Academy of Medicine of Cincinnati

How The New E&M Coding Changes Will Affect You!

January 21, 2021
7:00-8:00PM

RoundTable Panelists

- Moderator
  - Joseph S. Cheng, MD, MS
- AOM Physicians
  - Barry Brook, MD
  - Michelle Knopp, MD
  - O'dell Owens, MD
  - Chris Paprzycki, MD
  - Gregory Rouan, MD
  - Michael Schoech, MD

- Guest Discussants
  - UC Health
    - Mariam Ba, CPC
    - Jaime Robertson, MD
  - The Christ Hospital
    - Teresa Crenshaw, CPC
    - Karen Mages, CPC
    - Deanna Price, CPC

Thank you to our guest discussants!

Disclosure Information

- Prior to this Live Internet Activity all potential conflicts of interest were resolved.
- The Academy of Medicine of Cincinnati staff involved in this webinar have no financial relationship to disclose.
- Educational resources/assets used by our contributors are for educational purposes only.

New Ambulatory/Outpatient E/M Office Visit Guidelines – Effective January 1, 2021

- New E/M for new and established outpatient visits only (99202-99205, 99211-99215)
  - All other E/M services continue current guidelines, including inpatient hospital, observation, and consults
- Level of service based on either (1) medical decision making OR (2) total time spent – whichever favors best reimbursement
  - Appropriate history and exam should still be performed and documented, but will not be used in determining the level

Discussion Topic

- Is your practice or hospital concerned about these new E/M coding changes?
- What education is being implemented in your practice or hospital for physicians and staff for these new codes?

New Ambulatory/Outpatient E/M Office Visit Guidelines – Effective January 1, 2021

Components for Code Selection	Current State (and other E/M services)	2021 Guidelines for Office Visits (99202-99215)
History and Exam	Use key components (i.e., HPI, ROS, PFSH, organ/body systems).	As medically appropriate – not used in level selection.
Medical Decision Making (MDM)	MDM Components: - Number of diagnoses or management options. - Amount/complexity of data reviewed. - Risk of complications, morbidity, or mortality.	MDM Table: - Number/complexity of problems addressed. - Amount/complexity of data reviewed and analyzed. - Risk of complications, morbidity, or mortality of patient management.
Time	May use face-to-face time when counseling/coordination of care dominates the service.	May use the total time on the date of the encounter.

Option 1: Medical Decision Making (MDM)

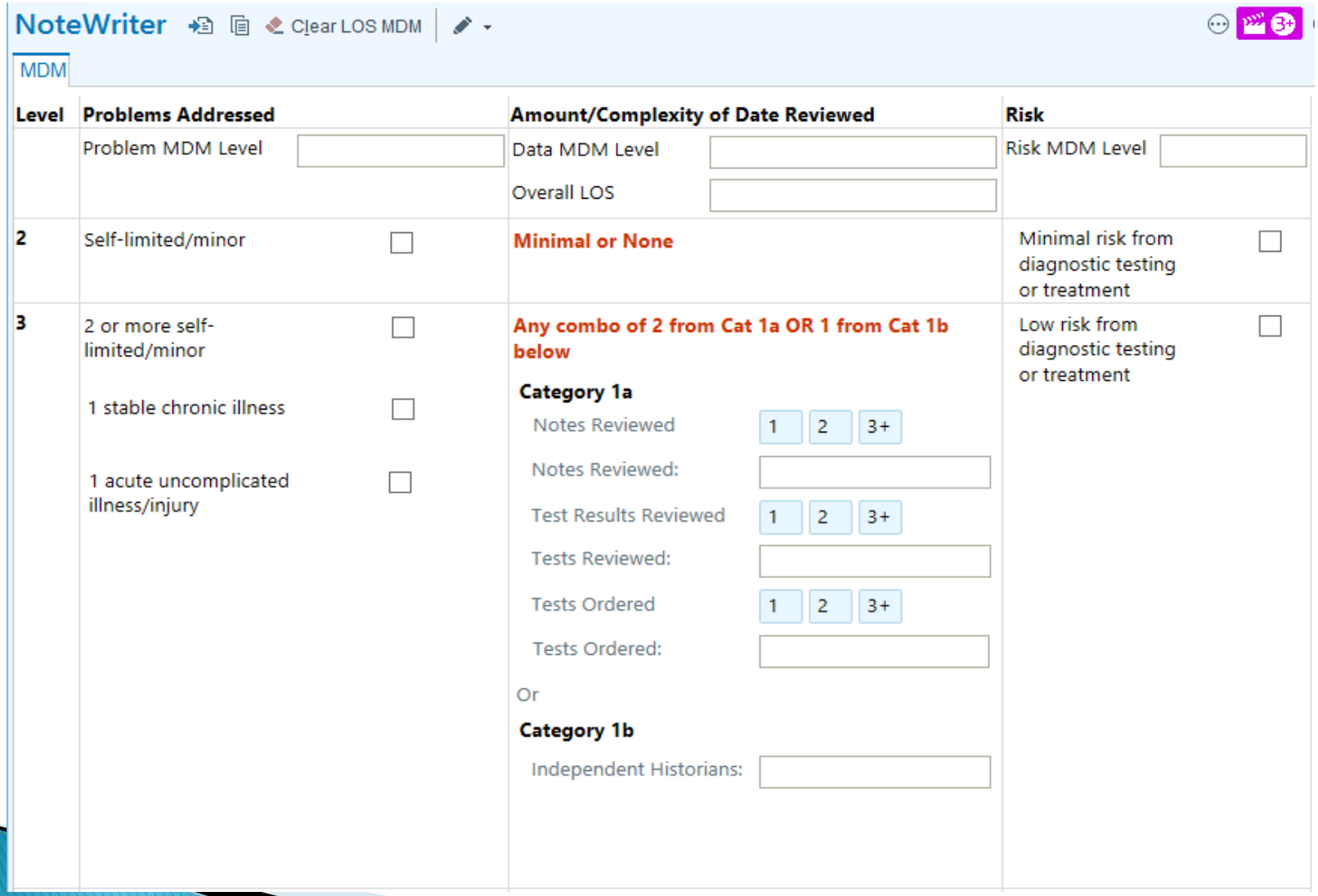
- New, standardized MDM table with 3 elements used to determine the level of MDM:
  1) Number and complexity of problems addressed
  2) Amount and/or complexity of data reviewed and analyzed, including:
     - Tests, documents, orders, independent historian(s) data
     - Independent interpretation of tests
     - Discussion of management or test with external clinician
  3) Risk of complications, morbidity and/or mortality of patient management
- Two of the three elements are used to determine the level of MDM – whichever 2 are higher scores.
- View the new MDM table on the AMA website.

Discussion Topic

- What new tools are being developed to help physicians and other qualified health care providers choose the appropriate level of service?

- Jaime Robertson, MD to discuss Epic dot phrase LOSMDM.

LOS MDM



Jaime Robertson, MD

LOS MDM

4	☐ 1 or more chronic illnesses with exacerbation, progression, or side effects ☐ 2 or more stable chronic illnesses ☐ 1 undiagnosed new problem with uncertain prognosis ☐ 1 acute complicated injury or acute illness with systemic symptoms	**Must meet 1 of 3 categories as defined below** **Category 1 - any combo of 3 items from Cat 1a or Cat1b above. Document in Level 3.** Or **Category 2 -Independent Test Interpretation** Tests Independently Reviewed Or **Category 3 - Discussion of Management or Test Interpretation** Care discussed with:	☐ Moderate risk from 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
5	☐ 1 or more chronic illnesses with severe exacerbation, progression, or side effects ☐ 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Must meet 2 of 3 categories as defined below.** **Category 1 - any combo of 3 items from Cat 1a or Cat1b above. Document in Level 3.** **Category 2 -Independent Test Interpretation. Document in Level 4.** **Category 3 - Discussion of Management or Test Interpretation. Document in Level 4.**	☐ High risk from 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

Jaime Robertson, MD

Option 2: Time

- Time regardless of whether or not counseling/coordination of care dominates (greater than 50% no longer required for 99202-99215)
  - **But still required for inpatient services**
- Total time of the service can include both face-to-face AND non face-to-face time the clinician personally spends before, during and after the visit on that same day.
  - ✓ Prepping to see the patient (i.e., review of tests)
  - ✓ Obtaining and/or reviewing separately obtained history
  - ✓ Performing a medically appropriate exam and/or evaluation
  - ✓ Counseling and educating patient/family/caregiver
  - ✓ Ordering meds, tests or procedures
  - ✓ Care coordination
  - ✓ Independent interpretation of tests/results and communicating results to patient/family/caregiver
  - ✓ Documenting clinical info into the EHR

Option 2: Time

- Time spent by staff, residents, fellows, etc. can't be used for billing.
- When time is used to determine the level of service, the documentation must include notation of time.
- Total time spent will correlate directly with CPT code description for level of service.

Total Encounter Time: _____ **E/M Code:** _____

Code	Time	Code	Time	Code	Time
99202	15-29	99211	0	99214	30-39
99203	30-44	99212	10-19	99215	40-54
99204	45-59	99213	20-29		
99205	60-74				

Mariam Ba, CPC

Prolonged Time Calculations*

Prolonged Code: _____

Code	Time	Code	Time
New Patient 99205 +		Est. Patient 99215 +	
99XXX	75-89	99XXX	55-69
99XXX	90-104	99XXX	70-84
99XXX	105+	99XXX	85+

**Prolonged time less than 15 minutes are not billable*

Time-Base Calculation Guide

Total time must fall exactly into the ranges for the code to apply.

For New Patient Visits:

If total time is less than 15 minutes No Code will apply
If time is greater than 74 minutes add Prolonged EM Service

For Established Patient Visits:

If total time is less than 10 minutes No Code will apply
If times greater than 55 minutes add Prolonged EM Service

Mariam Ba, CPC

Discussion Topic

- How are you tracking total time of the service such as the non face-to-face time reviewing charts and tests?
- What happens if you perform services the night before, such as prepping for the morning clinic patients?
- How are you planning to document the non-face to face time?

Discussion Topic

- As time spent by residents and fellows can't be used for billing, what if the time spent personally by the attending is less than 15 minutes or 10 minutes?
- What does the time criteria mean for shared visits with other qualified health care providers such as PA's or NP's?

Prolonged Care Code 99417 is to be used in conjunction with 99205 and 99215.

Time threshold chart for prolonged code 99417 from the CPT book for new and established Patient

Total Duration of new Patient or Other Office or Other Outpatient Services (use with 99205)	**Code(s)**
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99417 x 1
90-104 minutes	99205 X 1 and 99417 x 2
105 or more	99205 X 1 and 99417 x 3 or more for each additional 15 minutes.
Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	**Code(s)**
less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99417 x 1
70-84 minutes	99215 X 1 and 99417 x 2
85 or more	99215 X 1 and 99417 x 3 or more for each additional 15 minutes.

Mariam Ba, CPC

Prolonged Care Code 99417 is to be used in conjunction with 99205 and 99215

Time threshold chart for G2212 with a new and established Patient

CPT Code(s)	Total Time Required for Reporting
99205	60-74 minutes
99205 x 1 and G2212 x 1	89-103 minutes
99205 x 1 and G2212 x 2	104-118 minutes
99205 x 1 and G2212 x 3 or more for each additional 15 minutes.	119 or more

CPT Code(s)	Total Time Required for Reporting
99215	40-54 minutes
99215 x 1 and G2212 x 1	69-83 minutes
99215 x 1 and G2212 x 2	84- 98 minutes
99215 x 1 and G2212 x 3 or more for each additional 15 minutes.	99 or more

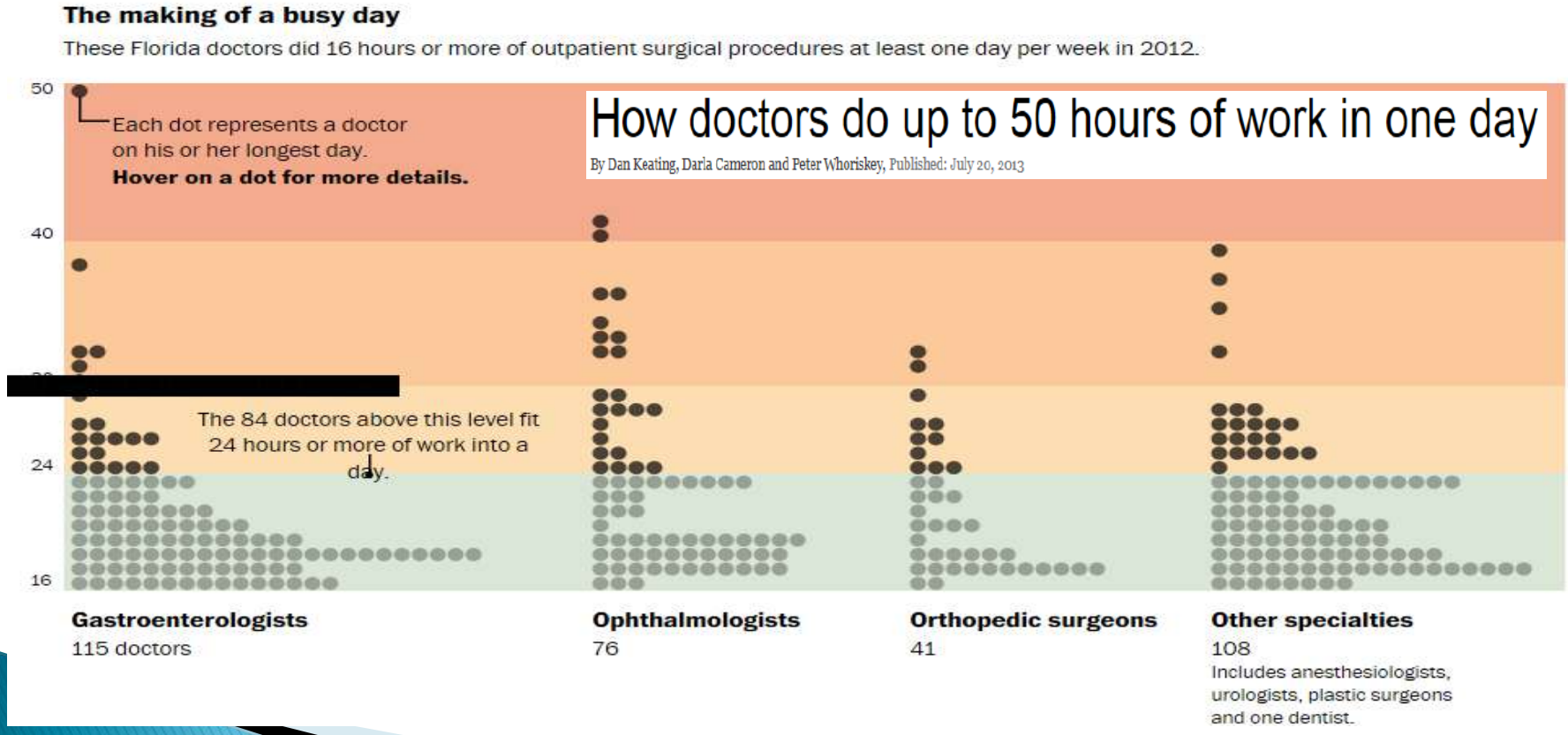
Mariam Ba, CPC

Discussion Topic

- How do you plan to document total time with the prolonged care codes, especially with non face-to-face time?
- Do you track to see if the total times documented in the day of clinic visits exceed the hours of operation of your practice?

Discussion Topic

- What do you feel are the new compliance risks with the new E&M codes?



Joseph S. Cheng, MD, MS

Discussion Topic

- What new compliance or audit protocols are being implemented?
  - Such as inpatient versus office documentation requirements?

CMS Approved Audit Issues

Performant Recovery, Inc.

https://performantrac.com/

Region 1- NY, ME, NH, VT, MA, RI, CT, OH, KY, IN, and MI.
Region 5- National US Contract (DME/HHH)

Not a New Patient	0039	Providers are only allowed to bill the CPT codes for New Patient visits if the patient has not received any face-to-face service from the physician or physician group practice (limited to physicians of the same specialty) within the previous 3 years. This query identifies claims for patients who have been seen by the same provider in the last 3 years but for which the provider is billing a new (instead of established) visit code. Findings are limited to line with overpayments only.
Office Visits Billed for Hospital Inpatients	0042	If evaluation and management service are being rendered to patients admitted to an inpatient hospital setting, then CPT Codes 99221-99223, 99231-99233 and 99238-99239 are to be used. CPT

March 2020

ACADEMY OF MEDICINE OF CINCINNATI

Additional Questions?

www.academyofmedicine.org