

CMS 2021 Documentation and Coding Changes for Office Codes- ED Implications

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We have heard repeatedly that a major source of burnout is the documentation burden associated with evaluation and management (E/M) coding, and that a change is long overdue.

Clinicians find themselves having to perform and document clinical activity that may be of only marginal relevance to the visit, but is required in order to receive the level of payment that their effort deserves.

Seema Verma
CMS Administrator

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Documentation Guideline Evolution Begins

“In the CY 2019 PFS final rule we finalized a number of coding, payment, and documentation changes for office/outpatient E/M visits (CPT codes 99201-99215) to reduce administrative burden. In summary, **we finalized** the following policy changes effective January 1, 2021.

Permitting practitioners to choose to document office/outpatient E/M 5 visits using: **MDM or time, or the current framework based on the 1995 or 1997 Guidelines.**” Physician Final Rule page 868/2475

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CMS Documentation Guideline Reform Continues

“Throughout 2019 CMS sought comment on changing the current documentation guidelines.

Specifically sought comment on whether it would be appropriate to remove documentation requirements for the history and physical exam for all E/M visits at all levels. We stated that MDM and time are the more significant factors in distinguishing visit levels, and that the need for extended histories and exams is being replaced by population-based screening and intervention.”

CMS Provider Outreach Press Release

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AMA/CPT Weighs In- Need For Updated Guidelines

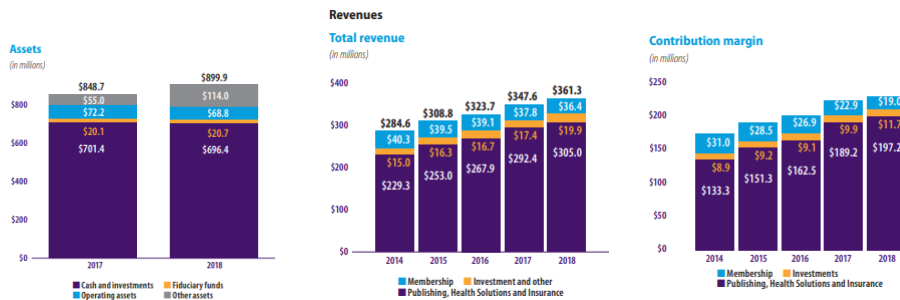
- “For decades, the physician community has struggled with burdensome reporting guidelines for reporting office visits and other E/M codes. Documentation requirements have encouraged “note bloat” due to the check-box nature of meeting the current documentation requirements.”
- To address this, on Feb. 9, 2019, the AMA-convened CPT Editorial Panel approved revisions to the CPT E/M office visit reporting guidelines and code descriptors.



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AMA/CPT Motivated Regarding Changes to The Documentation Guidelines

- Extensive Surveys, Meetings, and Analysis
- Protect the value of the CPT code set



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Which Governing Body Decides Documentation Guidelines For 2021?

Everyone wants to own/monetize the documentation guidelines



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2020 Physician Final Rule: CMS Documentation Guidelines Solution

“**For 2021**, for office/outpatient E/M visits (CPT codes 99201-99215), we proposed generally to adopt the new coding, prefatory language, and interpretive guidance framework that has been issued by the AMA/CPT because we believed it would accomplish greater burden reduction.” 2020 Physician final rule page 868/2475

“Therefore, we are finalizing our proposal to adopt the MDM guidelines as revised by CPT to select office/outpatient E/M visit level beginning January 1, 2021.” 2020 Physician final rule page 868/2475

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The Devil We Knew: 1995 Documentation Guidelines Going Away-For The Office Codes

25 Years Ago!




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AMA/CPT Guidelines Current and Future

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Current AMA /CPT Guidelines and E/M Components

- **History**
- **Examination**  **Key Elements**
- **Medical decision making**
- Counseling
- Coordination of care
- Nature of presenting problem
- Time – Used as the primary determinant only if >50% of the visit involves counselling and coordination of care

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Updated AMA/CPT Guidelines: History and Physical Exam

- "The nature and extent of the history and/or physical examination is determined by the treating physician reporting the service."
- The care team may collect information and the patient or caregiver may supply information directly (e.g., by portal or questionnaire) that is reviewed by the reporting physician or other qualified health care professional
- **The extent of history and physical examination is NOT an element in selection of office or other outpatient services.**



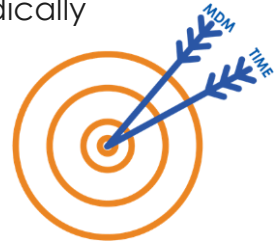
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MDM or Time Will Determine Office Code Choice

2021 Office Visit Code Scoring

“The CPT code changes allow clinicians to choose the E/M visit level based on either medical decision making or time.” **2020 CMS Physician Final Rule Press Release**

1. Requires performance of history and exam only as medically appropriate
2. Allows clinicians to choose the E/M visit level:
 - Medical Decision Making ; OR
 - Time



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Updated AMA CPT Guidelines- ED and Time

- Time noted NOT to apply in The ED

“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.”

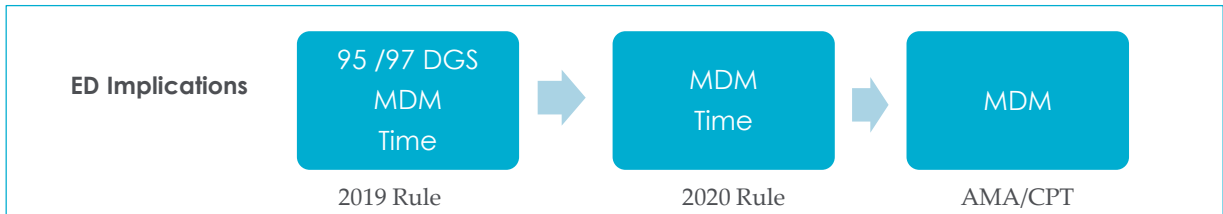
AMA /CPT Code and Guideline Changes Fall 2019

Leaves The ED With MDM



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ED Implications: 2021 Documentation Guideline Changes



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Timeline For Office Visit Code Changes



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ED Timeline: Transition To Updated Guidelines?

- ED Codes seen as complex – will take more time

NO APPLICATION IN THE ED YET

“The proposed changes only apply to office codes:99201 – 99215. There are more unique issues to consider for the E/M code sets used in the emergency department care, such as unique clinical and legal issues.

We may address sections of the E/M code set beyond the office/outpatient codes in future years.” **CMS Physician Rule page 332/1473**

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Silver Lining: What About The Presenting Problem vs Final Diagnosis?

- “One element in the level of code selection for an office or other outpatient service is the number and complexity of the problems that are addressed at an encounter.”
- The final diagnosis for 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 severity may, in the aggregate, create higher risk due to interaction.

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Per AMA

- By providing improved definitions for medical decision making and consistency in documentation for all payers, the revisions approved by the CPT Editorial Panel will provide significant and lasting burden reductions.
- Eliminate history and physical as elements for code selection
 - While the provider's work in capturing the patient's pertinent history and performing a relevant physical exam contributes to both the time and medical decision making, these elements alone should not determine the appropriate code level.
 - The revised code descriptors state a "medically appropriate history and/or examination" is required.

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Revised MDM Guidelines

- The approved revisions did not materially change the three current MDM elements, but did provide extensive edits to the elements for code selection and revised/created numerous clarifying definitions in the E/M guidelines.
- Number of diagnoses or management options is now:
 - Number and Complexity of Problems Addressed

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Revised MDM Guidelines

- E&M Table of Risk and CMS Contractor audit tools use to revise required elements for MDM and minimize disruption in MDM level criteria.
 - Removed ambiguous terms such as "mild"
 - Also defined important terms, such as "Independent historian."
 - Defined previously ambiguous statements i.e "acute or chronic illness with systemic symptoms").
 - Re-defined the scoring for MDM Data element.

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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

.od	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	N/A
99202	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 <i>Examples only:</i> • 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 <i>Examples only:</i> • 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

Number and Complexity of Problems Addressed

- 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.
- Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction.

Number and Complexity of Problems Addressed

- 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, an extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition.

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Number and Complexity of Problems Addressed

- 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:*** A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service. **This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice.**

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Number and Complexity of Problems Addressed

99203 99213	Low	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 	99204 99214	Moderate	Moderate <ul style="list-style-type: none"> • 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
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- **Acute, uncomplicated illness or injury:** A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. Examples may include cystitis, allergic rhinitis, or a simple sprain.

- **Acute illness with systemic symptoms:** An illness that causes systemic symptoms and has a high risk of morbidity without treatment.
- For systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for 'self-limited or minor' or 'acute, uncomplicated.'

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Number and Complexity of Problems Addressed

99205 99215	High	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
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- **Chronic illness with severe exacerbation, progression, or side effects of treatment:** The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.
- **Acute or chronic illness or injury that poses a threat to life or bodily function:** An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, **that poses a threat to life or bodily function in the near term without treatment.** Examples may include acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status.

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

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>
99203 99213	Low	<p>Limited (Must meet the requirements of at least 1 of the 2 categories)</p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> Any combination of 2 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each unique source*; review of the result(s) of each unique test*; ordering of each unique test* <p>or</p> <p>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)</p>

*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1.

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

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>
99204 99214	Moderate	<p>Moderate (Must meet the requirements of at least 1 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

- Independent historian(s):** An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis).

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

- **Category 2 - Independent Interpretation:** The interpretation of a test for which there is a CPT code and an interpretation or report is customary.
 - This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient.
 - A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test.

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

- **Category 3 – External physician or other qualified healthcare professional:** An external physician or other qualified health care professional is an individual who is not in the same group practice or is a different specialty or subspecialty.
- **Appropriate source:** For the purpose of the Discussion of Management data element, an appropriate source includes professionals who are not health care professionals, but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.

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

Level of MDM (Based on 2 out of 3 Elements of MDM)	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>
High	<p>Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

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

Low

Low risk of morbidity from additional diagnostic testing or treatment

Moderate

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

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

Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.

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High MDM

Problems Addressed

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

Data

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)

Risk

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

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Supporting MDM and NOPP

Accurately communicate the severity of the presentation.

- Differential diagnosis
- Progress notes
- Repeat evaluations
- Clinical discussions with other providers
- ED summary

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AMA/CPT Updated Guidelines Definition of Time

- 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
- When time is being used to select the level of a service for which time-based reporting of shared or split visits is allowed, the time personally spent by the physician and or other qualified health care professional(s) managing the patient on the date of the encounter is summed to define total time.

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Time Components

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals
 - not separately reported
- Documenting clinical information in the health record
- Independently interpreting results- not separately reported
- Care coordination - not separately reported

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Role of Ancillary Studies and Data

- "The physician's interpretation of the results of diagnostic tests/ studies (ie, professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately."
- "If a test/study is independently interpreted in order to manage the patient but is not separately reported as part of the E/M service- it is part of medical decision making."

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