2021 E/M Changes: Time to Decide

Coding Fiesta
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Presented By

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Provider Outreach & Education

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Agenda Items

- Learning objectives
- 2020 Final Rule: Evaluation and Management (E/M)
  - Medical decision-making (MDM)
    - Documentation example
  - Time
- Prolonged services
- Documentation is key
- Resources
- Summary
Learning Objectives

- At the conclusion of this session you will be able to
  - Identify 2020 Final Rule updates relating to E/M office/outpatient visits
  - Prepare for CPT revisions that will apply to office/outpatient service level determination starting in 2021
  - Define new terms that will apply to medical documentation for code selection in 2021
  - Properly code prolonged services associated with office/outpatient visits starting in 2021
  - Locate additional resources available to assist with proper E/M code selection

2020 Final Rule: E/M
2020 Final Rule

- E/M coding to be aligned with changes adopted by American Medical Association (AMA) CPT Editorial Panel
  - Changes apply to office/outpatient visits
    - Office/outpatient E/M visits = 20 percent of Medicare Physician Fee Schedule allowed services
    - Consistent with central goal: reduce the burden
    - Retain 5 levels of coding for established patients, reduce number of levels to 4 for new patients
    - Revise times and medical decision-making process for all codes
    - History and exam required as medically appropriate

2020 Final Rule (Cont.)

- Adopt the AMA Relative Value Scale Update Committee recommended values for office/outpatient visit codes for calendar year (CY) 2021
  - Will increase payment for office/outpatient E/M visits
  - Apply new add-on CPT code for prolonged service time
  - To be implemented in 2021
    - Current guidelines to be followed for all E/M in 2020

Sources:
- Fact Sheet: Finalized Policy, Payment and Quality Provision Changes to Medicare Physician Fee Schedule for CY 2020
- Fact Sheet: Proposed Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021
CPT Revisions -- 2021

- Revisions made to E/M guidelines related to office or other outpatient codes 99202-99215
  - New code definitions and specific time spans for each level
  - 99201 has been deleted
    - Both 99201 and 99202 have same level of MDM
- New prolonged service code (99XXX)
  - To be used with 99205 or 99215 (when 15 minutes of additional time have been attained beyond highest-level service)
Instructions for selecting a level of office/outpatient level of E/M service based on

1. Total time for E/M services performed on the date of the encounter
   or
2. Level of MDM as defined for each service

Extent of history and physical examination is not an element in selection of office or other outpatient services

- Office/outpatient services include medically appropriate history and/or physical examination, when performed
- Nature and extent of history and/or physical examination are determined by professional reporting the service
- Care team may collect information from patient or caregiver via multiple methods (e.g., portal, questionnaire) for review by reporting physician
CPT Revisions: MDM

MDM 2021 -- Elements

- 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
### Number/Complexity of Problems

- Multiple new or established problems may be addressed at the same time
- Symptoms may cluster around a specific diagnosis
  - Each symptom not necessarily unique
  - Comorbidities/underlying diseases are not considered in selecting a level of E/M unless addressed, and their presence must increase amount/complexity of data reviewed and analyzed or risk of complications/morbidity
- Final diagnosis does not determine complexity or risk
  - Multiple problems of lower severity may, in aggregate, create higher risk due to interaction

Source: [CPT Revisions – 2021](#)

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### MDM 2021 -- Codes and Levels

<table>
<thead>
<tr>
<th>CODE</th>
<th>LEVEL OF MDM</th>
<th>NUMBER AND COMPLEXITY OF PROBLEMS</th>
<th>AMOUNT OF DATA</th>
<th>RISK OF COMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99202</td>
<td>STRAIGHT-FORWARD</td>
<td>MINIMAL</td>
<td>MINIMAL OR NONE</td>
<td>MINIMAL</td>
</tr>
<tr>
<td>99212</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99203</td>
<td>LOW</td>
<td>LOW</td>
<td>LIMITED: Categories 1 &amp; 2</td>
<td>LOW</td>
</tr>
<tr>
<td>99213</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99204</td>
<td>MODERATE</td>
<td>MODERATE</td>
<td>MODERATE Categories 1 &amp; 2</td>
<td>MODERATE</td>
</tr>
<tr>
<td>99214</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99205</td>
<td>HIGH</td>
<td>HIGH</td>
<td>EXTENSIVE Categories 1 - 3</td>
<td>HIGH</td>
</tr>
<tr>
<td>99215</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: [AMA Table-CPT E/M Office Revisions, Level of MDM, effective 010121](#)
MDM 2021: Definitions

- 22 definitions relating to elements of MDM for office/outpatient services
  - i.e., Problem: A problem is 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
    - Minimal problem
    - Self-limited or minor problem
    - Undiagnosed new problem with uncertain prognosis

MDM 2021: Definitions (2)

- External physician or other qualified healthcare professional: individual not in same group practice or who is different specialty or subspecialty
  - Includes licensed professionals practicing independently
  - May also be facility or organizational provider (Ex: hospital, nursing facility, home health care agency)
- Independent historian(s): individual (e.g., parent, guardian, surrogate, spouse, witness) who provides history in addition to history provided by patient who is unable to provide complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because confirmatory history is judged to be necessary. In case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, independent historian(s) requirement is met
• Social determinants of health: economic and social conditions that influence the health of people and communities
  - Example: food or housing insecurity
• Additional terms defined for documentation clarification
  - Test
  - Risk
  - Appropriate source
  - Morbidity
  - Acute, complicated injury
  - External
  - Drug therapy requiring intensive monitoring for toxicity
  - Stable, chronic illness

MDM 2021: Definitions (4)

• Acute, uncomplicated illness or injury
• Chronic illness with exacerbation, progression or side effects of treatment
• Acute illness with systemic symptoms
• Chronic illness with severe exacerbation, progression or side effects of treatment
• Acute or chronic illness or injury that poses a threat to life or bodily function
• Independent interpretation
Documentation Example

CPT Revisions: Time
Time Alone

- **Beginning 2021**
  - Time alone may be used to select appropriate code level for office or other outpatient E/M services codes
    - Whether or not counseling/coordination of care dominates the service
    - Requires face-to-face encounter with physician or other qualified health care professional
      - For 99211, includes time spent in supervision of clinical staff who perform face-to-face services

Total Time Activities

- Total time on date of encounter includes face-to-face and non face-to-face time spent by physician and/or other qualified health care professional
  - Preparing to see patient (e.g., review of tests)
  - Obtaining and reviewing separately obtained history
  - Performing medically appropriate examination or evaluation
  - Counseling and educating patient/family/caregiver
  - Ordering medications, tests or procedures
### Total Time Activities (Cont.)

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

### Time Ranges

<table>
<thead>
<tr>
<th>CODE</th>
<th>TIME EQUIVALENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW PATIENT</td>
<td></td>
</tr>
<tr>
<td>99202</td>
<td>15-29 MINUTES</td>
</tr>
<tr>
<td>99203</td>
<td>30-44 MINUTES</td>
</tr>
<tr>
<td>99204</td>
<td>45-59 MINUTES</td>
</tr>
<tr>
<td>99205</td>
<td>60-74 MINUTES</td>
</tr>
<tr>
<td>ESTABLISHED PATIENT</td>
<td></td>
</tr>
<tr>
<td>99211</td>
<td>N/A</td>
</tr>
<tr>
<td>99212</td>
<td>10-19 MINUTES</td>
</tr>
<tr>
<td>99213</td>
<td>20-29 MINUTES</td>
</tr>
<tr>
<td>99214</td>
<td>30-39 MINUTES</td>
</tr>
<tr>
<td>99215</td>
<td>40-54 MINUTES</td>
</tr>
</tbody>
</table>
Prolonged Services

Prolonged Services Code

- **99XXX**
  - *Code number to be determined by Final Rule*
  - Used to report prolonged total time provided by physician or other qualified health care professional on date of office/outpatient services
  - Only used when time alone is basis for office level code selection
  - Only after total time of highest-level service (i.e., 99205 or 99215) has been exceeded
    - To report a unit of 99XXX, 15 minutes of additional time must have been attained (do not report for increments less than 15)
    - Time spent performing separately reported services not counted
    - Not to be added to lower level codes (99202-04; 99211-14)
Prolonged Services Code (Cont.)

- Codes 99354-99357 used when physician or other qualified health care professional provides prolonged service in either inpatient, observation or outpatient setting, except with office or other outpatient services
  - E/M services that require prolonged clinical staff time and may include face-to-face services by physician or other qualified health care professional, use 99415, 99416 instead
  - Do not report 99354, 99355 with 99415, 99416, 99XXX

Prolonged Services Table (New)

<table>
<thead>
<tr>
<th>Total Duration of New Patient Office/Outpatient Services (use with 99205)</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 75 minutes</td>
<td>Not reported separately</td>
</tr>
<tr>
<td>75-89 minutes</td>
<td>99205 x 1 and 99XXX x 1</td>
</tr>
<tr>
<td>90-104 minutes</td>
<td>99205 x 1 and 99XXX x 2</td>
</tr>
<tr>
<td>105 or more</td>
<td>99205 x 1 and 99XXX x 3 or more for each additional 15 minutes</td>
</tr>
</tbody>
</table>
# Prolonged Services Table (Est.)

<table>
<thead>
<tr>
<th>Total Duration of Established Patient Office/Outpatient Services (use with 99215)</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 55 minutes</td>
<td>Not reported separately</td>
</tr>
<tr>
<td>55-69 minutes</td>
<td>99215 x 1 and 99XXX x 1</td>
</tr>
<tr>
<td>70-84 minutes</td>
<td>99215 x 1 and 99XXX x 2</td>
</tr>
<tr>
<td>85 or more</td>
<td>99215 x 1 and 99XXX x 3 or more for each additional 15 minutes</td>
</tr>
</tbody>
</table>

Documentation is Key
Documentation Guidelines

- Providers should submit adequate documentation to ensure that claims are supported as billed

Source: Medicare Learning Network® (MLN®) Fact Sheet-Complying with Medical Record Documentation Requirements

Consider…

- Code selection
  - How often can you perform an encounter (= level of service) without obtaining some history or performing an exam?

- Time
  - Attention to time needed -- for documentation and calculation
  - Document all episodes throughout the day
    - Example: start and stop for each time segment devoted to that patient (before, during, after encounter)

- MDM
  - Elements are similar -- pay attention to new terms and definitions
  - Calculation method is new
MDM Level Determination

 Problems
   New levels: Minimal, Low, Moderate, High

 Data
   Category 1, 2 or 3

 Risk
   Examples given for higher levels

Source: CPT-Revised-MDM-Grid 2021

Resources
First Coast Service Options Inc.

medicare.fcso.com
medicareespanol.fcso.com

First Coast Resources

- **E/M page**
  - E/M Updates and Revisions
  - E/M interactive worksheet
  - E/M frequently asked questions (FAQs)
  - E/M medical documentation checklist

- **Medical documentation**
  - Signature requirements
  - Additional documentation requests (ADRs)

- **Events calendar**
  - E/M 2021 changes webcast - December
Registration Opening Soon

First Coast’s Medicare Speaks Virtual Conference
December 2-3, 2020

When Experience Counts & Quality Matters

CMS
CMS Resources

- CMS Internet-Only Manual
  - Publication 100-04, Chapter 12 - Physicians/Nonphysician Practitioners
- MLN®
  - Evaluation and Management Service Guide (August 2017/ICN 006764)
- Fact Sheets
  - Finalized Policy, Payment and Quality Provision Changes to Medicare Physician Fee Schedule for CY 2020
  - Proposed Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021

Other Resources

- American Medical Association
  - CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes
Summary of Today's Topics

- Today we have reviewed
  - 2020 Final Rule updates relating to E/M office/outpatient visits
  - CPT revisions that will apply to office/outpatient service level determination starting in 2021
  - New terms that will apply to medical documentation for code selection in 2021
  - Prolonged service coding associated with office/outpatient visits starting in 2021
  - Additional resources available to assist with proper E/M code selection

Questions and Answer Session

- Participant instructions
  - Click on "raise hand" button to indicate you have a question
  - When called upon to ask your question, we'll un-mute your phone line
  - Please speak clearly when asking your question
Thank You for Participating

- First Coast values your feedback!
  - It is important for you to complete the online evaluation
    - Separate window opens after session closes
  - Your diploma will be available within five business days of the event

Acronym List

- ADR  Additional documentation request
- AMA  American Medical Association
- CMS  Centers for Medicare & Medicaid Services
- CPT® Current Procedural Terminology
- CY   Calendar year
- E/M   Evaluation and management
- FAQ  Frequently asked question
- MDM  Medical decision-making
- MLN® Medicare Learning Network®