THE EVOLVING LANDSCAPE OF CLINICAL DOCUMENTATION

EXPLORING THE 2021 E/M CHANGES

JACKIE ROBERTSON-GUTSHALL & CINDY HART

1

OBJECTIVES

1. To identify the influence of the 2021 E/M changes on provider documentation: evolution to time and MDM
2. To simplify the documentation review process and provide effective monitoring and auditing tools
3. To explore the impact of the 2021 changes across the care continuum

E/M – Evaluation and Management
MDM – Medical Decision Making

2

2

This past January, E/M coding underwent the largest change since CMS introduced the 1997 documentation guidelines

- Overview of E/M Changes
  - Time as Determinant
  - Medical Decision Making as Determinant
  - Case Examples – Time vs MDM
- Sample Cases - Using Tools to Assign the E/M Level
- What's Next?

3

3

OVERVIEW OF E/M CHANGES

- Effective January 1, 2021, practitioners have the choice to **select the appropriate E/M level based on Medical Decision Making (MDM) or Time in the office setting for new and established patients**
  - Using MDM is consistent with the E/M training provided by Claro Healthcare
  - A History and Exam must still be documented but these elements will not be used in determining the coded E/M level
- 2021 guidelines still require documentation of history and exam as medically appropriate
  - You should still document a clinically appropriate history and physical exam but no longer need to be concerned with counting minor elements
- Total time on the encounter date includes both face-to-face and non-face-to-face time spent by the provider.
  - **More often your level will be based on MDM along with a clinically appropriate history and exam due to time requirements**
  - Time requirements are further outlined on the next few slides

4

4

OVERVIEW OF E/M CHANGES

- **History and exam documentation no longer counted.** For the purposes of determining an E/M code level, the key components of history and exam will no longer be used. "…These components would only be performed when, and to the extent, medically necessary and clinically appropriate." This eliminates the distinction (in terms of code level requirements) between new and established patients.
- **Time and MDM will determine E/M level.** With history and exam gone, MDM and time spent will determine code level. Total time spent on the date of service attributable to the patient will count, as opposed to face time spent counseling.
- **Revised the 3 elements of MDM.** Some elements have been slightly renamed; various terms and phrases have been redefined or clarified.
- **99201 has been deleted.** Other outpatient E/M codes remain the same.

5

5

OVERVIEW OF E/M CHANGES

9 E/M Code Levels

Prior to 2021		January 2021	
99201	99211	~~99201~~	99211
99202	99212	99202	99212
99203	99213	99203	99213
99204	99214	99204	99214
99205	99215	99205	99215

6

6

POLL #1

FOUR MONTHS IN….
HOW IS IT GOING?

BEST THING EVER

IT'S OKAY

WE HATE IT

7

TIME AS DETERMINANT

8

8

LEVEL OF CODING BY TIME

NEW PATIENTS		ESTABLISHED PATIENTS	
• 99202	15 TO 29 MINUTES	• 99202	10 TO 19 MINUTES
• 99203	30 TO 44 MINUTES	• 99203	20 TO 29 MINUTES
• 99204	45 TO 59 MINUTES	• 99204	30 TO 39 MINUTES
• 99205	60 TO 74 MINUTES	• 99205	40 TO 54 MINUTES

9

9

E/M CODING BY TIME

Total time spent on the day of the encounter includes:

Total time must be documented!!

Preparing to see the patient

Obtaining and/or reviewing history and tests (separately obtained)

Speaking with another provider

Care coordination

Examination

Counseling/education to patient, family, or caregiver

Ordering new tests, procedures, or medications

Recommend procedures

Documenting in the medical record

Independently interpreting (not separately reported) results

10

10

WHAT'S NOT INCLUDED IN TIME?

Staff time

Charting slowly

Different day – reviewing tests or speaking to physicians

11

11

POLL #2

HOW IS YOUR NEW E/M CODING BEING DONE?

THROUGH MEDICAL DECISION MAKING

USING TIME

I HAVE NO IDEA

12

12

MDM AS DETERMINANT

13

13

MDM ELEMENTS: NUMBER/COMPLEXITY OF PROBLEMS

MDM in the office and other outpatient services code set is defined by 3 elements:

1. The **number and complexity** of **problem(s)** that are addressed during the encounter.
2. The amount and/or complexity of **data** to be reviewed and **analyzed**
3. The **risk** of complications, morbidity, and/or mortality of patient management decisions

14

14

MDM ELEMENTS: NUMBER/COMPLEXITY OF PROBLEMS

- Multiple new or established conditions may be addressed at the same time and may impact medical decision making.
- Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition.
- Comorbidities/underlying diseases should be considered in selecting a level of E/M services when:
  - they are addressed, and
  - their presence increases the amount &/or complexity of data to be reviewed and analyzed, or
  - risk of complications and/or morbidity or mortality is increased
- The **final diagnosis 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.

15

15

NUMBER AND COMPLEXITY OF PROBLEMS FOR MODERATE & HIGH MDM

CPT Code	Level of MDM	Number and Complexity of Problems Addressed at Encounter Criteria
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 undiagnosed new problem with uncertain prognosis or 1 acute illness with systemic symptoms or 1 acute complicated injury
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

16

MDM ELEMENTS: DATA TO BE REVIEWED & ANALYZED

- Data includes medical records, tests, &/or other information that must be obtained, ordered, reviewed, & analyzed for the encounter.
- 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.

Data is divided into 3 categories:

1. **Tests, documents, orders, or independent historian(s)**. Each unique test, order or document is counted to meet a threshold number.
2. **Independent interpretation of tests**.
3. **Discussion of management or test interpretation with external physician** or other Qualified Health Provider (QHP) or appropriate source.

For high MDM (Level 5), 2 of 3 data categories shown above must be documented (refer to the next couple of slides and the table slide 16 for additional MDM elements)

17

17

DATA REVIEWED AND ANALYZED CRITERIA FOR MODERATE MDM

CPT Code	MDM Level	Amount and/or Complexity of Data to be Reviewed and Analyzed Criteria
99204 **99214**	**Moderate**	**Moderate** *(Must meet the requirements of at least 1 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 QHP (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)

NOTE: For **moderate and high** MDM, activities in **at least three different subgroups** must be completed for Category 1 criteria to be considered met.

18

MDM ELEMENTS: RISK OF PATIENT MANAGEMENT

- Risk of complications, morbidity, &/or mortality of patient management decisions made at the visit, associated with the patient's problem, diagnostic procedure, or treatment.
- Increases the **emphasis on work performed** by the physician or Qualified Health Provider (QHP) in addressing patient-management decisions
- Includes possible management options selected, and those considered but not selected after shared medical decision making with the patient and/or family (e.g., a decision about surgical intervention that includes consideration of co-morbidities and rehabilitation options).

Shared MDM examples may include:

- patient with sufficient degree of support in the outpatient setting to manage co-morbidities, such as cardiac, pulmonary, psychiatric
- decision to not hospitalize a patient with advanced dementia and an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment

19

19

MDM ELEMENT: RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT FOR MODERATE MDM

CPT Code	Overall MDM Level	Criteria
99204 99214	**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

20

MDM ELEMENT: RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT FOR HIGH MDM

CPT Code	Overall MDM Level	Criteria
99205 99215	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

21

MDM ELEMENTS: RISK OF PATIENT MANAGEMENT

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

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

22

22

CASE EXAMPLES
TIME vs MDM

23

23

CASE EXAMPLE 1: MDM AS DETERMINANT

71 y.o. male presented today as a new patient to our clinic, but this is a patient that I have known for many years as a previous patient. He has not been to our clinic since 2015. He does have a history of benign neuroendocrine tumor of the pancreas which was resected and has been followed by oncology. He additionally does have diabetes, and this is managed by endocrinology and has been relatively stable. He denies any chest pain, shortness breath, palpitations or any other concerns at present. Examination of the left medial calf does demonstrate a venous varicosity that does not have any erythema or warmth. Total time 40 minutes.

Assessment & Plan:

Vitamin D deficiency; h/o pulmonary embolism; h/o benign neoplasm of pancreas excluding islets of Langerhans; varicose veins of left leg without ulcer or inflammation.

1. Blood work demonstrated decreased vitamin D level at 13 at his previous hospital. I reviewed his labs and recommend vitamin D supplementation 5000 IU daily, recheck in 12 weeks
2. Hx of pulmonary embolism. He was started on Xarelto with a plan for lifelong therapy. I reviewed his echo and discussed with his cardiologist. We agreed to continue Xarelto.
3. We did discuss long-term goals and plans, and healthy lifestyle choices.
4. Mildly symptomatic with very minimal pain left medial calf venous varicosity. Referred to vascular surgery for further consideration.

Moderate MDM E/M = 99204

Number of Problems = **Moderate**
- 1 chronic illness w/exacerbation

Data = **Extensive**
- Reviewed 2 unique external tests: Labs, Echo
- Ordered 1 test: Vitamin D in 12 weeks
- Discussion of echo with cardiologist

Risk = **Moderate**
- RX drug management: Xarelto
- Medically appropriate History & Exam

OR

Time E/M = 99203 (40 mins)

24

CASE EXAMPLE 2: TIME AS DETERMINANT

66 y.o. female presents with right wrist and hand pain, and finger numbness in thumb and first 3 fingers. Pain is worse at night. She works in a real estate office and uses the computer most of the day.

Assessment & Plan:
- Suspect carpal tunnel syndrome. Ordered brace to wear during sleep and recommended alternating ice and heat during the day. Take NSAIDs to relieve pain. Discussed home exercises and occupational therapy.

Total Time: 30 minutes

Low MDM E/M = 99213

Number of Problems = **Moderate**
Chronic illness w/exacerbation
Data = **None**
Risk = **Low**
Low risk of morbidity from additional treatment

Medically appropriate History and Exam

OR

Time E/M = 99214
(30 mins)

25

SAMPLE CASES
USING TOOLS TO ASSIGN E/M LEVELS

26

26

TRY IT! SAMPLE CASE 1

Patient presents with a rash on the top of his right foot 2 weeks ago from gardening. He has tried over the counter antifungal cream but nothing has made it better. The patient's past medical history is unremarkable with no allergies.
Upon examination, Dermatological – the dorsum of the right foot exhibited scaly, eruptions that were pruritic, each measured approximately 0.5 cm sq. and there were 7 noted. A photo was taken and documented in their electronic file.
The diagnosis code that was used was L24.7 – Irritant contact dermatitis due to plants, except food.
The plan assessment states – I explained to the patient the skin problem appears to be a contact dermatitis from poison ivy. The medical management is to wash the area with mild soap, dry well and apply medication. I want you to try Hydrocortisone cream twice daily for the next 3-4 weeks. There is "minimal risk" associated with your treatment today.

27

27

TRY IT! SAMPLE CASE 2

The same patient comes back 4 weeks later. The patient's rash is worse. He has had the rash on the top of his foot now for 6 weeks and it is getting worse. He tried the cortisone cream and it is not any better.

The diagnosis code that is used for this follow up visit is L24.9 – Irritant contact dermatitis unspecified cause
The plan assessment states – We now need to determine the underlying cause of this skin eruption and then prescribe treatment. I felt this was a poison ivy issue, but now I'm not sure. I feel we need to schedule a punch biopsy to better diagnose your condition. The punch biopsy is a minor surgery with moderate risk as there is the potential for infection from a procedure but there also could be a more complicating skin issue.

28

28

POLL #3

HAS YOUR AVERAGE LEVEL OF E/M SERVICES INCREASED, DECREASED, OR NO CHANGE?

INCREASED

DECREASED

NO CHANGE

29

29

WHAT'S NEXT?

30

30

WHAT'S NEXT FOR CODING COMPLIANCE?

- Now that coding and billing is now predicated on what's clinically relevant and what matters to patients, physician offices could see an **increase in payments for billing higher level of codes.**
- **More time spent by physicians treating patients** – which would decrease the number of patients per day or create longer schedules to accommodate the same patient volume.
- **Less time documenting** to capture irrelevant data in history and exam provides more time to render care to patients.
- With the CURES ACT, which was postponed until April 2021, physicians will have to prepare for **more patient's seeing their notes**, so acronyms and abbreviations and wording could be misinterpreted.
- The Centers for Medicare and Medicaid Services (CMS) have indicated that the new 2021 guidelines may be **expanded to other settings** such as emergency departments and nursing facilities.
- Compliance Auditors and Clinical Documentation Improvement Specialists will need to devise a method to audit/monitor **appropriateness of E/M levels based on time**.

31

31

thank you!

Jackie Robertson-Gutshall
Compliance Officer
Advanced Regional Center
For Ankle and Foot Care

jgutshall@pafootcare.com

Cindy Hart
Sr. Clinical Consultant
Claro Healthcare, LLC

chart@clarohealthcare.com

32

32