

# 2021 E/M Coding Changes

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# 2021 E/M Coding Revisions

- Why
  - ↓ Admin burden
  - ↓ Note bloat
- How
  - 2 ½ -year process
  - AMA CPT Editorial Board rec'd changes to CMS
- Who
  - Ambulatory only



# 2021 E/M Coding Revisions

- What changed
  - By Time
  - By Content



# Billing by Time 2020

Established Patient E/M Code	2020 <b>F2F only</b> (min)
99212	10
99213	15
<b>99214</b>	<b>25</b>
99215	40

# Billing by Time 2021

Established Patient E/M Code	2020 <b>F2F only</b> (min)	2021 <b>Total day of service</b> (min)
99212	10	10
99213	15	20
<b>99214</b>	<b>25</b>	<b>30</b>
99215	40	40

# Billing by Content 2020

- History
- Exam
- Medical Decision Making



# Billing by Content 2020

- History
  - HPI
    - Timing, duration, context, modifying sx of chief complaint
    - Status of chronic illness
  - Review of Systems
  - Past, Family and Social History
- Exam
- Medical Decision Making



# Billing by Content 2020

- History
  - HPI
    - Timing, duration, context, modifying sx of chief complaint
    - Status of chronic illness
  - Review of Systems
  - Past, Family and Social History
- Exam
  - Number of bullet points across organ systems
- Medical Decision Making





# Billing by Content 2020

- History
  - HPI
    - Timing, duration, context, modifying sx of chief complaint
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  - Past, Family and Social History
- Exam
  - Number of bullet points across organ systems
- Medical Decision Making
  - Diagnosis
  - Data
  - Risk



# Established Outpatient '95/'97 Guidelines

Element (need 2 of 3)	99212	99213	99214	99215
<b>History</b> (3/3)				
HPI	1	1	4 (or 3 chronic)	4 (or 3 chronic)
ROS		1	2	10
PFSH			1	2
<b>Exam</b>	0	2	5	8
<b>Complexity</b> (2/3)				
Dx	1	2	3	4
Data	0	2	3	4
Risk	min	low	mod	high

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# Billing and documentation channel running in background

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- Input

- Complex, circular hx -> nesting tables
  - Problem Focused history or a Focused Expanded Problem history?
  - 4 descriptors of the chief complaint?
  - Detailed vs Comprehensive exam?
  - 12 bullets in 6 systems? Or 2 bullet in each of 9 different organ systems?
- Cognitive overload

- Output:

- Sometimes gibberish



# Billing by Content 2021

- ~~History~~

- ~~HPI~~

- ~~Timing, duration, context, modifying sx of chief complaint~~

- ~~Status of chronic illness~~

- ~~Review of Systems~~

- ~~Past, Family and Social History~~

- ~~Exam~~

- ~~Number of bullet points across organ systems~~

- **Medical Decision Making**

- Diagnosis

- Data

- Risk



# Established Outpatient 2021 Guidelines

Element (need 2 of 3)	99212	99213	99214	99215
<del>History (3/3)</del>	<del>1</del>	<del>1</del>	<del>4 (or 3 chronic)</del>	<del>4 (or 3 chronic)</del>
<del>—HPI</del>	<del>1</del>	<del>1</del>	<del>2</del>	<del>10</del>
<del>—ROS</del>	<del>0</del>	<del>1</del>	<del>3</del>	<del>3</del>
<del>—PFSH</del>	<del>0</del>	<del>1</del>	<del>3</del>	<del>3</del>
<del>Exam</del>	<del>0</del>	<del>1</del>	<del>3</del>	<del>3</del>
<b>Complexity*</b> (2/3)				
Dx	1	2	2	4
Data	0	2	3	4
Risk	min	low	mod	high

\*minor changes in how criteria counted, see <https://www.ama-assn.org/system/files/2020-04/e-m-office-visit-changes.pdf>



# 2021 E/M: Most substantive policy change ↓ burden

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- Will physicians know changes?
- Will it reduce note bloat?
- Will it reduce burden?
  - Documentation burden
  - Cognitive burden

