2021 E&M Overview

Shannon O. DeConda
CPC, CPMA, CEMA, CMSCS
President NAMAS
Partner DoctorsManagement


CAUTION
These changes impact office and outpatient services only
99201-99215

2019 Prepped Us….

- Interval level history
- Refer-back documentation
- Relaxations to HPI

Policies are needed on 2019 before 2021

Straightforward Change?

Deletion of 99201

Is this really that straightforward?

CPT Code	Time	History	Exam	MDM	RVU	Reimbursement
99201	10	PF	PF	SF	0.48	$46.56
99202	20	EPF	EPF	SF	0.93	$77.23

Impactful Changes

- Medical Decision Making or Time-Based encounters
  - No longer SCORE History
  - No longer SCORE Exam
- New Medical Decision Making Table

Carrier	Guidance
CGS	"For categories/subcategories, two of the three key components (history, exam, and medical decision making) must meet or exceed the stated requirements to qualify for a particular level of E&M services; established..." Medical decision making (at any level) refers to the complexity of establishing a diagnosis and/or selecting a management option."
First Coast	No published guidance, but utilizing their online interactive E&M calculator and omitting an exam, the tools still score the appropriate established E&M code
NGS	Within the CERT Review finding error, it was noted that NGS included the following: Missing and/or incomplete documentation (i.e., no exam or history, no content of counseling). This could indicate that they ARE requiring some amount of documentation for each component.
Noridian	If one of the established patient E&M components is missing (history, exam or medical decision making), is the documentation still billable? Yes, it is still billable, but if one of those components is missing, the medical necessity of the service (which is the overarching criterion) may not be met.
Novitas	No published guidance. An FAQ states that an E&M error occurs only when a required key component is not appropriately documented, *suggesting* that if it is not required, it need not be documented.
Palmetto	No published guidance
WPS Medicare	All three elements are required, even when only two are used in choosing a procedure code. We took this question to CMS which stated: "The principles of documentation listed below are applicable to all types of medical and surgical services in all settings. For E&M services, the nature and amount of physician work and documentation varies by type of service, place of service, and the patient's status."

2020 Missing Key Components

What does your MAC currently say about missing key components?

2021: E&M Re-Constructed

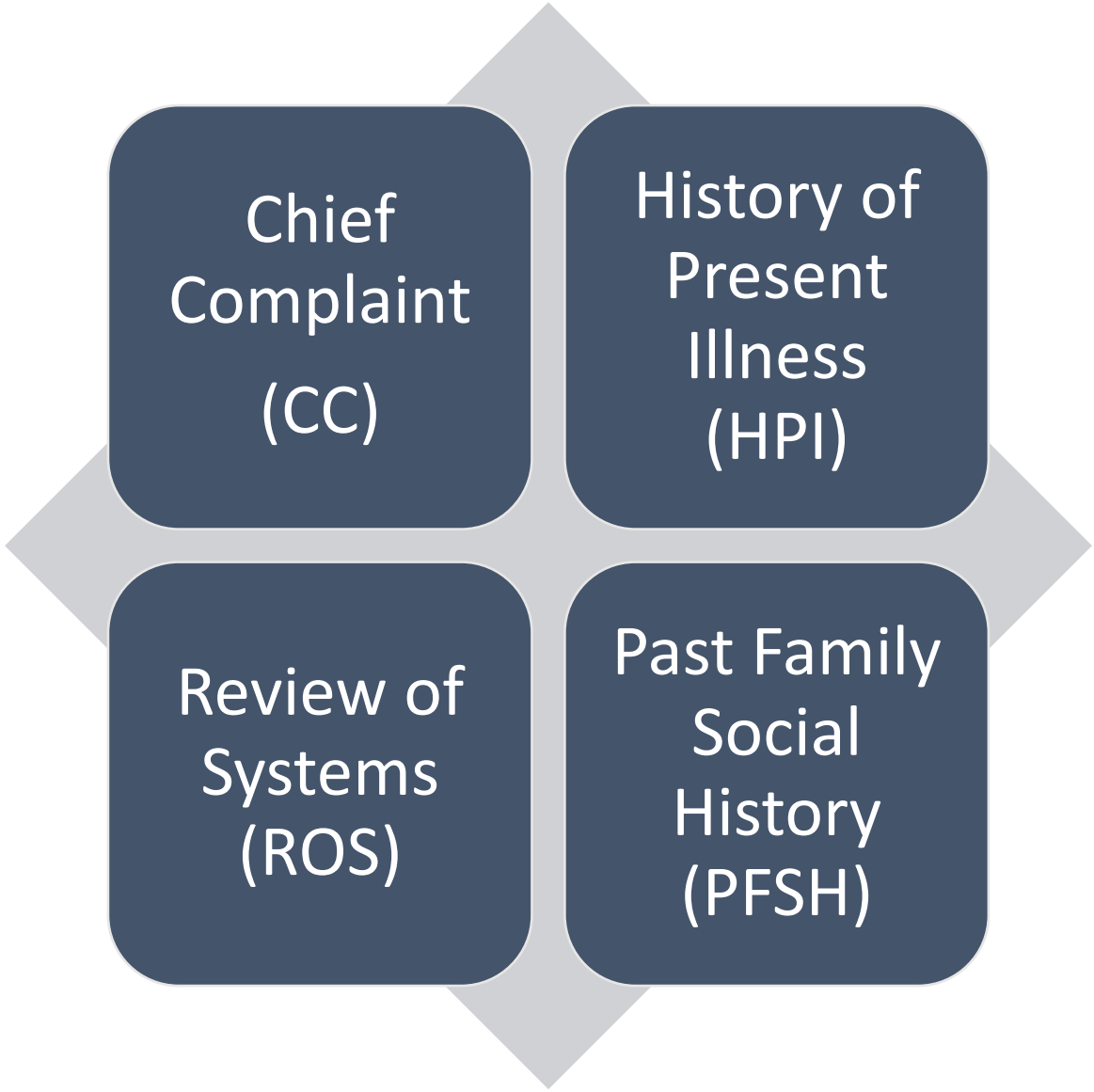
- What will the impact of the changes be?
- Are these changes a good thing?

Discussion: 2020 vs. 2021

- Consider the current key components:
  - History
  - Exam
  - Medical Decision Making
- For each component we will:
  - Define each component
  - Discuss current controversies
  - Recognize the impact of the components of 2021
  - Recommended considerations for 2021 training

The Overall History:

Severity of the Patient According to the Patient



Chief Complaint

- Define: The CC is a concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for the encounter
- Current Controversies:
  - Double dipping
  - How to score a note without a chief complaint
  - Simplistic chief complaints (e.g., follow-up)

Chief Complaint

- 2021 Impact: Chief Complaint is part of the history and effective 2021
  - *…Services include a medically appropriate history…*
  - What is a medically appropriate chief complaint?
  - Will services be deemed non-reimbursable if a concise chief complaint is not identified?

2021 Teaching & Policy Considerations

- Require a chief complaint
- Throw out current misconception rules of chief complaint
- Make sure we can identify the reason for the encounter

History of Present Illness (HPI)

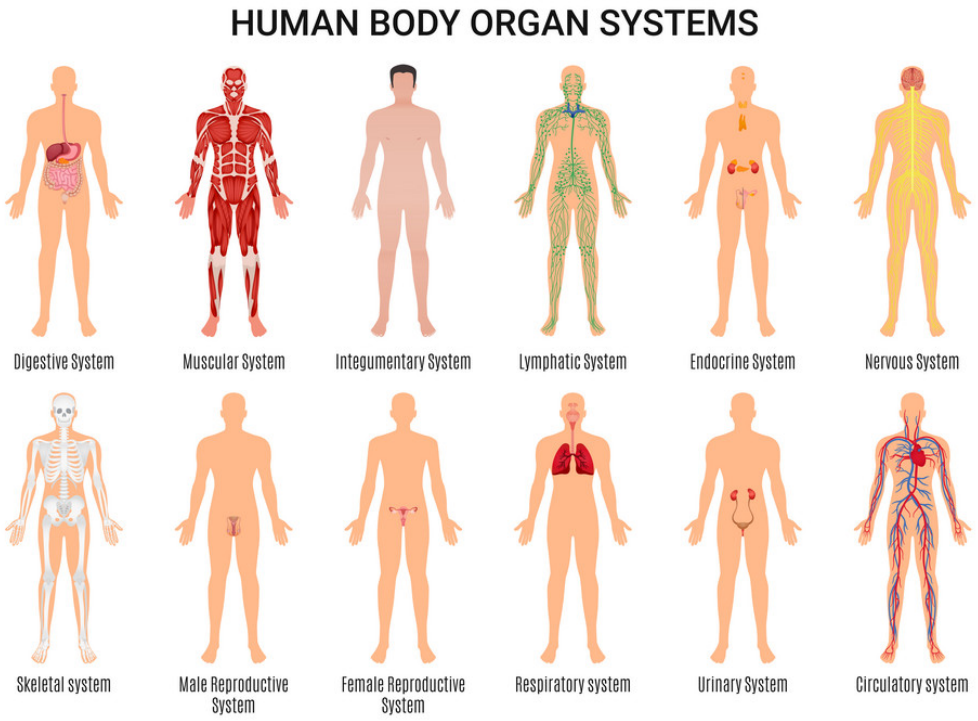
- Define: The HPI is a chronological description of the development of the patient's present illness from the first sign and/or symptom or from the previous encounter to the present
- Current Controversies:
  - Who can document it and perform the work?
  - Double dipping
  - Interpreting the elements (e.g., quality, location, etc…)
  - Status of three
  - Combining 1995 and 1997

2021 Impacts on HPI

- *…Services include a medically appropriate history…*
- What is a medically appropriate HPI?
- If there is no HPI, will we be able to support the medical complexity associated with the encounter?

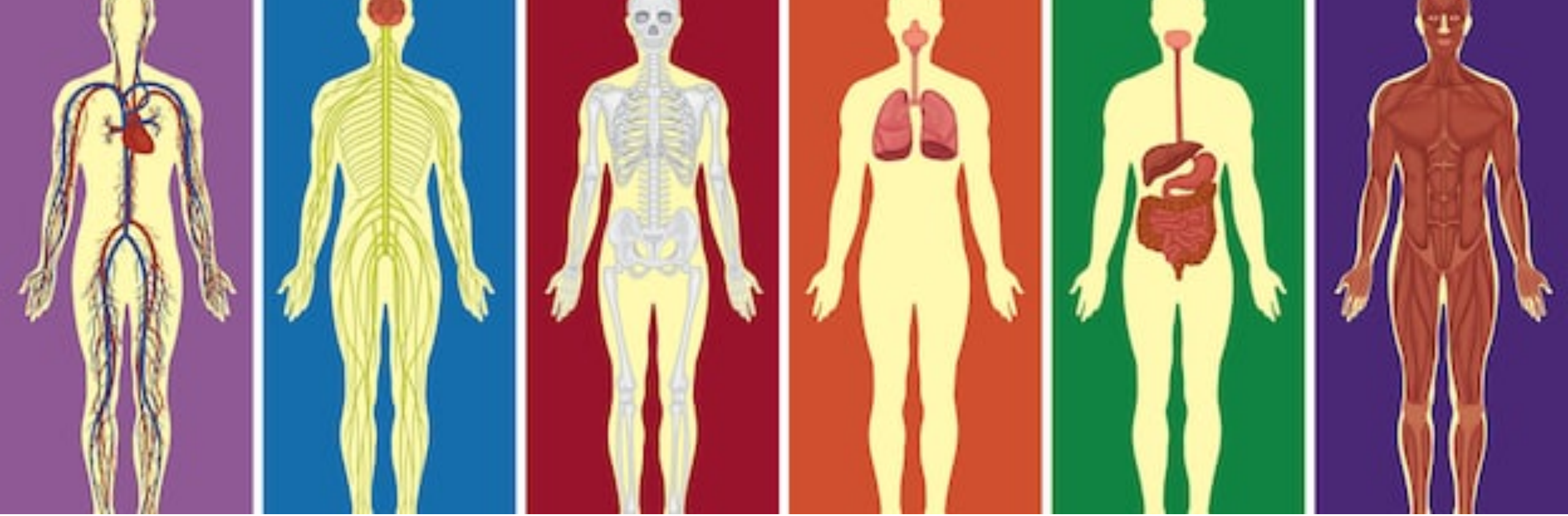
2021 Teaching & Policy Considerations

- Require an interval level HPI
- Throw out current scoring processes of HPI
- Update current templates to recognize the use of an interval level history
  - Encourage providers to refrain from Copy & Paste
  - Encourage providers to refrain from Refer-Back
  - Update templates to add the verbiage “Interval Level History”



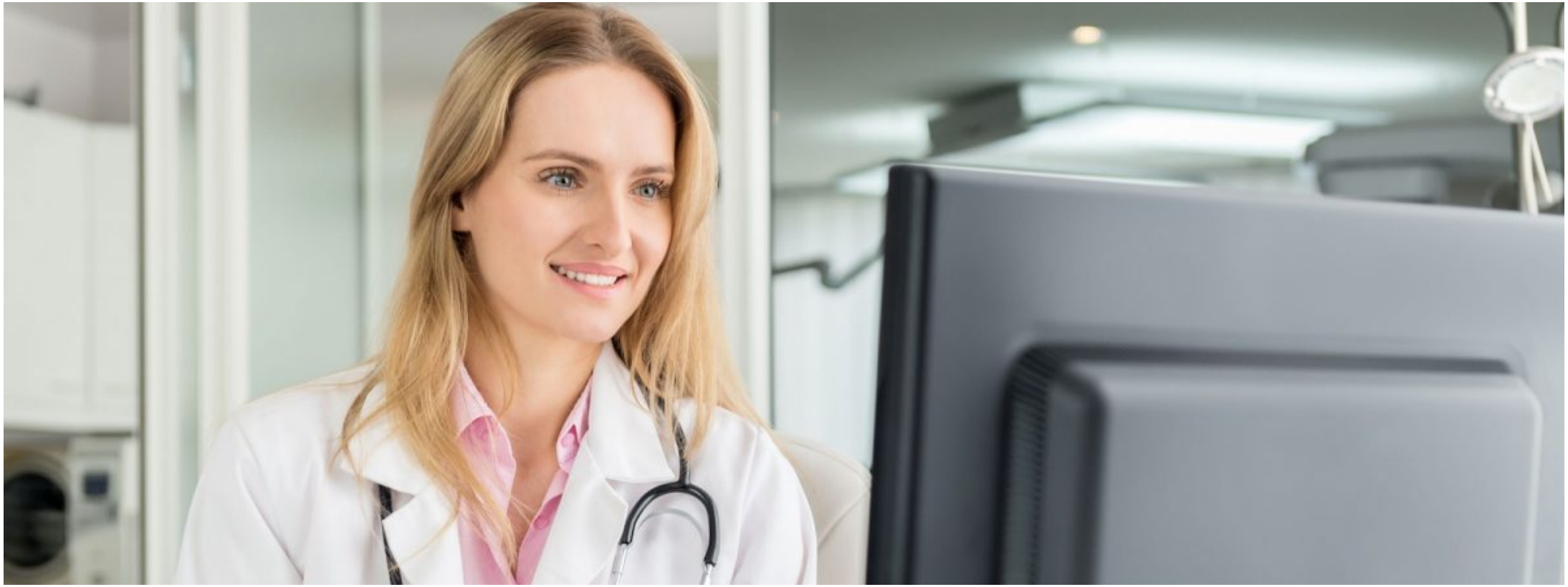
Review of Systems (ROS)

- Define: A ROS is an inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms which the patient may be experiencing or has experienced
- Controversies:
  - Double Dipping
  - Relevance to the encounter
  - All other systems are negative
  - Constitutional organ system
  - Contradictions in the ROS



2021 Impact on Review of Systems

- *…Services include a medically appropriate history…*
- What is a medically appropriate ROS?
- Will the lack of requirement negate the need for documenting ROS?



2021 Teaching & Policy Considerations

- Throw out current scoring processes of ROS
- Update current templates to encourage inclusion of any applicable ROS to demonstrate complexity
  - Encourage providers to refrain from Copy & Paste
  - Encourage providers to refrain from Refer-Back
- Explain the need to no longer document for the sake of documenting

Past Family Social History (PFSH)

- Define: The PFSH consists of a review of three areas:
  - past history (the patient's past experiences with illnesses, operations, injuries and treatments);
  - family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk); and
  - social history (an age appropriate review of past and current activities).
- Controversies:
  - Relevance to the encounter
  - Cloning and Copy & Paste Concerns
  - Not using PFSH correctly

2021 Impact on Past Family Social History

- *…Services include a medically appropriate history…*
- What is a medically appropriate PFSH?
- Will the lack of requirement negate the need for documenting PFSH?

2021 Teaching & Policy Considerations

- Throw out current scoring processes of PFSH
- Update current templates to encourage inclusion of any applicable PFSH to demonstrate complexity
  - Encourage providers to refrain from Copy & Paste
  - Encourage providers to refrain from Refer-Back
- Explain the need to no longer document for the sake of documenting

The extent of examinations performed and documented is dependent upon clinical judgement and the nature of the presenting problem(s). They range from limited examinations of single body areas to general multi-system or complete single organ system examinations.

- *DG: Specific abnormal and relevant negative findings of the examination of the affected or symptomatic body area(s) or organ system(s) should be documented. A notation of "abnormal" without elaboration is insufficient.*
- *DG: Abnormal or unexpected findings of the examination of the unaffected or asymptomatic body area(s) or organ system(s) should be described.*
- *DG: A brief statement or notation indicating "negative" or "normal" is sufficient to document normal findings related to unaffected area(s) or asymptomatic organ system(s).*
- *DG: The medical record for a general multi-system examination should include findings about 8 or more of the 12 organ systems.*

Exam

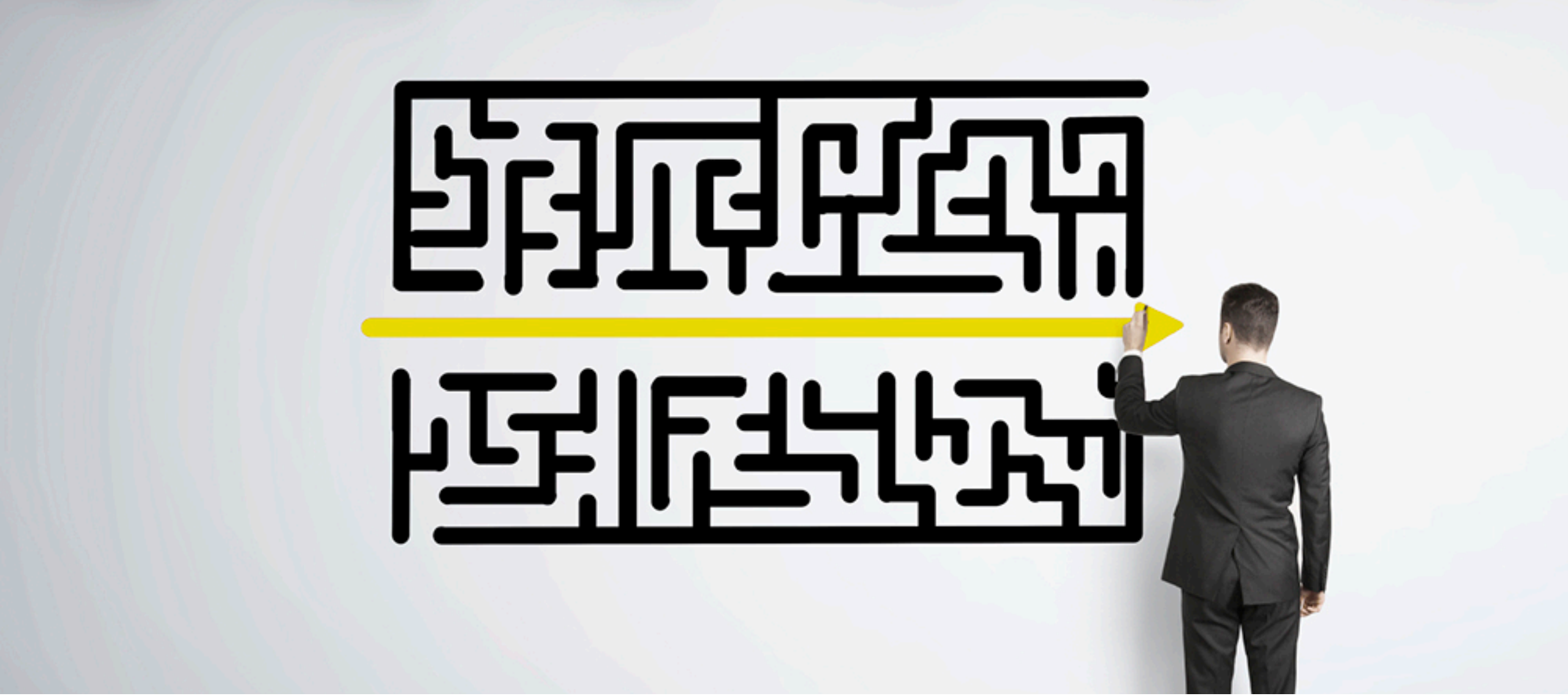
- Define: The extent of examinations performed and documented is dependent upon clinical judgement and the nature of the presenting problem(s)
- Controversies:
  - NOTE the definition that has always existed for the exam
  - 1995 vs. 1997
  - Relevance to the encounter
  - Cloning and Copy & Paste Concerns

2021 Impact on Exam

- *…Services include a medically appropriate exam…*
- What is a medically appropriate Exam?
- Will this lead to records with no exam at all?

2021 Teaching & Policy Considerations

- Throw out current scoring processes for exam
- Consider changes to the templated exams
- Explain the need to no longer document for the sake of documenting

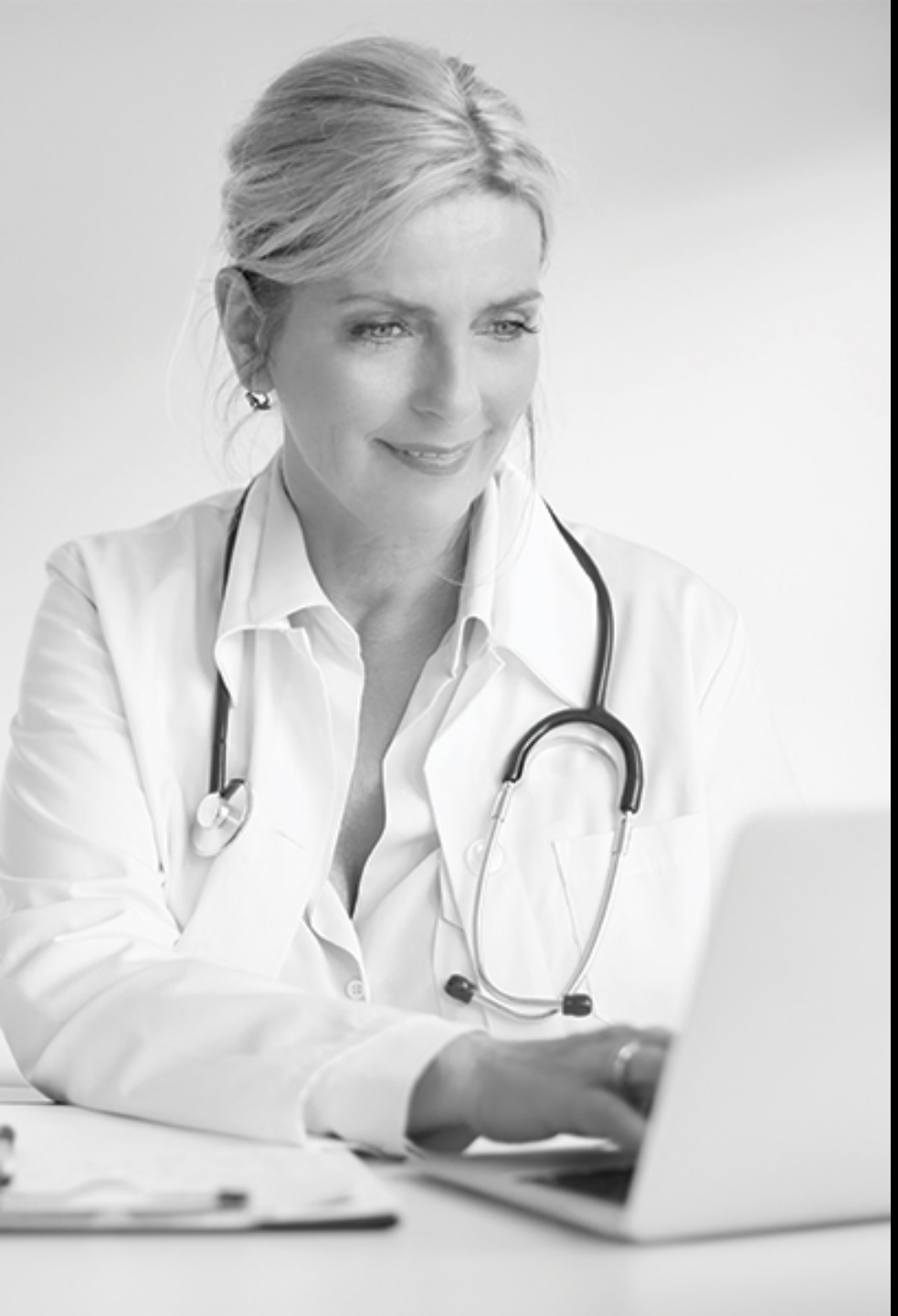


Medical Decision Making: Simplify the Process

Medical Decision Making (MDM)

- 2020 Guidelines have 3 components to the MDM
- 2021 Guidelines have 3 components to the MDM
- The 3 components are essentially the same titles
  - 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

Is there REALLY change in the MDM?



Number and Complexity of Problems Addressed

Define:

- Multiple new or established conditions may be addressed at the same time and may affect medical decision making
- Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition
- Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services *unless* they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management
- The final diagnosis for a condition does not in itself determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Multiple problems of a lower

Controversy Eliminated With Definitions

Problem	Problem addressed	Minimal problem	Self-limited or minor problem
Stable, chronic illness	Acute, uncomplicated illness or injury	Chronic illness with exacerbation, progression or side effects of treatment	Undiagnosed new problem with uncertain prognosis
Acute illness with systemic symptoms	Acute, complicated injury	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

2021 Impact on Number & Complexity of the Problem Addressed

- Definitions will have a significant impact in 2021
- Written guidance that only diagnoses made relevant through the documentation are counted in the scoring process

2021 Teaching & Policy Considerations

Rheumatology

New Office Visits

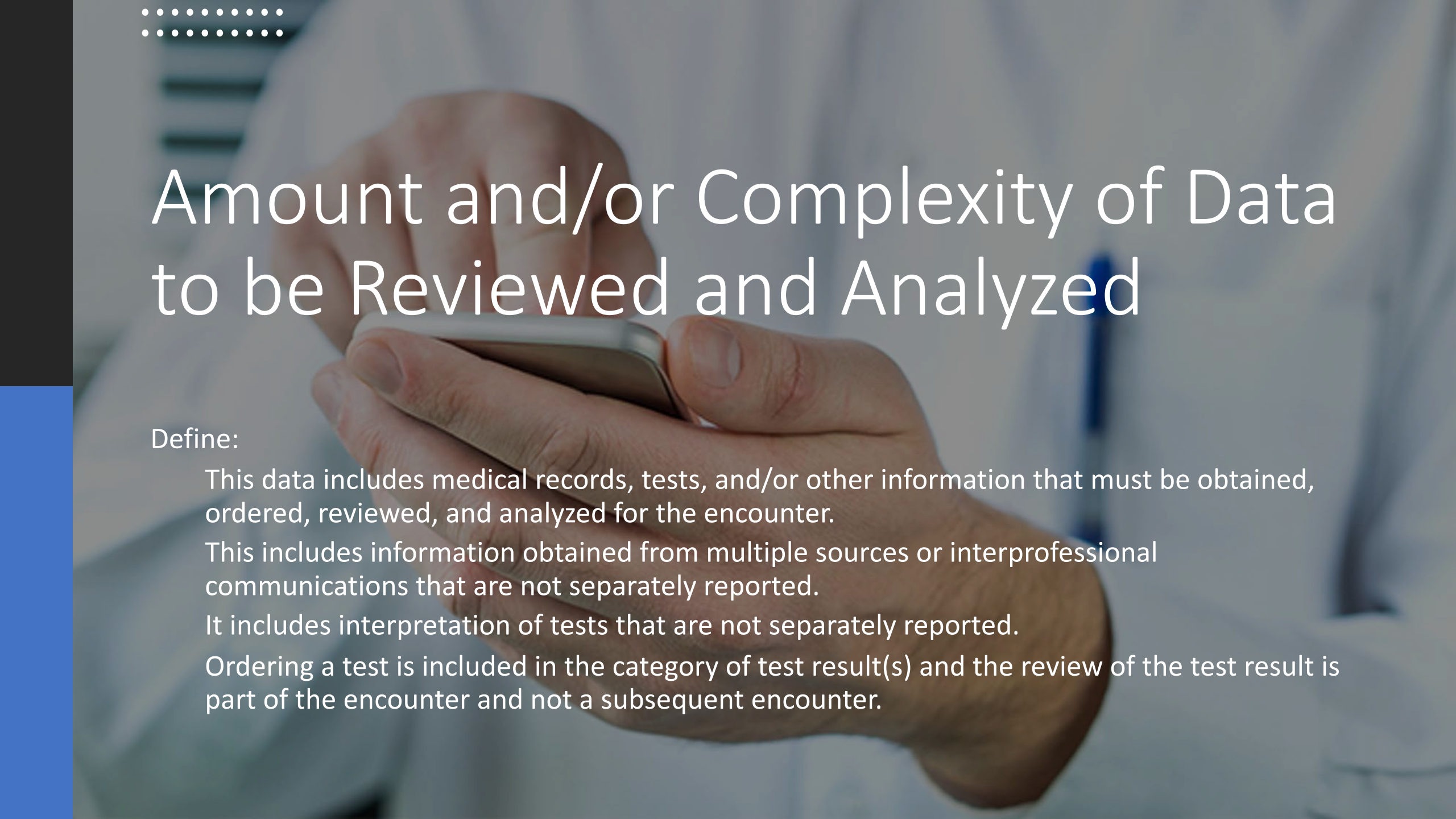
E&M Code	Total RVUs	National Dist. %
99201	1.29	0.13%
99202	2.15	0.72%
99203	3.05	12.59%
99204	4.63	62.98%
99205	5.82	23.58%
Totals		**100.00%**

Established Office Visits

E&M Code	Total RVUs	National Dist. %
99211	0.64	0.66%
99212	1.27	1.70%
99213	2.09	28.66%
99214	3.06	63.49%
99215	4.1	5.49%
Totals		**100.00%**

- Use Benchmark standards for provider specialty and educate each definition into common conditions seen and the definition they must meet
  - Example: Established patient follow up Rheumatology
  - Equating the table this would be a moderate level
    - Chronic problem exacerbated, progressing, or side effects of treatment
    - 2 or more stable chronic problems
    - Acute complicated problem
    - Undiagnosed new problem with uncertain prognosis
- Providers MUST demonstrate the actual acuity of the condition in their documentation

So is there really change to this portion of the MDM for 2021?



Amount and/or Complexity of Data to be Reviewed and Analyzed

Define:

- This data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter.
- This includes information obtained from multiple sources or interprofessional communications that are not separately reported.
- It includes interpretation of tests that are not separately reported.
- 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.

Established Definitions for 2021

Test	External	External physician or other qualified healthcare professional
Independent historian	Independent interpretation	Appropriate source

Controversy for 2021

- As of the date of this presentation, there are still confusions and controversies to this portion of the MDM
- 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*

Cat 1 & Cat 2 Confusion

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*;
  - 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)

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*;

2021 Teaching & Policy Considerations

So is there really change to this portion of the MDM for 2021?

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

- Define:

  The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), treatment (s).

  This includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family.

Established Definitions for 2021

- Risk
- Morbidity
- Social determinates of health
- Drug therapy requiring intensive monitoring for toxicity

2021 Controversy

	Risk of Complications and/or Morbidity or Mortality of Patient Management
	N/A
	Minimal risk of morbidity from additional diagnostic testing or treatment
	Low risk of morbidity from additional diagnostic testing or treatment
	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
	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

2021 Teaching & Policy Considerations

So is there really change to this portion of the MDM for 2021?

Time in the 2021 Encounter

Cumulative Time Allowed

- Physician/other qualified health care professional time includes the following activities, when performed:
  - preparing to see the patient (eg, review of tests)
  - obtaining and/or reviewing separately obtained history
  - performing a medically appropriate examination and/or evaluation
  - counseling and educating the patient/family/caregiver
  - ordering medications, tests, or procedures
  - referring and communicating with other health care professionals (when not separately reported)
  - documenting clinical information in the electronic or other health record
  - independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
  - care coordination (not separately reported)

Time Considerations

- Face-to-Face by the physician or qualified healthcare professional
- Combining time is allowed
- Counseling & Coordination is NO LONGER a requirement
- Greater than 50% is NO LONGER a requirement

Time Considerations

- Ancillary staff time is NOT allowed
- Total time of the encounter must be documented
  - Time in/out are not required according to AMA
- Qualification statement will still be required
- Time rules are only applicable to office/outpatient setting for the code set 99202-99215

Consider the Total Time

CPT Code	Time	wRVU	Reimbursement
99201		N/A	
99202	15-29	0.93	$77.23
99203	30-44	1.42	$109.35
99204	45-59	2.43	$167.09
99205	60-74	3.17	$211.12
99211		N/A	
99212	10-19	0.48	$46.19
99213	20-29	0.97	$76.15
99214	30-39	1.5	$110.43
99215	40-54	2.11	$148.33

2021 Teaching & Policy Considerations

- Countable time
- Total time per code change
- Time qualification statement

So is there really change to this portion of the MDM for 2021?

The Morale of the Story

This is NOT a documentation change!

AMA

CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes

This document includes the following CPT E/M changes, **effective January 1, 2021**:

- **E/M Introductory Guidelines related to Office or Other Outpatient Codes 99202-99215**
- **Revised Office or Other Outpatient E/M codes 99202-99215**

For the complete version of E/M Introductory guideline changes, Office or Other Outpatient (99202-99215) code changes, Prolonged Services code (99354, 99355, 99356, 99XXX) and guideline changes, see *Complete E-M Guideline and Code Changes.doc*.

Note: this content will not be included in the CPT 2020 code set release

Category I

Evaluation and Management (E/M) Services Guidelines

Guidelines Common to All E/M Services

Time

The inclusion of time in the definitions of levels of E/M services has been implicit in prior editions of the CPT codebook. The inclusion of time as an explicit factor beginning in CPT *1992* is done to assist in selecting the most appropriate level of E/M services. Beginning with *CPT 2021* and except for 99211, time alone may be used to select the appropriate code level for the office or other outpatient E/M services codes (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215). Different categories of services use time differently. It is important to review the instructions for each category.

Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time. Therefore, it is often difficult to provide accurate estimates of the time spent face-to-face with the patient.

Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service. Time may only be used for selecting the level of the other E/M services when counseling and/or coordination of care dominates the service.

When time is used to select the appropriate level for E/M services codes, time is defined by the service descriptors. The E/M services for which these guidelines apply require a face-to-face encounter with the physician or other qualified health care professional. For office or other outpatient services, if the physician's or

Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:
Note: this content will not be included in the CPT 2020 code set release

AMA

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**
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

Tools You Need

Additional Topics/Dates:

June 29, 2020: *Defining the Differences in 2020 vs. 2021*

July 27, 2020: *Medical Necessity & E/M Changes*

August 24, 2020: *History & Exam in 2021: The Quandary*

September 14, 2020: *Understanding MDM in 2021: Part 1*

September 21, 2020: *Understanding MDM in 2021: Part 2*

September 28, 2020: *Understanding MDM in 2021: Part 3*

October 26, 2020: *Training Your Providers for 2021*

November 23, 2020: *Hands On 2020 vs. 2021*

December 14, 2020: *Hands On/ Q&A*

Questions?

P: 1-877-418-5564 F: 1-865-531-0722
Web: www.NAMAS.co
Email: sdeconda@namas.co

Our domain is .co not .com