

Evaluation and Management: Past, Present, and Future

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1

Presented By



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2

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Agenda Items

1

ITEM 01

Who is First Coast?

2

ITEM 02

Evaluation and Management (E/M):
Past

3

ITEM 03

E/M Component:
Time

4

ITEM 04

E/M Component:
Medical Decision Making (MDM)

5

ITEM 05

E/M: Present

6

ITEM 06

E/M: Future

7

ITEM 07

Key Takeaways

8

ITEM 08

Questions and
Answers

Learning Objectives

- At the conclusion of this session, you'll be able to
 - Describe the role of First Coast Service Options (First Coast)
 - Summarize the 1995 and 1997 E/M guidelines
 - Explain updates to office/outpatient (O/O) E/M guidelines issued in 2021
 - Review components of time and medical decision-making
 - Identify impacts to E/M guidelines finalized in 2023
 - Prepare for future E/M updates relating to
 - Code G2211
 - Time
 - Definition of “substantive portion”

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5

Who is First Coast?



6

Medicare Administrative Contractor (MAC)

- First Coast = [A/B MAC for Medicare Jurisdiction N](#)
 - Processes Part A and Part B medical claims for Florida, Puerto Rico and U.S. Virgin Islands
 - Serves as the primary operational contact between the Medicare fee-for-service (FFS) program and enrolled health care providers
 - 12 A/B MACs and four Durable Medical Equipment MACs
 - JN as of 9/30/2022
 - 76,157 physicians
 - 257 Medicare hospitals
 - 2,459,946 FFS beneficiaries
 - 7.7% of national Part A/Part B workload

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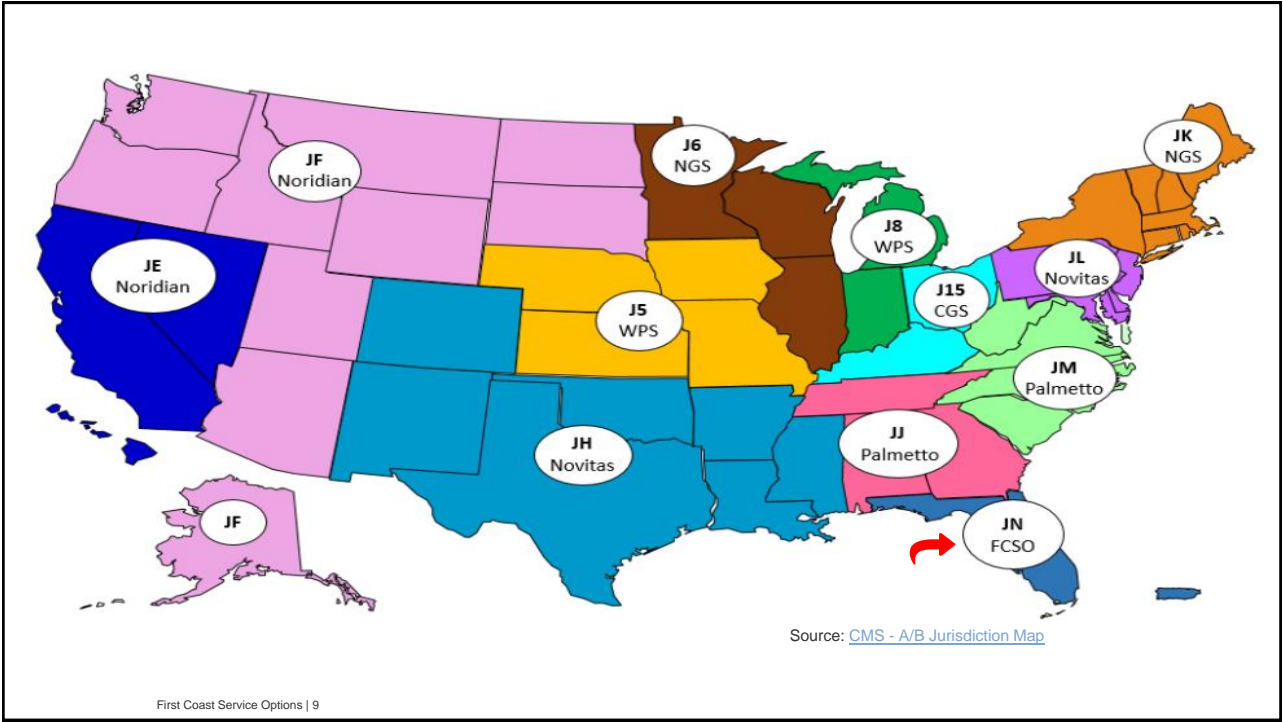
7

MAC Activities

- Other MAC activities include
 - Make and account for Medicare FFS payments
 - Enroll providers in Medicare FFS program
 - Handle provider reimbursement services and audit institutional provider cost reports
 - Handle redetermination requests (1st level appeals process)
 - Respond to provider inquiries
 - Educate providers about Medicare FFS billing requirements
 - Establish local coverage determinations
 - Review medical records for selected claims
 - Coordinate with CMS and other FFS contractors

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8



9



10

E/M Guidelines -- 1995

- Published in 1995
 - Three key components
 - HISTORY
 - History of present illness (HPI)
 - Review of Systems (ROS)
 - Past, family and social history (PFSH)
 - EXAMINATION
 - **MEDICAL DECISION MAKING (MDM)**
 - Number of diagnoses or management options
 - Amount and/or complexity of data to be reviewed
 - Risk of complications and/or morbidity or mortality

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11

E/M Guidelines -- 1995 (and 1997)

- **TIME** also a component: if 50% or more of the encounter involved counseling or coordination of care, time could be code determinant
- Updated in 1997
 - EXAMINATION: more detail and guidance for levels and types of exam
- Guidelines included in CPT manual and online
 - [1995 E/M Documentation Guidelines](#)
 - [1997 E/M Documentation Guidelines](#)
- Initial guidelines in effect for 26 years (1995-2021)

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12

Final Rule 2021

- CMS aligned E/M coding with changes adopted by American Medical Association (AMA) CPT Editorial Panel for **Office and Other Outpatient** E/M visits
 - Retained five levels of coding for established patients
 - Reduced number of levels for new patient E/M visits to four
 - Revised code definitions
 - Allows clinicians to choose E/M service level based on **MDM** or **TIME**
 - Performance of history and exam only as medically appropriate

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13

2021 CPT Revisions



Revisions to E/M guidelines related to codes 99202-99215

New code definitions and specific time spans for each level



New prolonged service code: G2212

To be used when 15 minutes of additional time have been attained beyond highest-level service

Used when time is primary basis for code selection

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14

2021 CPT Revisions₂



Choose level of office and other outpatient E/M service based on

Total time for E/M services performed on date of encounter; or

Level of MDM as defined for each service



Modifications to criteria for MDM

Removed ambiguous terms and defined previously ambiguous concepts (e.g., "acute or chronic illness with systemic symptoms")

Defined important terms relating to MDM levels and conditions

Redefined data element to focus on tasks affecting management of patient

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15

Office and Other Outpatient Services



New patient

Has not received professional services from physician or other physician of same specialty and same group within past three years



Established patient

Has received professional services from physician or other physician of same specialty and same group within past three years

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16



17

Total Time Activities

- Total time on date of encounter includes
 - Face-to-face and non-face-to-face time spent by physician or other qualified healthcare professional (QHP)
 - 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
 - Referring and communicating with other health care professionals (when not separately reported)
 - Documenting clinical information in electronic or other health record
 - Independently interpreting and communicating results to patient/family/caregiver (not separately reported)
 - Care coordination (not separately reported)

18

Time Documentation

Effective Jan. 1, 2021 – office and outpatient E/M

Total time on date of service

- Include all face-to-face **and** non-face-to-face time by practitioner
- Include Start and Stop times if needed

Time spent on activities attributed to total time on date of service

- Whether or not counseling and coordination of care dominates service

All activities attributed to total time on date of service

- Each minute can only be counted once

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19



E/M Component:
Medical Decision Making

20

MDM
Number and Complexity of Problems Addressed at the Encounter
Amount and Complexity of Data to be Reviewed and Analyzed
Risk of Complications and Morbidity or Mortality of Patient Management

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Level of MDM	Number and Complexity of Problems Addressed
N/A	N/A
Straightforward	Minimal: <ul style="list-style-type: none"> 1 self-limited or minor problem
	Low: <ul style="list-style-type: none"> 2 or more self-limited or minor problems OR 1 stable chronic illness OR 1 acute, uncomplicated illness or injury OR
	<ul style="list-style-type: none"> 1 stable, acute illness OR acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care
	Moderate: <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression, or other 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
	High: <ul style="list-style-type: none"> 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
Moderate	
High	

MDM Data Element

- Amount and complexity of data to be reviewed and analyzed
 - Levels: Minimal or none, Limited, Moderate, Extensive
 - Includes:
 - Medical records, tests, and other information that must be obtained, ordered, reviewed, and analyzed for encounter
 - Information obtained from multiple sources or inter-professional communications not separately reported
 - Interpretation of tests not separately reported

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23

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.*

N/A

Minimal or none
I

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)

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*;

24

Services Reported Separately₂

- Tests that don't require separate interpretation and are analyzed as part of MDM don't count as an independent interpretation
 - "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."

Source: [AMA CPT E/M Code and Guideline Changes-2023](#)

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25

MDM Risk Element

- Risk of complications and morbidity or mortality of patient management
 - Levels: Minimal, Low, Moderate, High
 - Includes possible management options selected and those considered, but not selected, after shared MDM with patient and family
 - Addresses risks associated with social determinants of health
 - For example, a decision about hospitalization includes consideration of alternative levels of care

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26

Level of MDM	Risk of Complications and Morbidity or Mortality of Patient Management
Straightforward	Minimal risk of morbidity from additional diagnostic testing or treatment
Low	Low risk of morbidity from additional diagnostic testing or treatment
Moderate 	Moderate risk of morbidity from additional diagnostic testing or treatment (Examples only) <ul style="list-style-type: none">• 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	High risk of morbidity from additional diagnostic testing or treatment (Examples only) <ul style="list-style-type: none">• Drug therapy requiring intensive monitoring for toxicity• Decision regarding elective surgery with identified patient or procedure risk factors• Decision regarding emergency major surgery• Decision regarding hospitalization or escalation of hospital-level care• Decision not to resuscitate or to de-escalate care because of poor prognosis• Parenteral controlled substances

27

MDM: Definitions

- Terms defined by AMA
 - 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
 - Stable, chronic illness
 - Undiagnosed new problem with uncertain prognosis
 - Stable, acute illness

28

MDM: Definitions₂

- Additional terms related to illness or injury
 - Acute, uncomplicated illness or injury
 - **Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care**
 - 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

MDM: Definitions₃

- External physician or other qualified healthcare professional
- Independent historian(s)
- Social determinants of health
- Test
- Appropriate source
- Acute, complicated injury
- Drug therapy requiring intensive monitoring for toxicity
- Combination of data elements
- Surgery
- Risk
- Morbidity
- External
- Independent interpretation
- Unique
- Discussion
- Analyzed

Final Rule 2022

- Finalized additional E/M policies that took effect January 1, 2022
- Updates regarding split or shared visits



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31

Split or Shared Visit -- 2022

- Defined as "E/M service in a facility setting performed in part by both a physician and a nonphysician practitioner (NPP) who are in the same group, such that the service could be billed by either one if furnished independently"
 - Payment is made to practitioner who performs the **substantive portion**
 - Facility services only
 - Facility setting: an institutional setting in which payment for services and supplies furnished incident to a provider's services is prohibited

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32

Split or Shared Visit -- Time

- When time is used to select appropriate level of service for which time-based reporting is allowed, time personally spent by physician or other QHP assessing and managing patient on date of encounter is summed to define total time
 - Only distinct time should be summed for shared or split visits (i.e., when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted)
 - Reminder -- Each minute can only be counted once

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33

E/M 2022: Split or Shared Visits

- For **2022** (through 12/31/22) substantive portion can be
 - **Except for critical care**, one of three key E/M visit components (history, examination, MDM)
 - Billing practitioner must perform that component in its entirety
 - OR**
 - More than half of the total time spent by provider(s) performing split or shared visit
 - Documentation requirements
 - Medical record must identify physician and NPP performing the service
 - Medical record must be signed and dated by practitioner who performed substantive portion of the visit

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34



35

E/M: 2023 Updates

- Ongoing updates to E/M visits and related coding guidelines intended to reduce administrative burden
- Effective January 1, 2023, the [American Medical Association \(AMA\) CPT E/M Coding and Guideline Changes](#) for "Other E/M visits"

36

E/M: 2023 Updates₂

- CMS adopted most of the 2021 changes in coding and documentation for "other E/M visits"
 - Hospital inpatient
 - Hospital observation
 - Emergency department
 - Nursing facility
 - Home or residence services
 - Cognitive impairment assessment

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37

CMS Final Rule 2023 E/M Updates

- CMS Final Rule (CMS-1770-F)
 - CPT code definition changes
 - Including new descriptor times (where relevant)
 - Revised interpretive guidelines for levels of medical decision making
 - Choice of medical decision making (**MDM**) or **TIME** to select code level
 - Except emergency department visits and cognitive impairment assessments, which are not timed services
 - Eliminated use of history and exam to determine code level
 - Medically appropriate history and exam required
 - Created Medicare specific coding and payment for prolonged services like office and outpatient prolonged services

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38

CMS Final Rule 2023 E/M Updates₂

- [CMS Final Rule \(CMS-1770-F\)](#) (cont.)
 - Extent of history and physical examination is not an element in selection of other E/M services
 - Providers should perform a "medically appropriate history and/or examination"
 - Nature and extent of history 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

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39

CMS Final Rule 2023 E/M Updates₃

- [CMS Final Rule \(CMS-1770-F\)](#) (cont.)
 - Delay implementation of policy to define "substantive portion" of a split or shared visit based on time spent by the billing practitioner until **January 1, 2024**
 - Final Rule guidance implemented with [MM12982](#) -- Medicare Physician Fee Schedule Final Rule Summary: CY 2023

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40

CPT Time Updates - 2023

- Level of E/M based on total time for E/M services performed on the date of the encounter
 - Time defined in service descriptors used for selecting appropriate level of service
 - Whether or not counseling or coordination of care dominates service
 - Requires face-to-face encounter with physician or other QHP and the patient, family or caregiver
 - Time spent by clinical staff is not included
 - Time is not a descriptive component for the emergency department levels of E/M services

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41

Total Time Activities

- Total time on date of encounter includes
 - Face-to-face and non-face-to-face time spent by physician or other QHP
 - 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
 - Referring and communicating with other health care professionals (when not separately reported)
 - Documenting clinical information in electronic or other health record
 - Independently interpreting and communicating results to patient/family/caregiver (not separately reported)
 - Care coordination (not separately reported)

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42

Time Documentation Comparison

Before 2023	Effective Jan. 1, 2023
Total time <ul style="list-style-type: none">• Only face-to-face time	Total time on date of service <ul style="list-style-type: none">• Include all face-to-face and non-face-to-face time by practitioner• Include Start and Stop times if needed
Time spent counseling or coordinating care (>50% of time)	Time spent on activities attributed to total time on date of service <ul style="list-style-type: none">• Whether or not counseling and coordination of care dominates service
What was discussed or coordinated	All activities attributed to total time on date of service <ul style="list-style-type: none">• Each minute can only be counted once

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43

2023 MDM Updates

- Updates to existing definitions and MDM table options
 - Added new terms relating to number and complexity of problems addressed at the encounter:
 - Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care
 - Stable, acute illness
 - Added options relating to **high** level of risk of complications and morbidity or mortality of patient management:
 - Decision regarding hospitalization or escalation of hospital-level care
 - Parenteral controlled substances

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44

E/M 2023: Split or Shared Visits

- For **2023** (through 12/31/23), substantive portion can be
 - **Except for critical care**, one of three key E/M visit components (history, examination, MDM)
 - Billing practitioner must perform that component in its entirety
 - OR**
 - More than half of the total time spent by provider(s) performing split or shared visit
 - Documentation requirements:
 - Medical record must identify physician and NPP performing the service
 - Medical record must be signed and dated by practitioner who performed substantive portion of the visit

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45



E/M: The Future

46

Disclaimer for Webinar on MPFS

- By this, and any other session, First Coast is not providing guidance on implementation of any final rule provisions that have not been issued through technical instruction by CMS. Instead, it is to provide you with an overview of the final rule for your awareness, and to assist you with your preparations.
- When CMS issues final instruction through change requests (CR) or Medicare Learning Network (MLN) Matters articles, First Coast will include in our eNews via the CMS MLN Connects and will provide web-based and in-person instruction as appropriate.

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47

CMS E/M Proposals

- [CMS Proposed Rule for CY 2024](#)
 - Section F (page 67): Evaluation and Management Visits
 - Page 299: Proposal for O/O E/M Visit Complexity Add-on HCPCS code G2211
- E/M proposals
 - New add-on code: G2211
 - Recognizes resource costs associated with E/M visits for primary care and longitudinal care of complex patients
 - Will be applicable to outpatient office visits, recognizing costs clinicians may incur when longitudinally treating a patient's single, serious, or complex chronic condition
 - Delay implementation of CMS definition of "substantive portion" through at least December 31, 2024

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48

Longitudinal Care

- Extends across multiple sites and for duration of episode of care
 - Treats particular “episode” of care that has foreseeable endpoint (e.g., wound or acute illness, cases treated in ER or urgent care or doctor’s office)
- Comprehensive plan that documents important disease prevention and treatment goals and plans
- Patient-centered, reflecting patients’ values and preferences
- Complex, chronic conditions require longitudinal care to manage symptoms, improve quality of life and reduce need for ER visits and hospitalizations

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49

Proposed Code: G2211

- Descriptor
 - 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, or complex condition – (Add-on code, list separately in addition to office E/M visit, new or established)

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50

G2211

- CMS proposing to implement G2211 in 2024
 - Add-on code to office and other outpatient services, 99202-99215
 - Expectation for code to be used by primary care and other specialties who treat a single, serious condition or a complex condition with consistency and continuity over a long period of time
 - Payment is for time, intensity and practice expense of providing these services
 - For practitioners who use E/M codes to report most of their services
 - Not to be reported when modifier 25 is used for the E/M service on the day of a minor procedure

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51

G2211₂

- CMS proposing to implement G2211 in 2024 (cont.)
 - Not all visits eligible for this code
 - Patient seen for acute health need might not require extra work at that visit for coordination or follow-up
 - Examples of conditions that don't require the add-on complexity code:
 - Seasonal allergies, new onset of gastroesophageal reflux disease (GERD), treatment for fracture
 - Relates to provider's relationship with patient: "continuity", "consistency", "longitudinal care"

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52

CPT Time - 2024

- In 2024, CPT has decided to remove time ranges for new and established office and outpatient E/M codes
 - Will replace **time spans** with a single amount of time
 - New amount of time must be met or exceeded before can bill for the code

Source: [AMA releases the CPT 2024 code set](#)

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53

CPT Time/Minutes - 2024

CODE	2023 “total time...spent on the date of the encounter”	2024 “total time on the date of the encounter that must be met or exceeded”
99202	15 – 29	15
99203	30 – 44	30
99204	45 – 59	45
99205	60 – 74	60
99212	10 – 19	10
99213	20 – 29	20
99214	30 – 39	30
99215	40 – 54	40

54

2024 Proposal: Split or Shared Visits

- Delay implementation of CMS definition of “substantive portion” through at least December 31, 2024
 - One of three key E/M visit components (history, examination, MDM)
 - Billing practitioner must perform that component in its entirety
 - OR**
 - More than half of the total time spent by provider(s) performing split or shared visit

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55

Key takeaways

56

Takeaways

- Describe who First Coast is and our role as a MAC
- Locate and review E/M guidelines published in 1995 and 1997
- Explain updates to O/O E/M guidelines issued in 2021
 - Define components of time and medical decision-making
- Identify impacts to E/M guidelines finalized in 2023
- Prepare for future E/M updates relating to
 - Code G2211
 - Time
 - Definition of “substantive portion”

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57



58

Post-Event Evaluation Survey

- First Coast values your feedback!
 - We use it to continuously improve our education and educational resource offerings



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59



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Thank You for Participating!

60



61

First Coast Provider Website
medicare.fcso.com
or medicareespanol.fcso.com

62

First Coast Resources

- [E/M center](#)
 - E/M services education
 - Medical documentation
 - News
 - E/M interactive worksheet
 - Article: [Split or shared E/M guidelines: Medicare Claims Processing Manual updates](#)
- [Events calendar](#)
- [Join eNews](#)

The Centers for Medicare & Medicaid Services (CMS)

CMS Resources

- [CMS IOM Publication 100-4, Claims Processing Manual, Chapter 12, Section 30.6.12](#)
- [Evaluation & Management Visits](#)
- [Evaluation and Management Services Guide](#)
 - **Updated August 2023**

Acronyms₁

- | | |
|-------|--|
| ■ AMA | American Medical Association |
| ■ CEU | Continuing education unit |
| ■ CMS | Centers for Medicare & Medicaid Services |
| ■ CPT | Current Procedural Terminology |
| ■ CY | Calendar year |
| ■ E/M | Evaluation and management |
| ■ FFS | Fee-for-service |

Acronyms₂

■ IOM	Internet-only manual
■ MDM	Medical decision making
■ MM	Medicare Learning Network Matters
■ NPP	Non-physician practitioner
■ O/O	Office/outpatient
■ QHP	Qualified health care professional

First Coast Service Options | 67

First Coast Service Options | 68