# 2021 Evaluation & Management Updates

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# Summary of Changes



Complexity for leveling includes **Medical Decision Making only**

1

Complexity levels are based on 2 out of 3 elements for **All patients**

2

2020

Time or Complexity

**Document as New or Established**

2021

Time or Complexity

**Document Level, not patient**

3

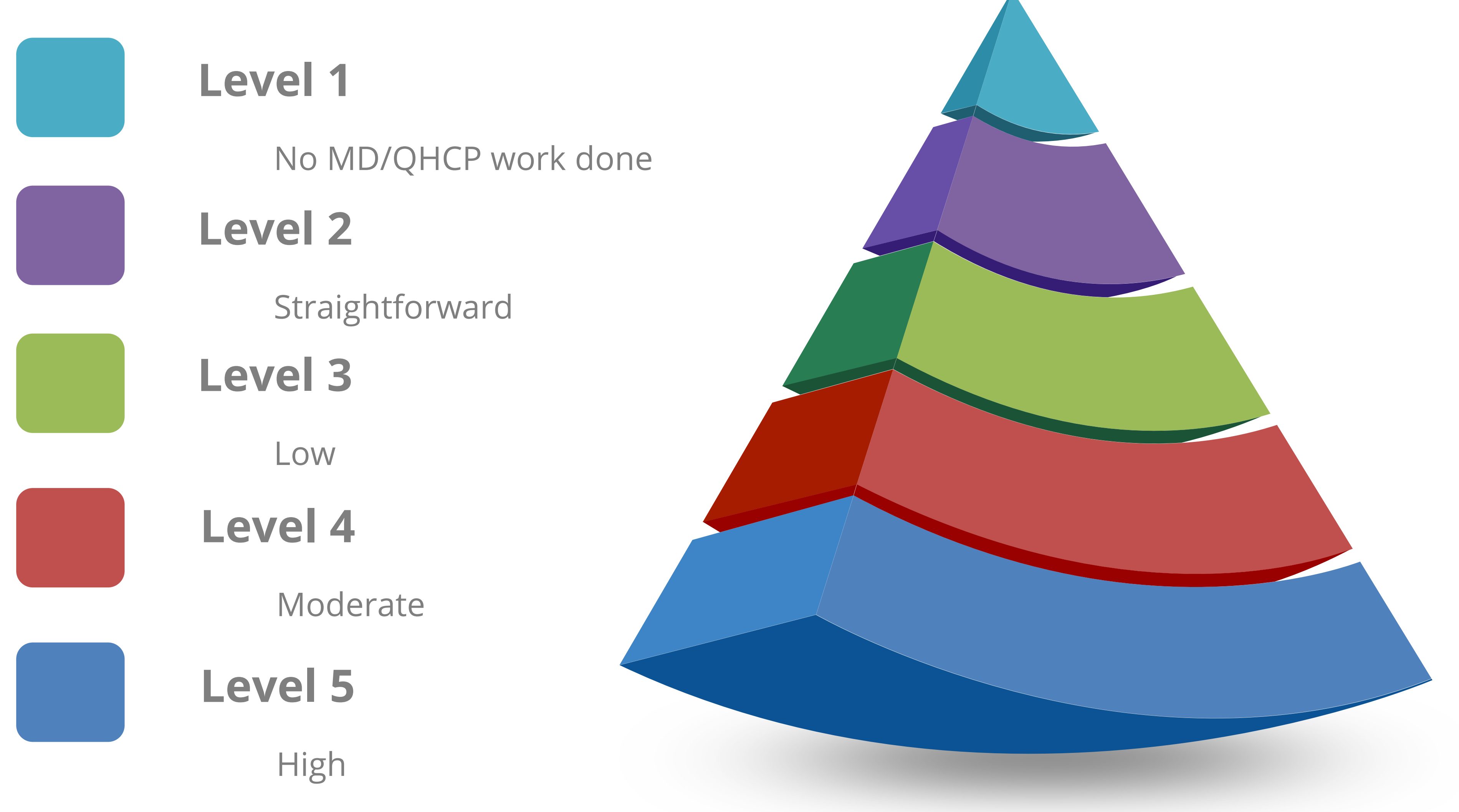
Time counts **all clinician activities** on date of encounter

4

Work RVUs **increase**
Conversion Factor **decrease**

# 1 Visit Levels - Medical Decision Making (MDM)





# Medical Decision Making



Problems

Data

Risk

2 of 3 rule

To qualify for a particular level of MDM, two of the three elements for that level of MDM must be met or exceeded

2

# Medical Decision Making Language



Number and Complexity of **Problems** Addressed: self-limited, minor, stable, chronic, acute, uncomplicated with exacerbation, progression, or side effects, undiagnosed new, uncertain prognosis, illness with systemic symptoms, complicated, severe exacerbation, progression, poses a threat to life or bodily function

Amount and/or Complexity of **Data** be Reviewed and Analyzed: external note(s) from each unique source, result(s)/ordering of each unique test, Assessment requiring independent historian(s), Independent interp of tests or a test performed by another physician/other QHCP, discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source

**Risk** of Complications and/or Morbidity or Mortality of Patient Management: EXAMPLES - Drug therapy requiring intensive monitoring for toxicity, decision regarding elective major surgery with identified patient or procedure risk factors, emergency major surgery, hospitalization, decision not to resuscitate or to de-escalate care because of poor prognosis

2

# AMA - Revised MDM Grid



| 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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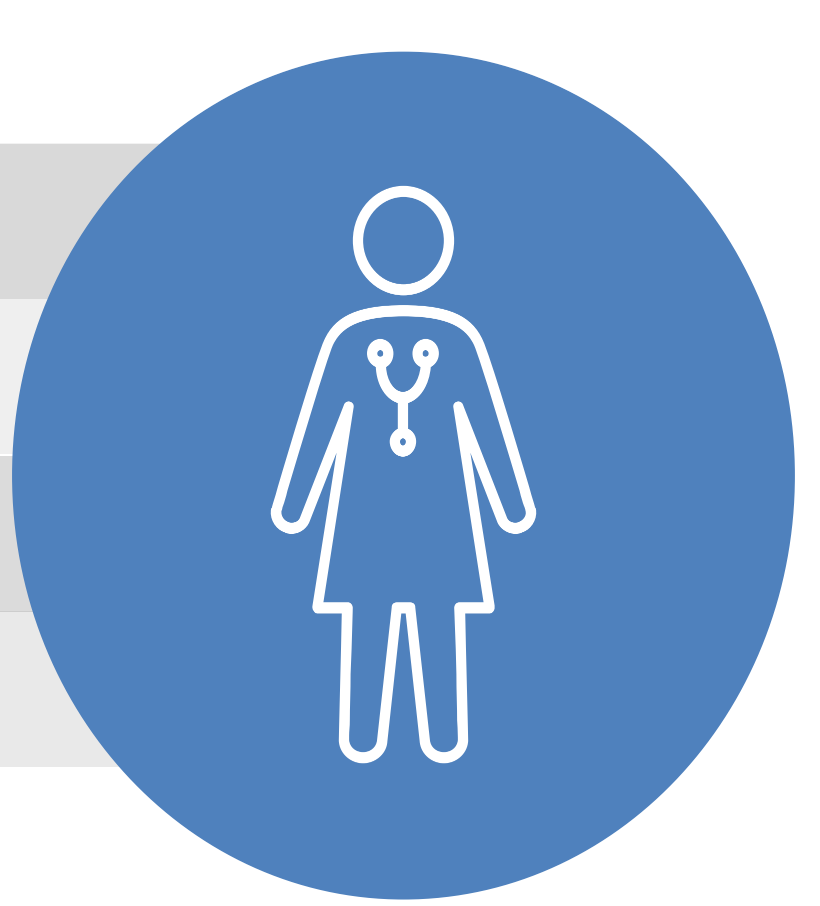
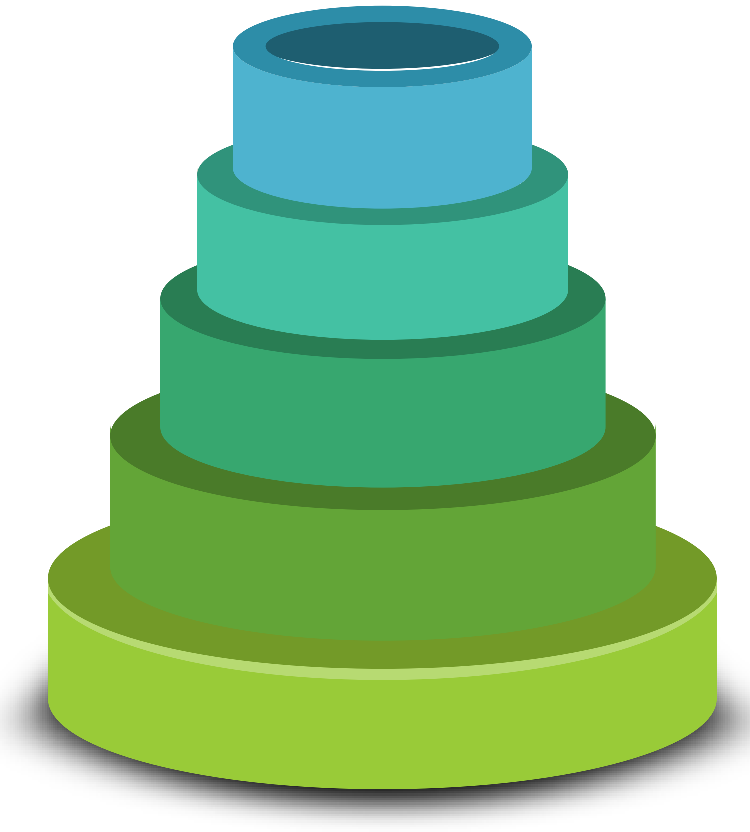
# Time Leveling Activities

| | |
|---|---|
| **Before the Visit** | Reviewing records, results, correspondence, etc |
| **During the Visit** | History from patient *and others*, exam, conversation, counseling, education, planning, ordering, referrals, documenting |
| **After the Visit** | Reviewing and communicating results, independent interpretation, care coordination |
| TOTAL | The combined time of all of these activities not separately reported and performed by the clinician *on the date of service* |



# Visit Levels - Time

New Patient vs. Established Patient



| New Patient | Established Patient |
| --- | --- |
| **~~99201~~**<br>(MDM identical to 99202) | **99211**<br>N/A |
| **99202**<br>15-29 minutes | **99212**<br>10-19 minutes |
| **99203**<br>30-44 minutes | **99213**<br>20-29 minutes |
| **99204**<br>45-59 minutes | **99214**<br>30-39 minutes |
| **99205**<br>60-74 minutes | **99215**<br>40-54 minutes |

+ **Prolonged Care Codes**

TBD (2021 Updates)

3

# Prolonged Care Coding 2021



MODIFIED: Prolonged care for outpatient services

**99354** Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, **except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])**

**99355** ...each additional 30 minutes

3

# Prolonged Care Coding 2021



ADDED: **99417** Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required 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 of total time **(List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)**

- MD/DO/NP/PA/QHCP time
- Use only when base E&M was leveled using Time
- Use only when total time exceeds the minimum time for the E&M selected

3

# Prolonged Care Coding 2021



ADDED: Prolonged Clinical Staff Services for outpatient services

**99415** Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) 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** ...each additional 30 minutes

3

# AAP Coding Newsletter 2020

## Office E/M 2021 Article Series:

**Jan** 2021 E/M: Overview

**Feb** MDM: Overview

**Mar** Time-Based Codes: Overview

**Apr** MDM: # & Complexity of Problems

**May** MDM: Amount &/or Complexity of Data

**June** MDM: Level of Risk

**July** Determining MDM Level

**Aug** Level 2 Visits

**Sept** Level 3 Visits

**Oct** Level 4 Visits

**Nov** Level 5 Visits

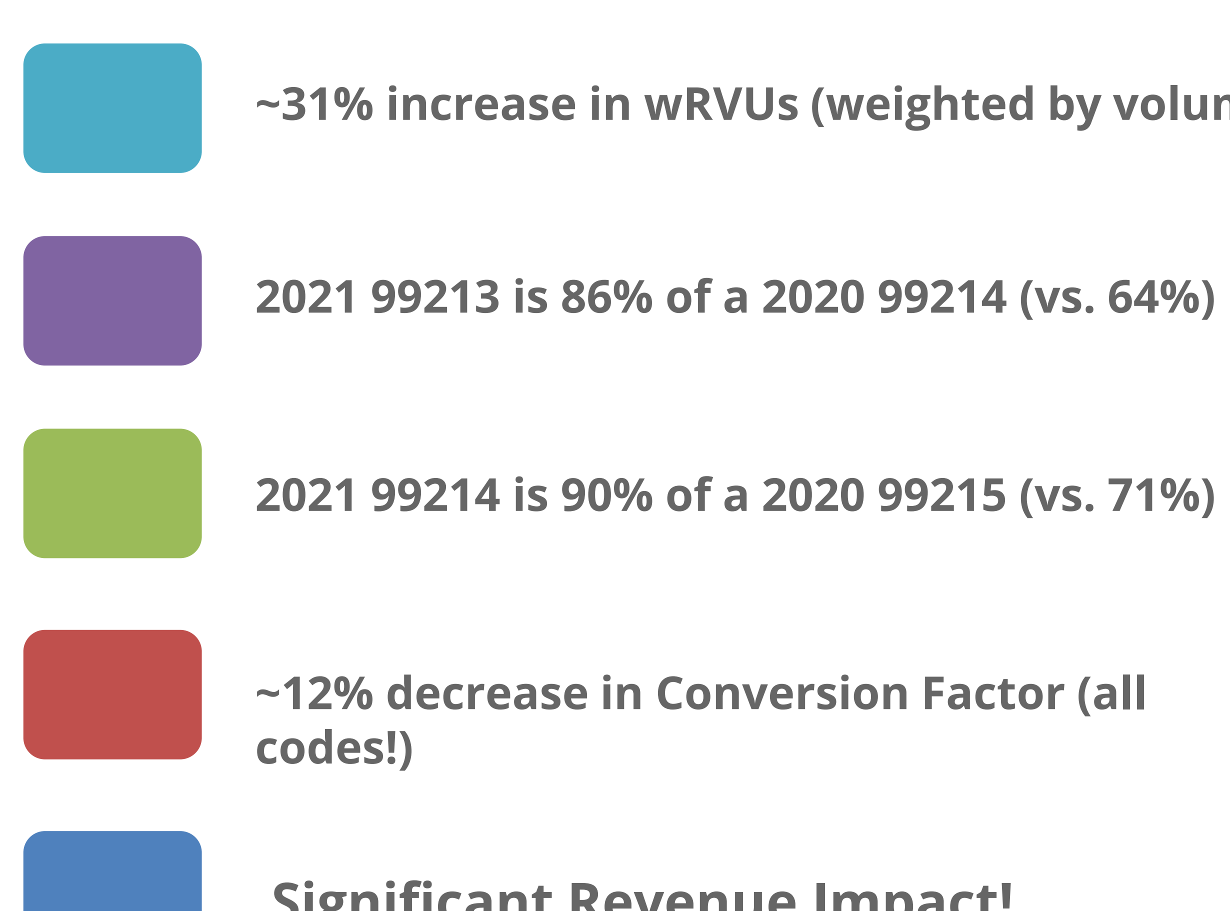
# RVU Impact of 2021 E&Ms

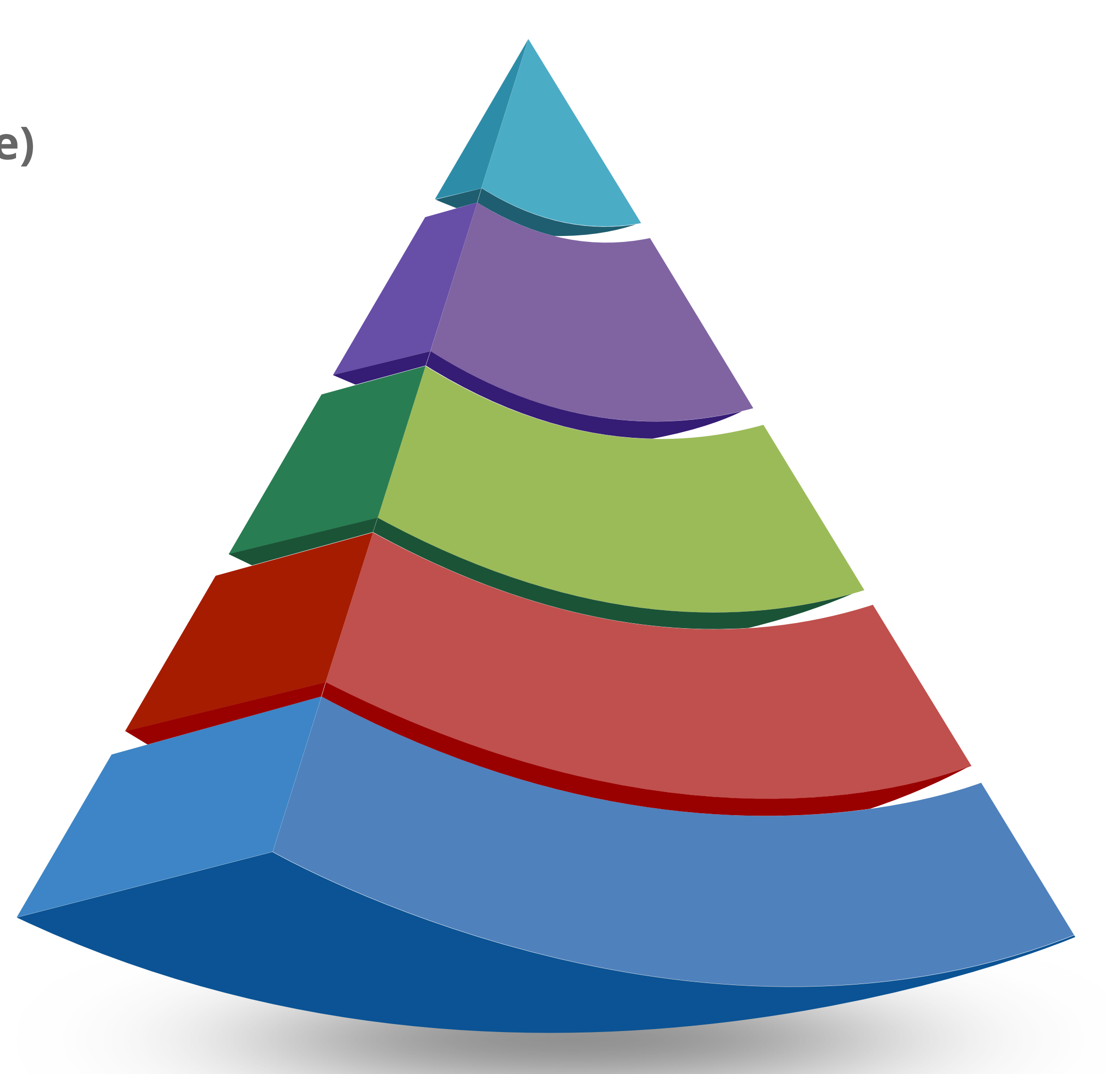


| | | | 2020 | | | 2021 | | | |
|---|---|---|---|---|---|---|---|---|---|
| **CPT** | **PCC Avg Dist** | **Units** | **wRVUs** | **Total wRVUs** | **$36.09** | **wRVUs** | **Total wRVUs** | **$32.29** | **$36.09** |
| **99212** | 5.10% | 164 | 0.48 | 78.68 | $2,839.52 | 0.7 | 114.74 | $3,701.51 | $4,140.96 |
| **99213** | 62.40% | 2,006 | 0.97 | 1945.37 | $70,208.40 | 1.3 | 2607.20 | $84,108.17 | $94,093.73 |
| **99214** | 30.50% | 980 | 1.5 | 1470.41 | $53,066.92 | 1.92 | 1882.12 | $60,717.14 | $67,925.65 |
| **99215** | 2% | 64 | 2.11 | 135.63 | $4,894.92 | 2.8 | 179.98 | $5,806.28 | $6,495.62 |
| | 100.00% | 3214 | | **3630.08** | **$131,009.75** | | **4784.04** | **$154,333.10** | **$172,655.97** |

# RVU Impact of 2021 E&Ms





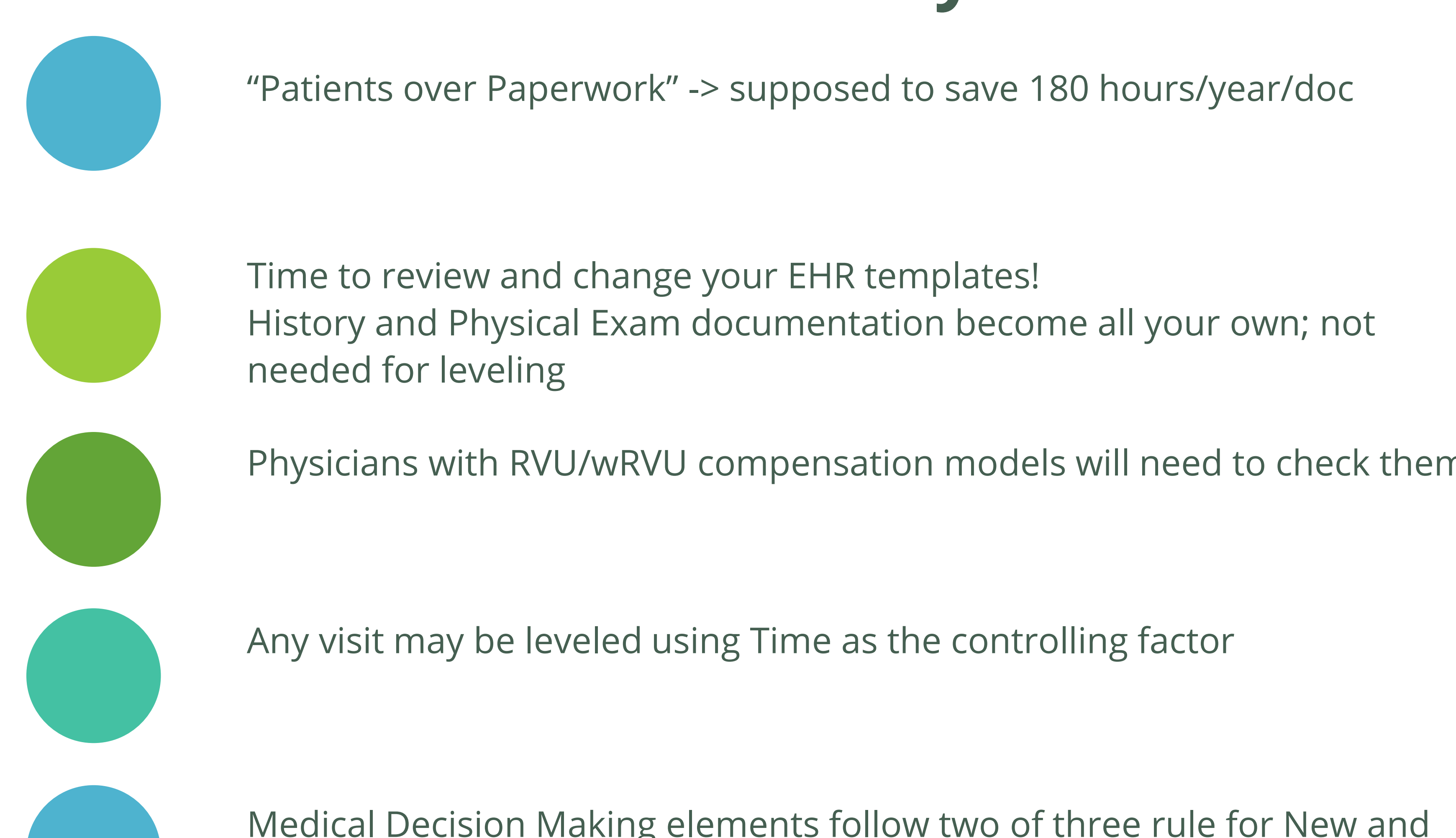
# HOWEVER…



- We don’t yet know what the effect of the new rules will be on the E&M distribution.
- We’re only seeing the change to wRVUs and not the other two components.
- The conversion factor cut, required to maintain Budget Neutrality, would otherwise decimate the rest of the procedures.
- None of this is published, yet.
- Most importantly, we don’t know when, if at all, private and public payors would start paying using the 2021 RVU values.

# Summary





- “Patients over Paperwork” -> supposed to save 180 hours/year/doc
- Time to review and change your EHR templates!
  History and Physical Exam documentation become all your own; not needed for leveling
- Physicians with RVU/wRVU compensation models will need to check them
- Any visit may be leveled using Time as the controlling factor
- Medical Decision Making elements follow two of three rule for New and Established visits

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