are met.

- Documentation Review
  Will still involve reviewing based on time or MDM

- Ensure Appropriate Documentation is Validated by Provider
  Chief complaint/Patient History
  Changes in History/Exam from Previous Visit(s)