# 2021 Evaluation and Management Leveling Guidelines

December 3, 2020

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# Housekeeping

- Questions? Use the Q and A box on your screen and we will get to as many as we can at the end of the webinar.
- The webinar is being recorded, we will send you the slides and recording once the webinar concludes.

# Speakers

**Sydney Powell**

Marketing & Communications

Organizer

**Marie Moss**

Medical Coding Audits Instructor

Presenter

**Tiffany Richardson**

eClinicalWorks Trainer

Presenter

# 2021 Evaluation and Management Leveling Guidelines

## Agenda

Marie will cover

- Changes of the Evaluation and Management Office Visit leveling guidelines
- Time
- Office Visit and other Outpatient Services code description
- Medical Decision Making
- Social Determinants of Health
- Prolonged Services

Tiffany will cover

- Settings
- eCW Time Based Template
- eCW V2 Coder
- eCW V2 Coder Triggers


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# What's Changing?

Effective **January 1, 2021**, the American Medical Association CPT codes for office/outpatient services E/M visits 99201-99205 and 99211- 99215 will have a whole meaning. CMS has adopted these changes as of Dec. 1st and will soon be sharing the new fees.

- Retains 5 levels of coding for established patients reduces the number of levels to 4 for office/outpatient E/M visits for new patients, and revises the code definitions
- Revises the times and medical decision-making process for all of the codes, and requires the performance of history and exam only as medically appropriate
- Allows clinicians to choose the E/M visit level based on either medical decision making or time


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# E/M Coding Assistance

**Documentation Assistance**

- Time-based coding and medical decision making documentation guidelines
- eClinicalWorks Setting

**Chart Audit and Recommendations**

- Identify the risk associated with level of care assignments

**Compliance Review**

- Client + Coding Resource Consultant will meet to review the documentation audit, recommendations, and discuss next steps

**eClinicalWorks Assistance**

- **FREE** E/M Coder activated for use with versions 10SP2.5.48 and above
- Assistance with Progress Note Templates


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# What to Expect

## Timeline for the E/M Coding Changes

### Today

Revele has published E/M coding resources please check our website for education and training.

### December

Software configuration, chart audits, 1:1 provider training and leveling practice.

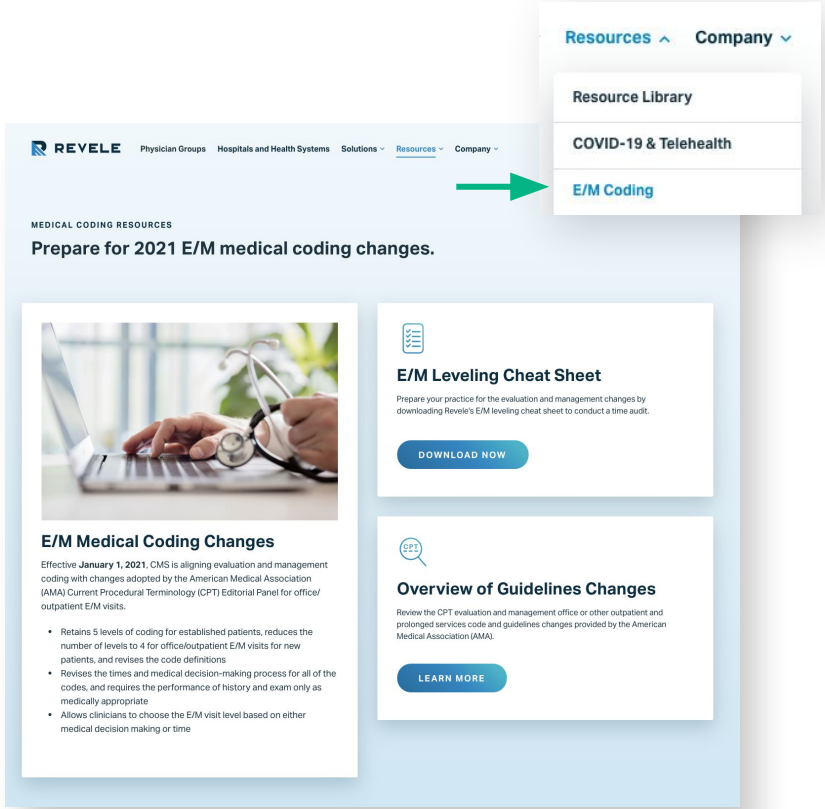
### January 1, 2021

E/M changes are active. Revele will provide ongoing support and troubleshoot any post change issues.

# Support & Resources

## Helpful Resources To Get You Started

- AMA Quick Links
- Time Audit Cheat Sheet
- YouTube Video of Guidelines



# 2021 Evaluation and Management Leveling Guidelines

## 2021 E/M Office Visit/Outpatient Services Time Guidelines

- Counseling and/or coordination of care no longer has to dominate service.
- **Total time on the date of the encounter** includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified healthcare professional(s).
- The physician or other qualified health care professional's time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.
- For **shared or split visits** select the appropriate level of a service for which time-based reporting spent by the physician and other qualified health care professional(s) assessing and managing the patient on the date of the encounter is summed to define total time. When two or more physician(s) and other qualified healthcare professional(s) meet to discuss the patient, only the time of one individual should be counted.
- When prolonged time occurs, the appropriate add-on code may be reported. The appropriate time should be documented in the medical record when it is used as the basis for code selection.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# 2021 Evaluation and Management Leveling Guidelines

## 2021 Total Time

Description of Time: (total time spent **on the day of the encounter**)

- 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 reported separately)
- 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)


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# Medical Decision Making (MDM)

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# 2021 Evaluation and Management Leveling Guidelines

## 2021 E/M Code Description Changes

| Code | Description |
|---|---|
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a **medically appropriate history and/or examination** and straightforward medical decision making. When using time for code selection, 15-29 minutes of **total time is spent on the date of the encounter**. |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. (For services 75 minutes or longer, see Prolonged Services 99417) |


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# 2021 Evaluation and Management Leveling Guidelines

## 2021 E/M Code Description Changes

| Code | Description |
|---|---|
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problem(s) are minimal. |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a **medically appropriate history and/or examination** and straightforward medical decision making. When using time for code selection, 10-19 minutes of **total time is spent on the date of the encounter**. |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. (For services 55 minutes or longer, see Prolonged Services 99417). |


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# 2021 Evaluation and Management Leveling Guidelines

**2021 E/M Code Short Description**

| Office visits — New patient | |
|---|---|
| 99202 | Straightforward or 15-29 mins |
| 99203 | Low or 30-44 mins |
| 99204 | Moderate or 45-59 mins |
| 99205 | High or 60-74 mins |
| **Office visits — Established patient** | |
| 99211 Minimal/RN | No time |
| 99212 | Straightforward or 10-19 mins |
| 99213 | Low or 20-29 mins |
| 99214 | Moderate or 30-39 mins |
| 99215 | High or 40-54 mins |


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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*

AMA AMERICAN MEDICAL ASSOCIATION

| Code | Level of MDM (Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making | | |
|---|---|---|---|---|
| | | Number and Complexity of Problems Addressed | Amount and/or Complexity of Data to be Reviewed and Analyzed<br>**Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.* | Risk of Complications and/or Morbidity or Mortality of Patient Management |
| 99211 | N/A | N/A | N/A | N/A |
| 99202<br>99212 | Straightforward | **Minimal**<br>• 1 self-limited or minor problem | **Minimal or none** | **Minimal risk of morbidity from additional diagnostic testing or treatment** |
| 99203<br>99213 | Low | **Low**<br>• 2 or more self-limited or minor problems;<br>**or**<br>• 1 stable chronic illness;<br>**or**<br>• 1 acute, uncomplicated illness or injury | **Limited**<br>*(Must meet the requirements of at least 1 of the 2 categories)*<br>**Category 1: Tests and documents**<br>• **Any combination of 2 from the following:**<br>  • Review of prior external note(s) from each unique source*;<br>  • review of the result(s) of each unique test*;<br>  • ordering of each unique test*<br>**or**<br>**Category 2: Assessment requiring an independent historian(s)**<br>*(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<br>99214 | Moderate | **Moderate**<br>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;<br>**or**<br>• 2 or more stable chronic illnesses;<br>**or**<br>• 1 undiagnosed new problem with uncertain prognosis;<br>**or**<br>• 1 acute illness with systemic symptoms;<br>**or**<br>• 1 acute complicated injury | **Moderate**<br>*(Must meet the requirements of at least 1 out of 3 categories)*<br>**Category 1: Tests, documents, or independent historian(s)**<br>• **Any combination of 3 from the following**:<br>  • Review of prior external note(s) from each unique source*;<br>  • Review of the result(s) of each unique test*;<br>  • Ordering of each unique test*;<br>  • Assessment requiring an independent historian(s)<br>**or**<br>**Category 2: Independent interpretation of tests**<br>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);<br>**or**<br>**Category 3: Discussion of management or test interpretation**<br>• 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**<br><br>*Examples only:*<br>• Prescription drug management<br>• Decision regarding minor surgery with identified patient or procedure risk factors<br>• Decision regarding elective major surgery without identified patient or procedure risk factors<br>• Diagnosis or treatment significantly limited by social determinants of health |
| 99205<br>99215 | High | **High**<br>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;<br>**or**<br>• 1 acute or chronic illness or injury that poses a threat to life or bodily function | **Extensive**<br>*(Must meet the requirements of at least 2 out of 3 categories)*<br><br>**Category 1: Tests, documents, or independent historian(s)**<br>• **Any combination of 3 from the following**:<br>  • Review of prior external note(s) from each unique source*;<br>  • Review of the result(s) of each unique test*;<br>  • Ordering of each unique test*;<br>  • Assessment requiring an independent historian(s)<br>**or**<br>**Category 2: Independent interpretation of tests**<br>• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**<br>**or**<br>**Category 3: Discussion of management or test interpretation**<br>• 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**<br><br>*Examples only:*<br>• Drug therapy requiring intensive monitoring for toxicity<br>• Decision regarding elective major surgery with identified patient or procedure risk factors<br>• Decision regarding emergency major surgery<br>• Decision regarding hospitalization<br>• Decision not to resuscitate or to de-escalate care because of poor prognosis |


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# 2021 Evaluation and Management Leveling Guidelines

## Terminology for MDM

- **Problem addressed** A problem is addressed or managed when it is evaluated or treated
- **Minimal problem** A problem that may not require the presence of the physician or other qualified healthcare professional
- **Self-limited or minor problem** A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status
- **Stable, chronic illness** A chronic problem with an expected duration of at least a year or until the death of the patient
- **Acute, uncomplicated illness or injury** A recent or new short-term problem with low risk of morbidity for which treatment is considered
- **Chronic illness with exacerbation, progression, or side effects of treatment:** A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care
- **Undiagnosed new problem with uncertain prognosis:** A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment


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# 2021 Evaluation and Management Leveling Guidelines

## Terminology for MDM

- **Acute illness with systemic symptoms:** An illness that causes systemic symptoms and has a high risk of morbidity without treatment
- **Acute, complicated injury:** An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity
- **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.
- **Test:** Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.


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# 2021 Evaluation and Management Leveling Guidelines
## Terminology for MDM

- **External:** External records, communications and/or test results are from an external physician, other qualified healthcare professional, facility or healthcare organization
- **External physician or other qualified healthcare professional:** An external physician or other qualified healthcare professional is an individual who is not in the same group practice or is a different specialty or subspecialty
- **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) or because a confirmatory history is judged to be necessary
- **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.
- **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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# 2021 Evaluation and Management Leveling Guidelines

## Social Determinants of Health (SDoH)

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture


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# 2021 Evaluation and Management Leveling Guidelines

## Social Determinants of Health (SDoH)

**Sample Questions:**

- Tell me about your living situation.
  - Do you have enough heat, hot water, and electricity?
  - Do you have appliances that work?
  - Do you have problems with bugs, rodents, peeling paint or plaster, or mold or dampness?
  - How are your resources for caring for your child?
  - Do you have enough knowledge to feel comfortable in caring for her?
  - Do you have health insurance?
  - Do you have enough money for food, clothing, and child care?
  - Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?
  - Within the past 12 months, did the food you bought not last, and you did not have money to get more?
  - Have you ever tried to get help for these issues? What happened? What barriers did you face?

Each SDoH should have a Anticipatory Guidance. An example of Anticipatory Guidance for the above questions could be “If you have problems with any of these things, let me know and I can tell you about community services and other resources that can help you” https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_EarlyChildhoodVisits.pdf


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# 2021 Evaluation and Management Leveling Guidelines

## Social Determinants of Health (SDoH)

- As state Medicaid programs transform their delivery systems to improve health and control costs, they have increasingly focused on the role that social determinants play in the health of their enrollees.
- Some states are using existing state administrative data sources to gather SDOH information, rather than screen individuals through patient-level data collection. Massachusetts, for example, created a Neighborhood Stress Index that determines the degree to which individuals' environment affects their own health outcomes, and incorporated the index into. These screening and administrative data initiatives can be valuable components of an overall SDOH strategy by helping identify enrollees at high social risk, and as a first step to linking enrollees to needed social services
- Some of the state's requirements:
    - https://downloads.aap.org/MedHome/pdf/SHD%20Fact%20Sheet%20FINAL.pdf


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# 2021 Evaluation and Management Leveling Guidelines

## Social determinants of health

**Persons with potential health hazards related to socioeconomic and psychosocial circumstances**

| | |
|---|---|
| **Z55** | Problems related to education and literacy |
| **Z56** | Problems related to employment and unemployment |
| **Z57** | Occupational exposure to risk factors (exposure to radiation, dust, other contaminants, extreme temperature, etc.) |
| **Z59** | Problems related to housing and economic circumstances |
| **Z60** | Problems related to social environment (living alone, adjustment to retirement, migration, discrimination, etc.) |
| **Z62** | Problems related to upbringing |
| **Z63** | Other problems related to primary support group, including family circumstances |
| **Z64** | Problems related to certain psychosocial circumstances (unwanted pregnancy, discord with probation officer) |
| **Z65** | Problems related to other psychosocial circumstances |


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# Prolonged Services

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| Prolonged Services |
| --- |
| **+99354** - Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the **office or other outpatient setting** requiring direct patient contact beyond the usual service; **first hour** |
| **+99355** - Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the **office or other outpatient setting** requiring direct patient contact beyond the usual service; **each additional 30 minutes** |
| **+99415 -** Prolonged **clinical staff service** (the service beyond the typical service time) **during an Evaluation and management service in the office or outpatient setting**, direct patient contact with physician supervision; **first hour** (List separately in addition to code for outpatient Evaluation and Management service) |
| **+99416** - Prolonged **clinical staff service** (the service beyond the typical service time) **during an Evaluation and management service in the office or outpatient setting**, direct patient contact with physician supervision; **each additional 30 minutes** (List separately in addition to code for prolonged service) |
| **+99417** Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected **using total time**), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services) |


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# Software Configuration and Templates


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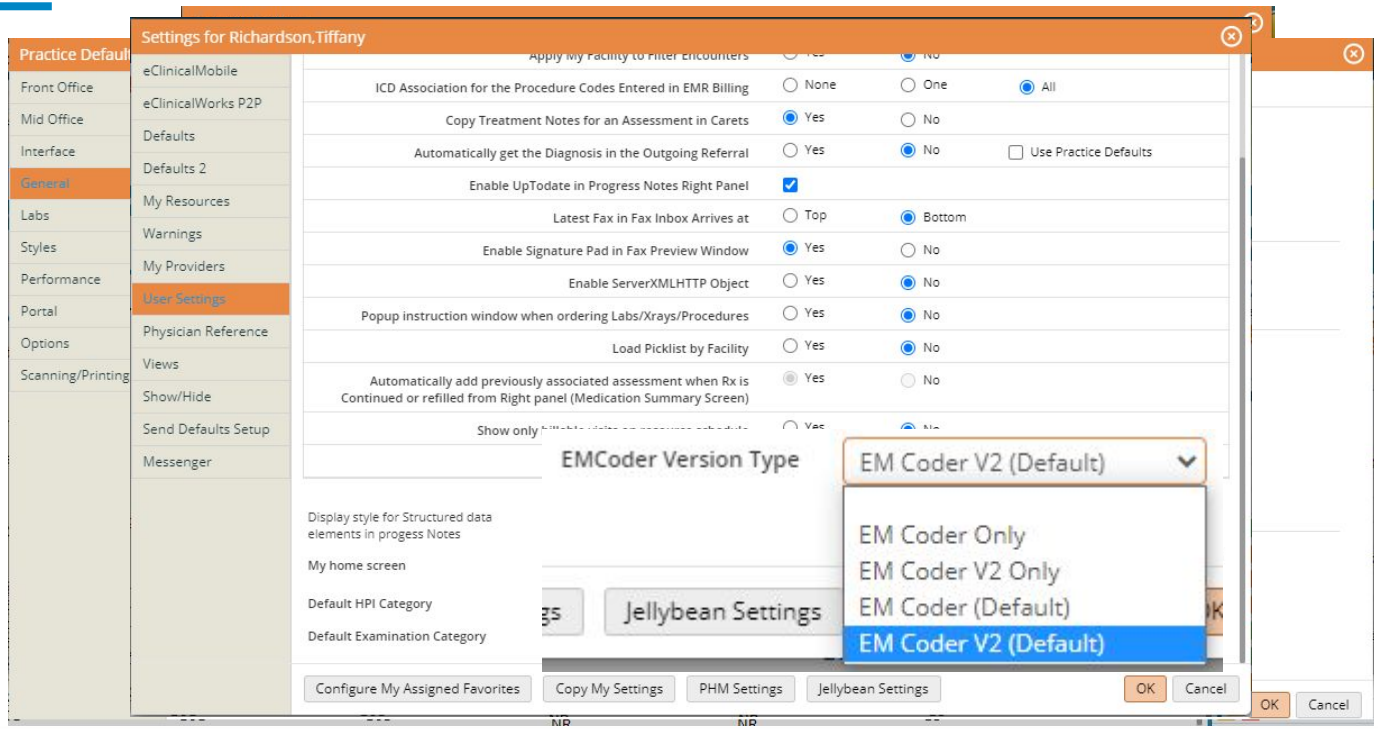
# 2021 E&M Coder V2

## Settings





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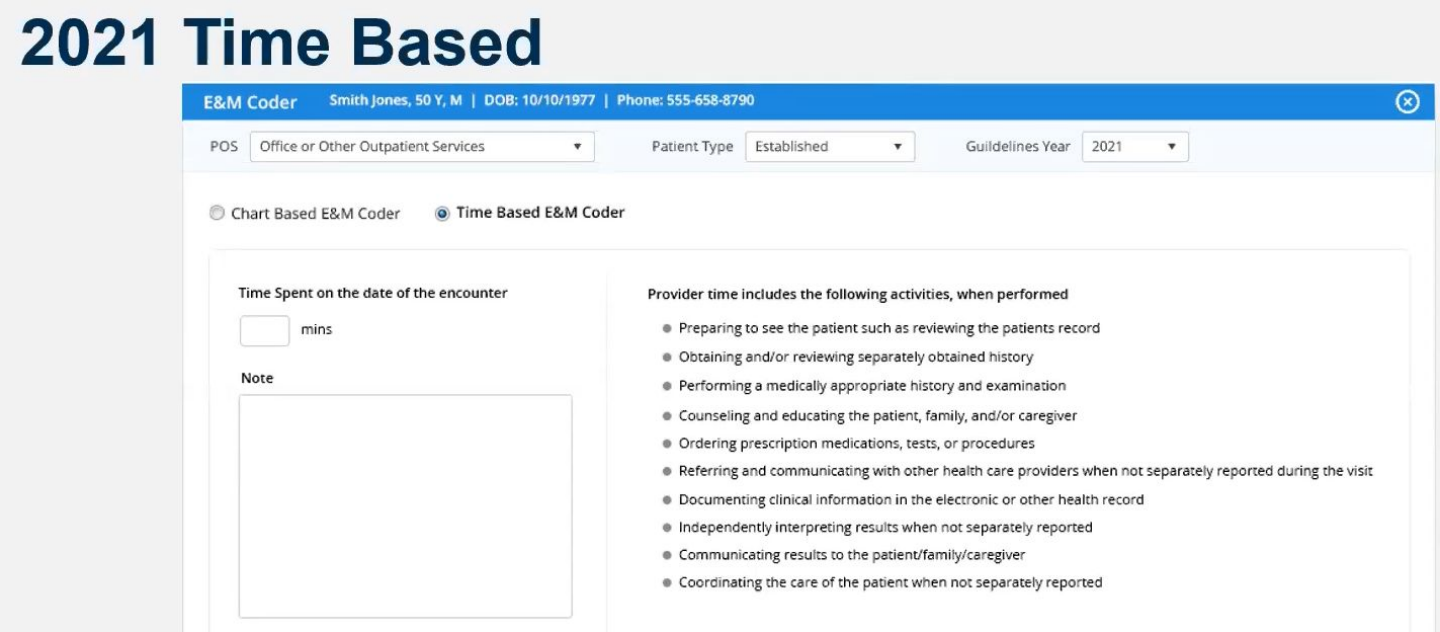
# 2021 Time Based Visit

## Template & V2 Coder Look





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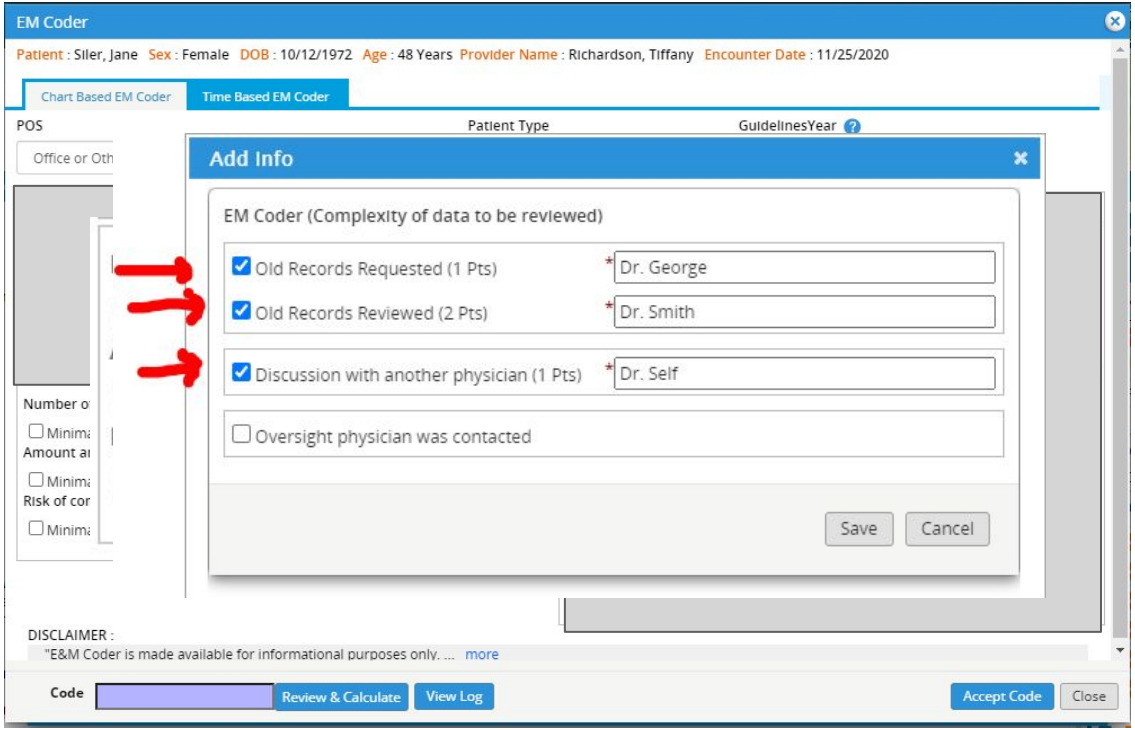
# 2021 MDM Based Visit

[E&M Coder Printed Report]

## EM Coder V2





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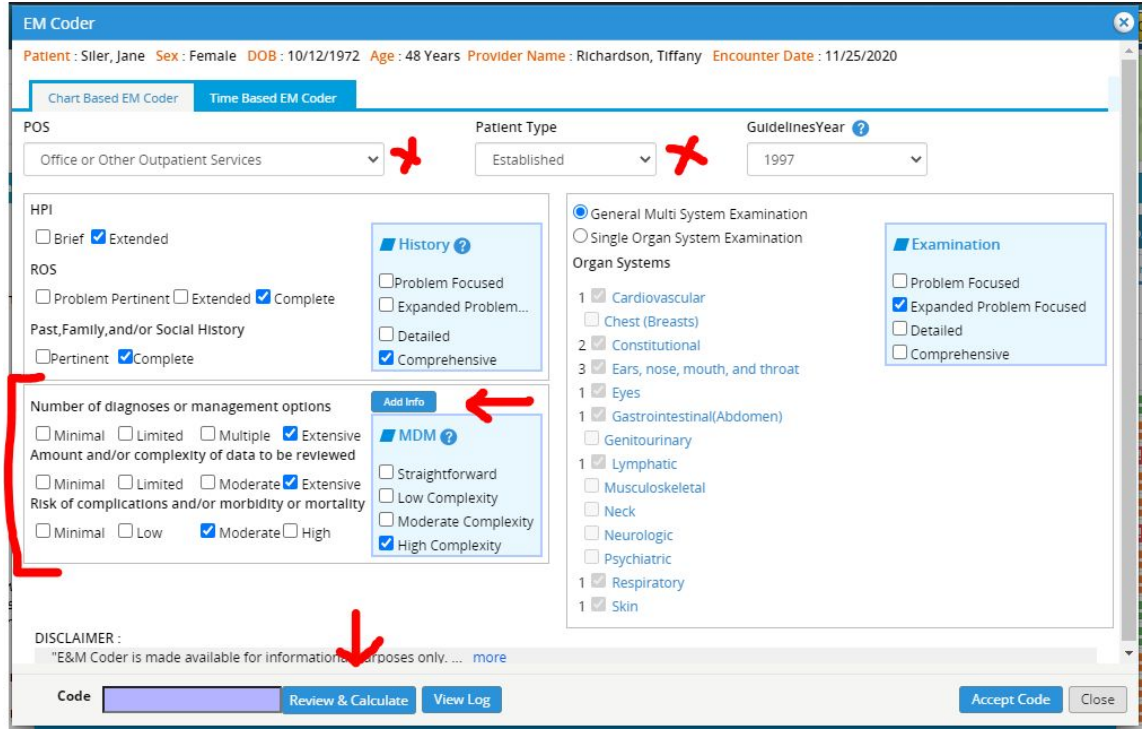
# 2021 MDM Based Visit

## V2 Coder Triggers





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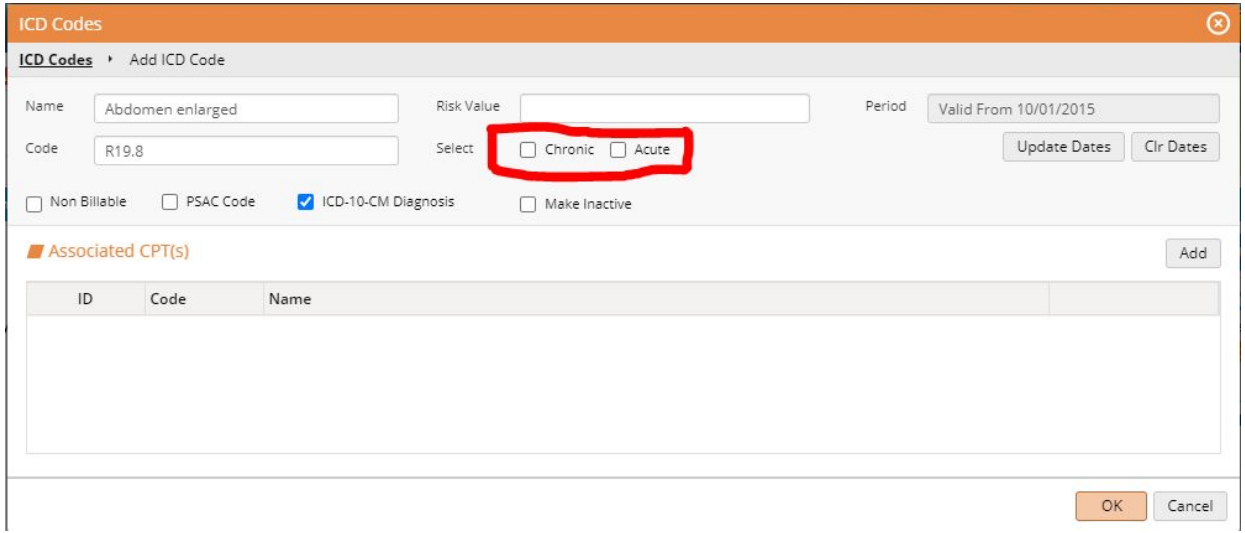
# 2021 MDM Based Visit

## V2 Coder Triggers





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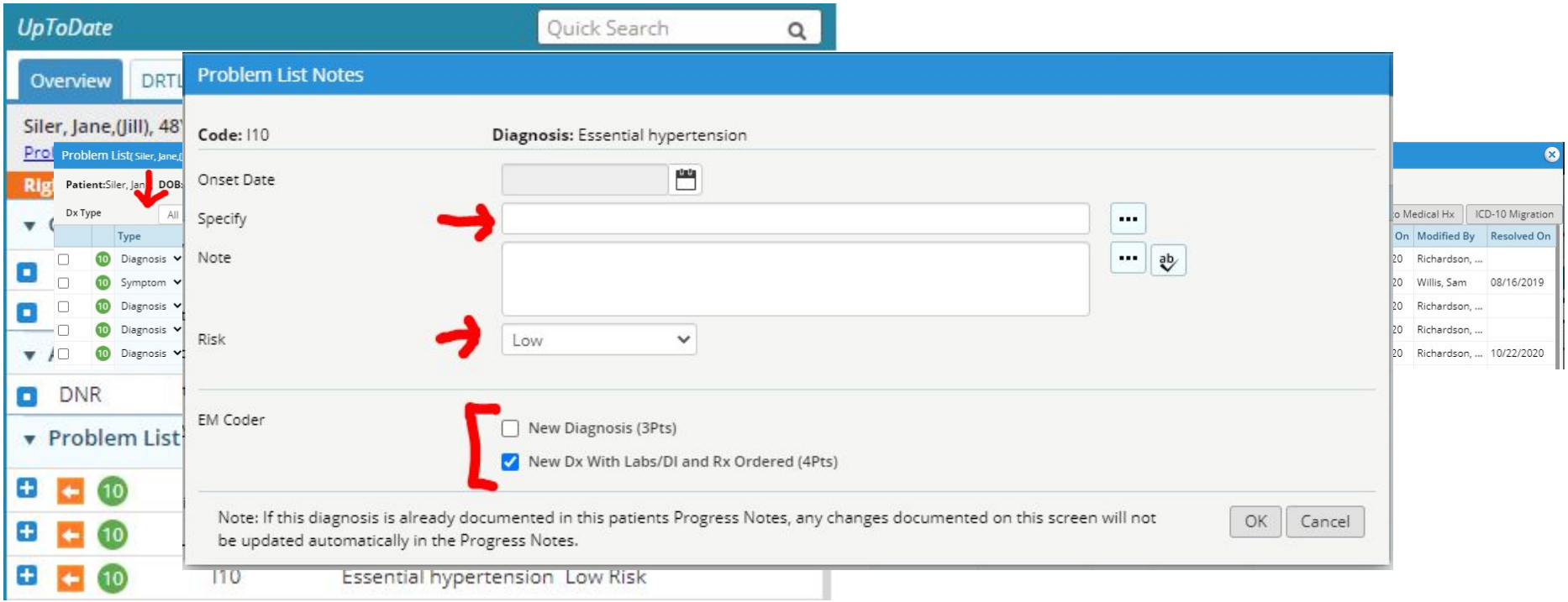
# 2021 MDM Based Visit

## V2 Coder Triggers





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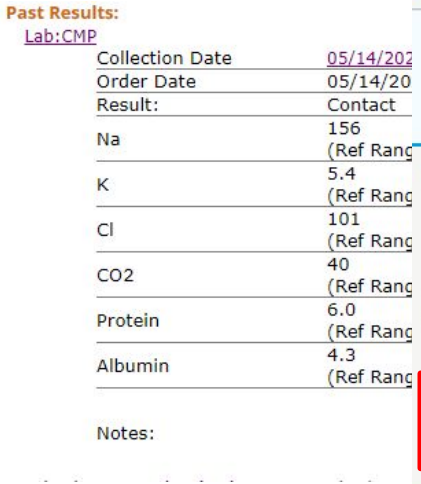
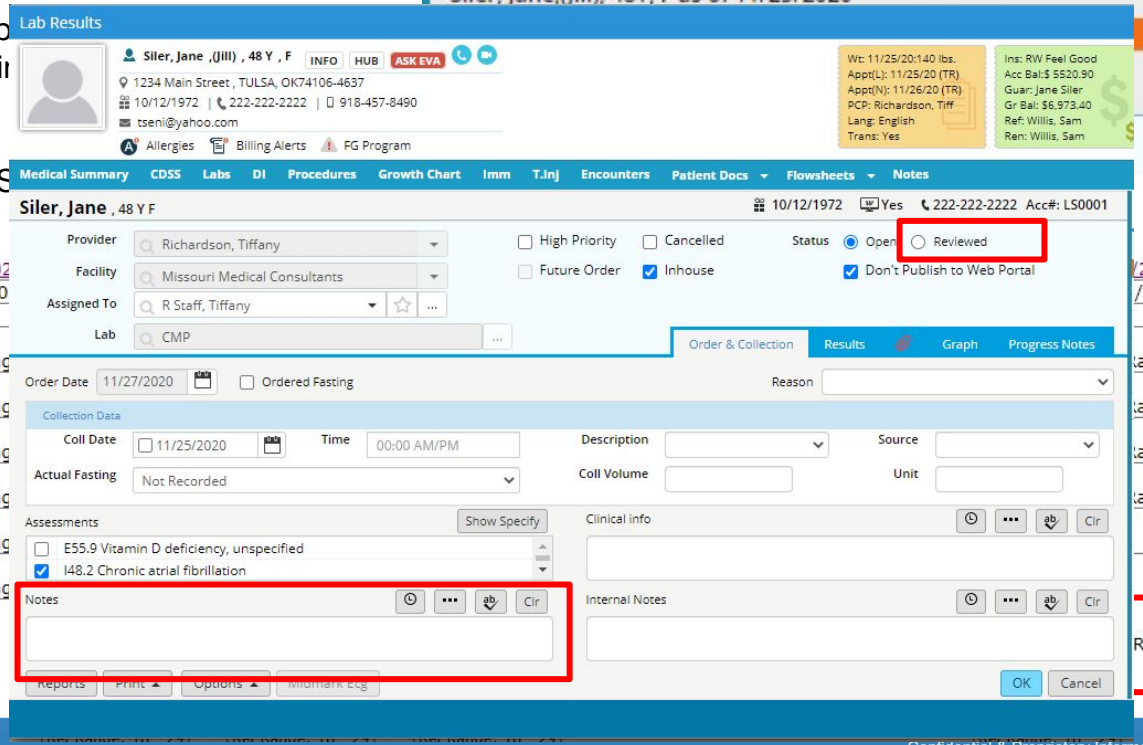
# 2021 MDM Based Visit

## V2 Coder Triggers

- Ordering/Reviewing Lab
- “O” - Resulting/Reviewi
- Arrows
- Past Results
- Provider Notes & Time S





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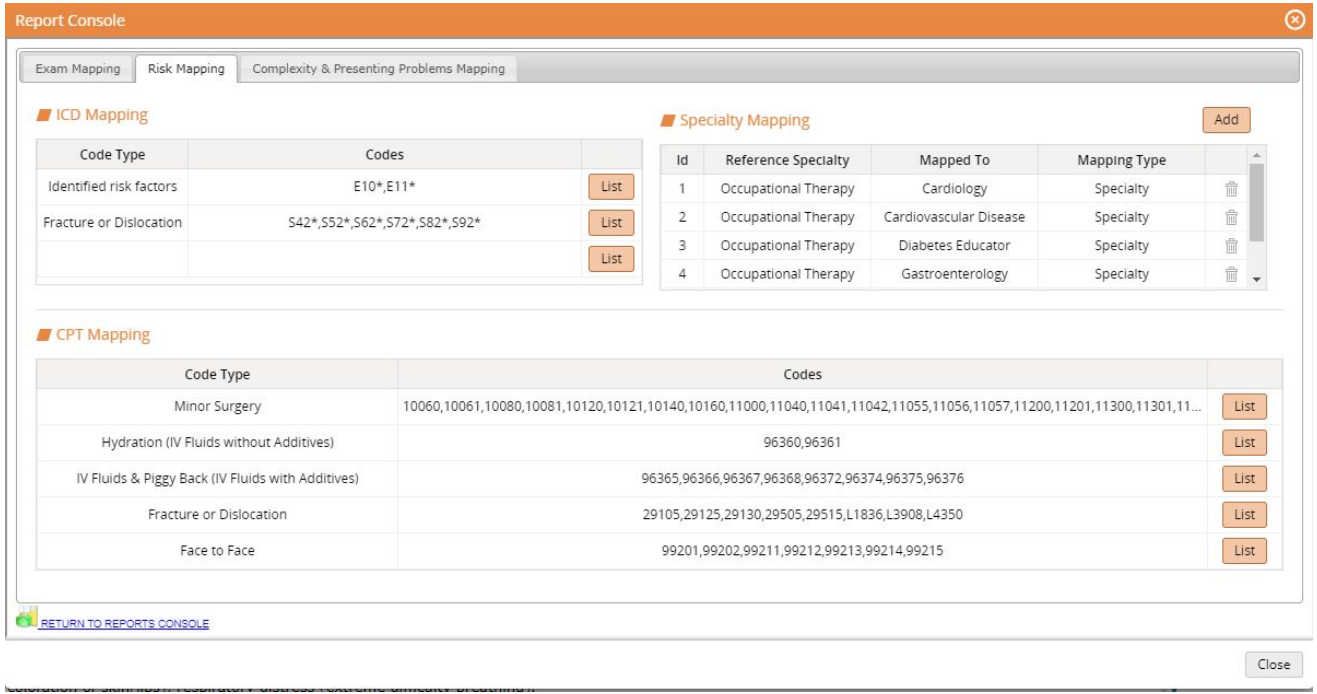
# 2021 E&M Coder V2

## Risk Mapping




- ICD Mapping
  - Add ICD 10 codes for Risk Factor calculation
  - Fracture or Dislocation
- Specialty Mapping
  - Referral Orders
- CPT Mapping
  - Minor Surgery
  - IV Hydration
  - IV Pushes
  - Fracture/Dislocation
  - Face to Face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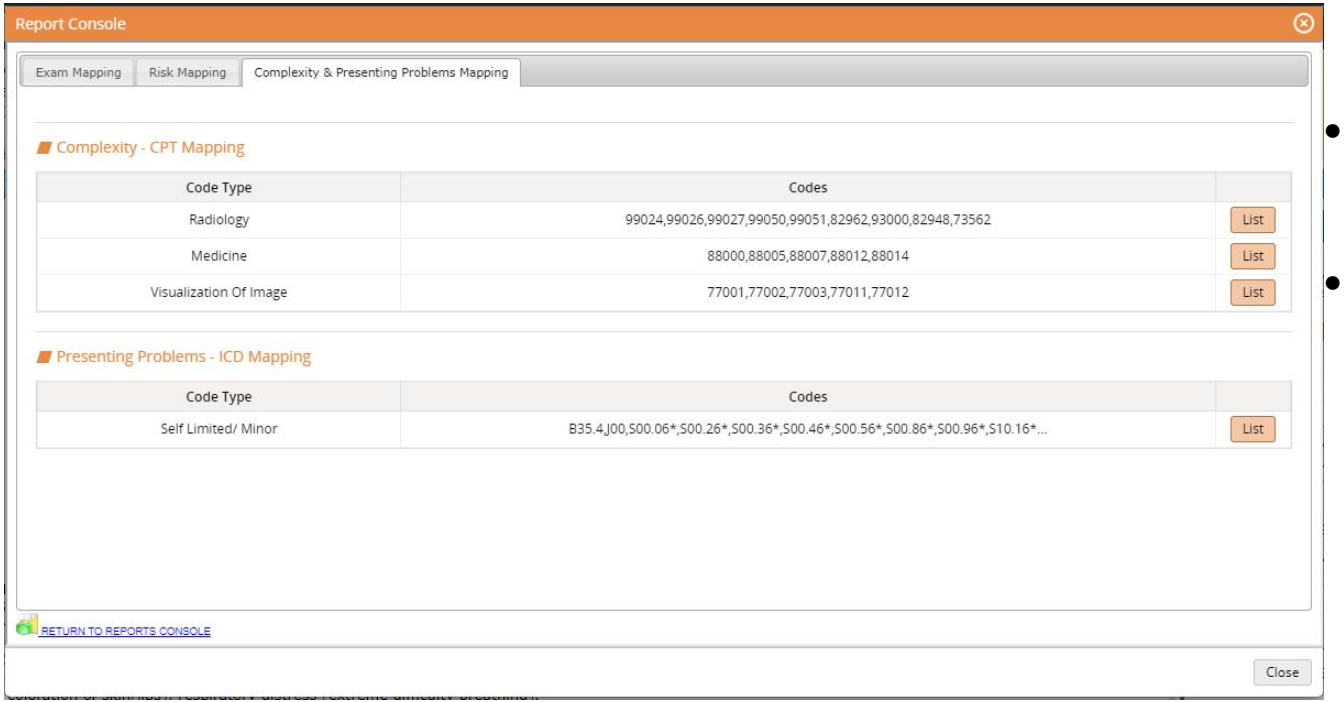
# 2021 E&M Coder V2

## Complexity & Presenting Problems Mapping




- Complexity - CPT Mapping
  - Radiology
  - Medicine
  - Visualization of Image
- Presenting Problems - ICD Mapping
  - Self Limited/Minor

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# 2021 E&M Coder

## Demo

E&M Coder Printed Report


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# Q & A

**How can we help *your practice*?**

# Thank You


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# 2021 Evaluation and Management Leveling Guidelines

## Resources

American Medical Association 2021 E/M leveling Videos
https://www.ama-assn.org/practice-management/cpt/implementing-cpt-evaluation-and-management-em-revisions

American Medical Association 2021 Prolonged Services
https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

Centers of Medicare and Medicaid Services 2020 E/M Guidelines
https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/eval-mgmt-serv-guide-icn006764.pdf

Social Determinants of Health

- https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
- https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Social-Determinants-of-Health.aspx
- https://medicalhomeinfo.aap.org/national-state-initiatives/Pages/SDoH-Resources.aspx


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