Defining Differences in 2021 E&M Services:
# OP vs IP vs ED

Shannon O. DeConda

CPC, CPMA, CEMA, CMSCS

President NAMAS

Partner DoctorsManagement

This Session Will Cover:

- Overall Variation
- Place of Service Variations
- Time Variations
- Documentation Variations
- Medical Necessity Variations
- Future of the Variations

Variations

Let's review the overview of the variations outside of documentation, time, and medical necessity

---
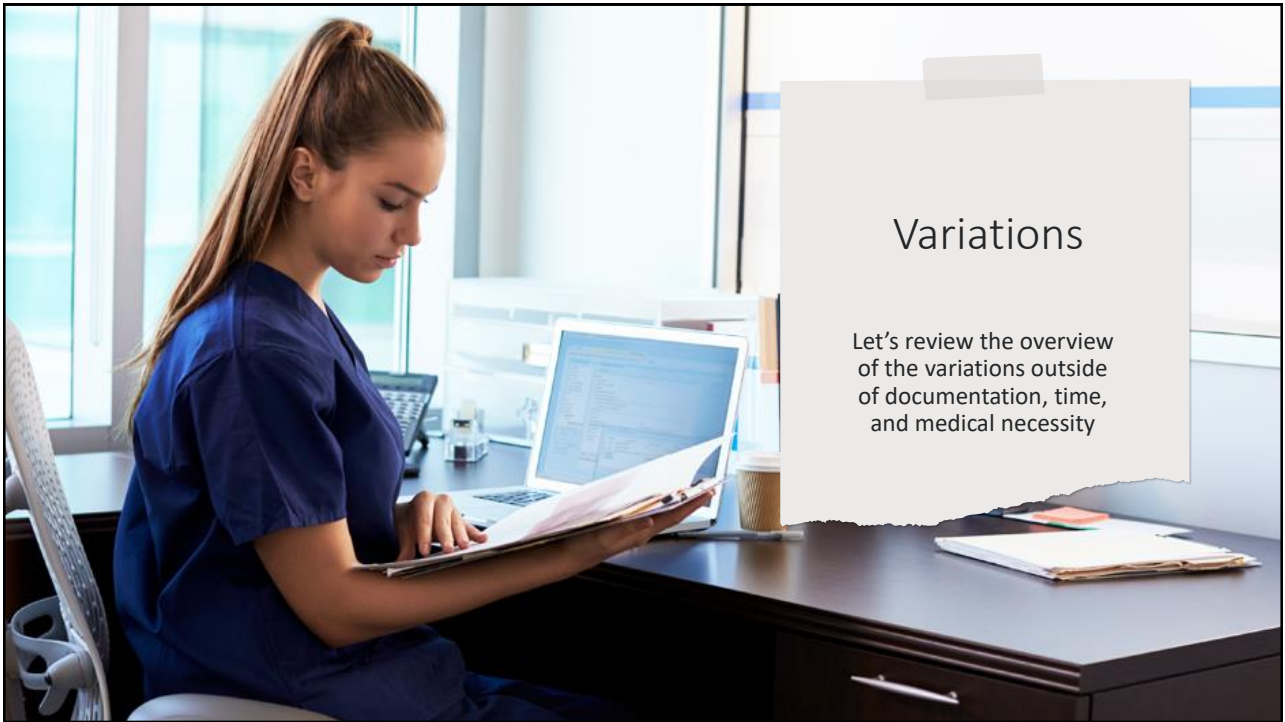
Overall Variations: Documentation Guidelines

2021 Introduced yet another set of guidelines for providers to learn

Until further notice we really do have 3 sets of Documentation Guidelines:

| 1995 Documentation Guidelines	1997 Documentation Guidelines	2021 Documentation Guidelines

Overall Variations: Place of Service

- In 2021, where the service is rendered will play a vital role in how the service should be documented---- or better stated, how the encounter should be coded
  - Office based services will use the new 2021 Documentation Guidelines
  - All other places of service will use the 1995 & 1997 Documentation Guidelines

TABLE 1. PLACE-OF-SERVICE CODES NOT AFFECTED BY 2021 E/M REVISIONS	
Place of Service	**Description**
13	Assisted living facility
21	Inpatient hospital
23	Emergency department
31	Skilled nursing facility
32	Nursing facility

Variations for the Variety

- How do we "KISS" in 2021?
  - Consistency?
  - Variation?
  - Multiple policies based on type or place of service, or based on set of guidelines?
- Internal structure
  - Outpatient Coding/Audit team
  - Inpatient Coding/Audit team
  - Facility/Outpatient/Inpatient
  - Facility/Outpatient
  - Facility/Inpatient

KEEP iT SUPER SiMPLE
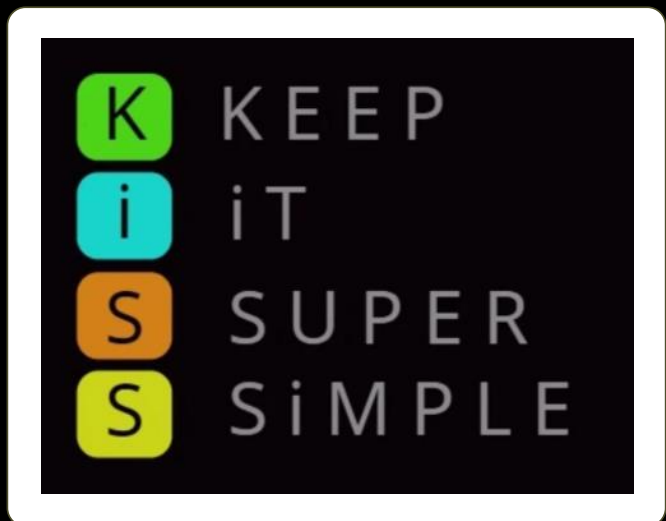
| CPT Code	Description	2020 RVU	2020 $$	2021 RVU	2021 $$	Net Change
99201	Deleted for 2021	1.29	$46.56	N/A	N/A	N/A
99202	Office o/p new sf 15-29 min	2.14	$77.23	2.12	$73.97	-$3.26
99203	Office o/p new low 30-44 min	3.03	$109.35	3.26	$113.75	$4.40
99204	Office o/p new mod 45-59 min	4.63	$167.09	4.87	$169.93	$2.84
99205	Office o/p new hi 60-74 min	5.85	$211.12	6.43	$224.36	$13.24
99211	Office o/p est minimal prob	0.65	$23.46	0.66	$23.03	-$0.43
99212	Office o/p est sf 10-19 min	1.28	$46.19	1.63	$56.88	$10.69
99213	Office o/p est low 20-29 min	2.11	$76.15	2.65	$92.47	$16.32
99214	Office o/p est mod 30-39 min	3.06	$110.43	3.76	$131.20	$20.77
99215	Office o/p est hi 40-54 min	4.11	$148.33	5.25	$183.19	$34.86

We must also consider the net impact for 2021!

Time

Not only are there variations, but there are also similarities. Let's review….

Similarities Within E&M Services

Place of Service	Total Time	What was Done	Medical Necessity
Office	YES	YES	YES
Inpatient	YES	YES	YES
Nursing Home	YES	YES	YES
Assisted Living	YES	YES	YES
Critical Care	YES	YES	YES
Preventive Care	N/A	N/A	N/A
ED Services	N/A	N/A	N/A
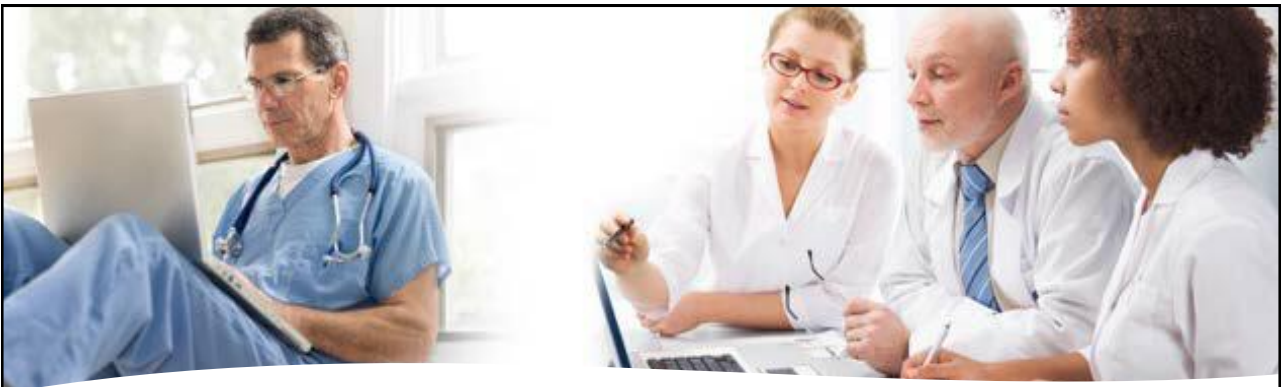
Similarities Within E&M Services

- Floor/Unit/Office time now counts
  - FTF and Non-FTF time counts
  - Consider this- time non-office on same date of the encounter for 99202-99215 encounters
- C&C of care
  - Technically in the IP space, since Non-FTF time counted- then time was dominated by coordinating care- what else is the list provided by AMA other than coordination of care???

2021 Time Non-FTF Services

- For coding purposes, time for these services is the total time on the date of the encounter.
- It includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff).
- Includes:
  - 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 separately reported)
  - 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)

Use this to remember what AMA includes…

As the provider prepares, he reviews the history, performs the exam, and counsels the patient/family, all while creating orders, interpreting results, and making appropriate referrals and having provider level communication with others about the patient all in an effort to ensure ongoing patient health and safety through patient management.

Variations with Time

- Are there variations in the different places of services?
  - Total time
    - Typical
    - Range
  - Date of the encounter
  - Face-to-face vs. Non-Face-to-Face
  - Talking to the family
  - Documenting in the medical record
  - Reviewing notes, labs, etc…
  - Discussing the patient with another provider

Sharing Time Variations

- Shared services is when a single CPT code is billed to report a service rendered in tandem by 2 providers.

- Sometimes these will be like provider (MD to MD) other times they will not be like providers (PA to MD)
  - OP: AMA, for 2021, permits combining time-based services for 99202-99215 services for QHP and MD providers
  - IP: S/S services has always been recognized in the place of service with one exception and that is critical care services. In recent, there have been some modifications to critical care (email me for more details Sdeconda@namas.co)
  - ED: S/S services has always been recognized in the place of service with one exception and that is critical care services

Documentation Variations of Time

- Are there variations in the requirements of what is needed to support time based services in different locations including?
  - Total time
  - Details of the time
  - Medical necessity

Consider the T-I-M-E		
	T:	THOROUGHLY
	I:	IDENTIFYING the
	M:	MEDICAL NECESSITY
	E:	EXPLANATION

Documentation in E&M

Variations & Similarities in E&M services

Similarities

Within the window of documentation, there is little remaining similarity in 2021

Inpatient and ED still use 1995/1997 DG	Office/Outpatient use 2021 DG

Each encounter must still meet the scrutinization of carrier review for the documentation necessary for the level of service billed

Similarities

- The presenting problem remains a constant similarity in each type and place of service along with each level of service
  - Nature
  - Complexity
  - Acuity
  - Chronicity
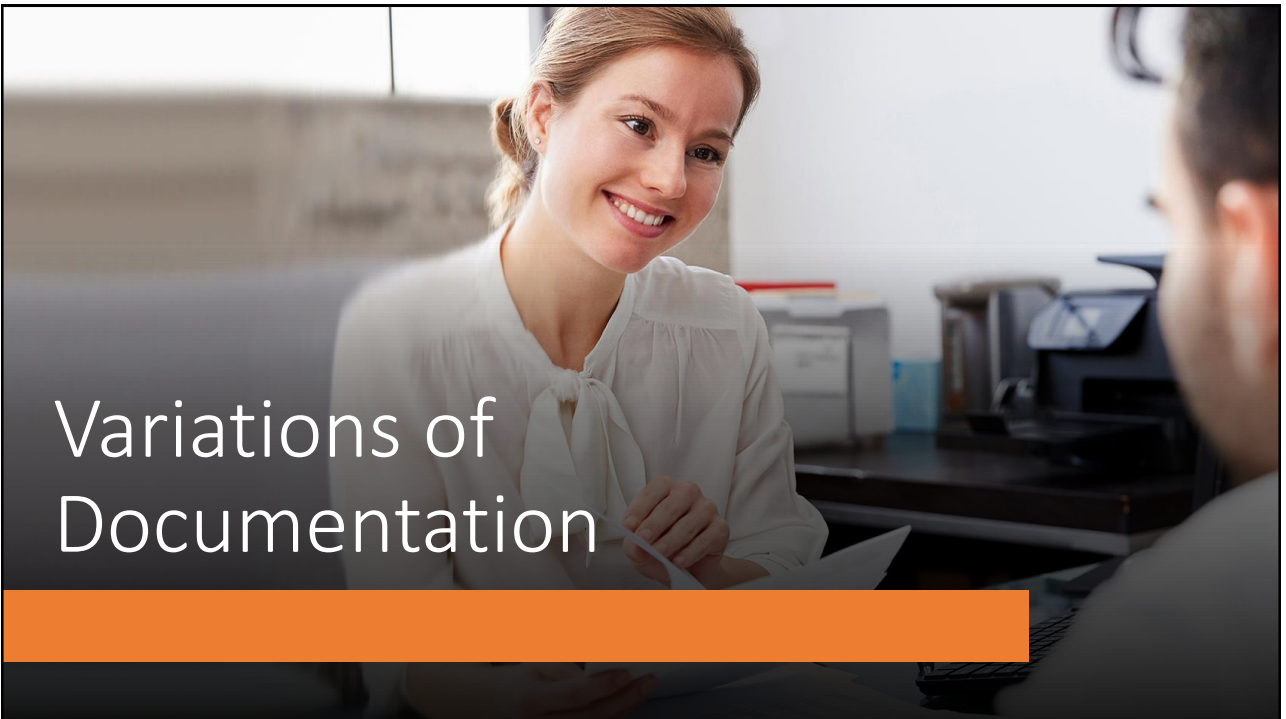
Variations of Documentation

Variations in the History

Place of Service	HISTORY OF PRESENT ILLNESS	REVIEW OF SYSTEMS	PAST FAMILY SOCIAL HISTORY
Office	N/A	N/A	N/A
Inpatient	1995/1997	1995/1997	1995/1997
ED Services	1995/1997	1995/1997	1995/1997

Exam Variations

- Outpatient/Office services no longer require scoring of the examination
- Facility/Inpatient Services including the ED still utilize the 1995 and 1997 DG requirements of exam

MDM Variations

- While MDM changes for 2021 in theory were not "huge" they were different enough that it makes a side-by-side comparison cumbersome
  - Status of a diagnosis vs. the complexity
  - Points vs. category
  - Stated vs. considered

Variations in the Problem of the Encounter

2021 Guidelines

- Acute
  - Uncomplicated
  - Complicated
  - Threat
- Chronic
  - Stable
  - Exacerbated
  - Severe Exacerbated/Threat

1995 & 1997 Guidelines

- New Problem
  - With additional workup
  - Without additional workup
- Established Problem
  - Worsening
  - Improving
- Self limited ?

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	Straightforward	**Minimal** • **1** self-limited or minor problem
99203 99213	Low	**Low** • **2** or more self-limited or minor problems; or • **1** stable chronic illness; or • **1** acute, uncomplicated illness or injury
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
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

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.) Only use diagnoses relevant to today's encounter.

STEP A	STEP B x	STEP C =	STEP D
Problem(s) Status	**Number**	**Points**	**Result**
Self-limited or minor (stable, improved, or worsening)	Max = 2	1	
Est. problem (to examiner); stable, improved		1	
Est. problem (to examiner); worsening		2	
New problem* (to examiner); no additional workup planned	Max = 1	3	
New problem* (To examiner); add. workup planned		4	
Multiply the number in columns B & C and put the product in column D. Enter a total for column D:		**TOTAL**	

Diagnoses Listed vs. 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

N/A

Minimal or none

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)

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 (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)

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 profession (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)

Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the point column. Total the points.

Reviewed Data	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results w/performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review & summarization of old records and/or obtaining history from someone other than patient and/or discussion of case w/another health care provider.	2
Direct visualization & interpretation of an image tracing specimen previously/ subsequently interpreted by another provider.	2
Bring total to line C in Final result for Complexity (table below)	**TOTAL**:

Data & Complexity

Management Options

- The variations that are found within the new MDM column and the TOR exist based on the changes for 2021 and directly impact office-based episodes of care
- Essentially the "new" 3rd column of the MDM chart, is the "old" 3rd column of the TOR
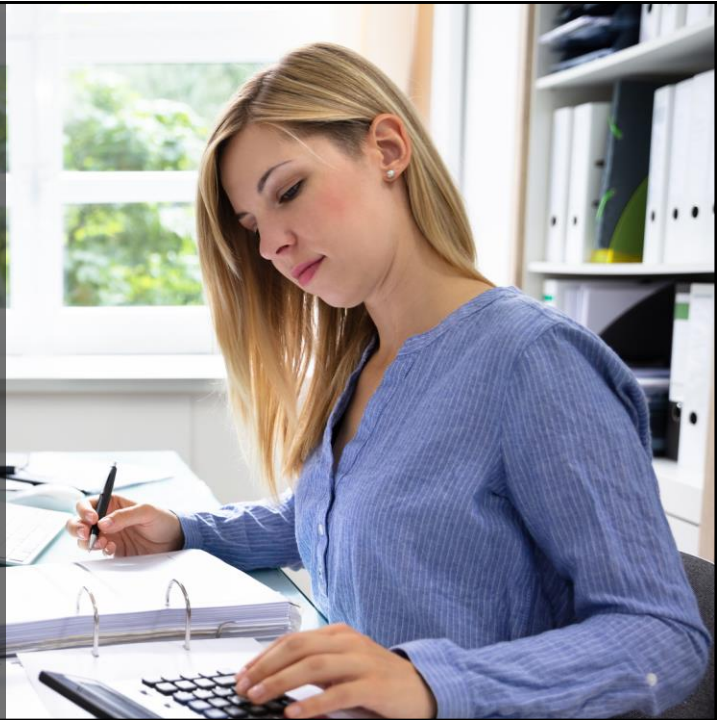
Side-by-Side Comparison

Risk of Complications and/or Morbidity or Mortality of Patient Management
N/A
Minimal risk of morbidity from additional diagnostic testing or treatment
Low risk of morbidity from additional diagnostic testing or treatment
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 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

Management Options Selected
• Rest • Gargles • Elastic bandages • Superficial dressings
• Over-the-counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives
• Minor surgery with identified risk factors • Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
• Elective major surgery (open, percutaneous or endoscopic) with identified risk factors • Emergency major surgery (open, percutaneous or endoscopic) • Parenteral controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis

Overall Documentation Analysis

- Even when we score our documentation, we have variations in our different places and types of services
  - No longer a difference in the episode of care
  - We do not use all of the key components in scoring the overall note
  - We no longer use the 3-3 criteria

Medical Necessity

The ACTUAL key component that has NOT changed

Defining Medical Necessity

Documentation vs. Clinical
Inferred vs. stated
Interpretation vs. results
Diagnosis list vs. complexity

© NAMAS, a division of DoctorsManagement 2020   31

Inferred vs. Stated Classic Example

Chief Complaint: Acute onset of anxiety
The patient presents with complaints of anxiety. The patient complains of increased agitation and notes panic sensations within the past week. No suicide ideation, hallucinations, or dizziness, but does report frequent headaches.

Medical History: Diabetes, Hyperlipidemia, Depression
Social History: Admitted social drinker and smoker
Family History: Non-contributing

Exam:
Well appearing, agitated patient who is alert and oriented
Cardio: Regular rate and rhythm

Assessment & Plan:
Anxiety
Depression
The patient will continue with Zoloft and Amitriptyline and we will add Wellbutrin 100mg to her regimen and see her back in one week. Patient reminded that if symptoms worsen to call office or seek immediate help through the ER.

© NAMAS, a division of DoctorsManagement 2020   32

Interpretation vs. Results

CBC AND AUTO DIFF - Details

Details   Past Results   Graph of Past Results

Component Results

Component	Your Value	Standard Range
WHITE CELL COUNT	3.21 K/cu mm	4.40 - 11.00 K/cu mm
RED CELL COUNT	2.93 M/cu mm	4.00 - 5.20 M/cu mm
HEMOGLOBIN	10.6 g/dL	12.0 - 16.0 g/dL
HEMATOCRIT	30.6 %	36.0 - 46.0 %
MCV	104.4 fL	80.0 - 96.0 fL
MCHC	34.6 g/dL	33.0 - 35.5 g/dL
RDW SD	55.5 fL	35.1 - 46.3 fL
PLATELET COUNT	148 K/cu mm	150 - 400 K/cu mm
MPV	8.4 fL	9.7 - 12.3 fL
NRBC%	0.0 %	0.0 - 0.3 %
NRBC#	0.00 K/cu mm	0.00 - 0.02 K/cu mm

33

Diagnosis List vs. Complexity

Many diagnoses have high risk potential, but merely assigning the diagnoses does not mean the patient was high risk during the encounter

New 2021 Definition:

The final diagnosis for a 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.

The Buzz Word Effect

How do buzz words impact the stated severity of the patient?
- Stable
- Unchanged
- Mild, Moderate, Severe
- Worsening, Improving, Same
- Acute

Document what actually happened in the room.

Make the patient as sick on paper (or not as sick) as they were in the room
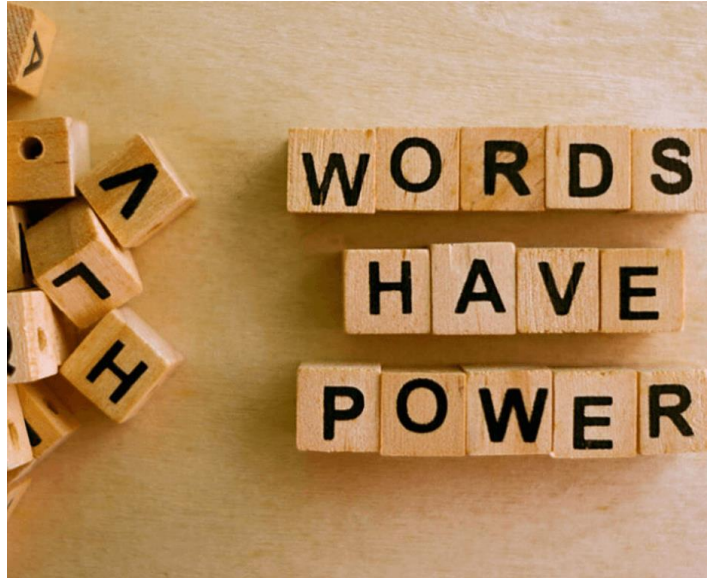
© NAMAS, a division of DoctorsManagement 2020

35

Consider Words NOT Said

- What is the impact of EMR smart text on medical necessity?
  - Copy and Paste
  - Over-Populated Templates
  - Macro
  - Clinical Plagarism
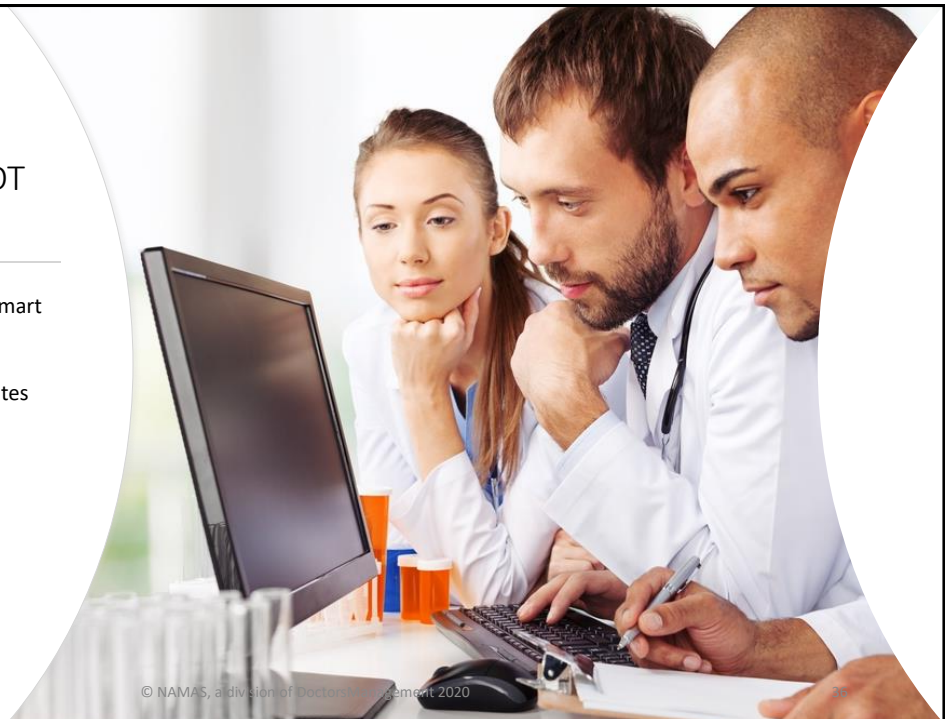
© NAMAS, a division of DoctorsManagement 2020

Medical Necessity Key Components

- ✓ Presenting problem of the encounter
- ✓ Comorbidities/underlying diseases and/or other problems that impact treating the patient today
- ✓ Documented acuity and severity of the patient today

37

It's not just MN or Documentation

It takes both working together

38

MDM in 2021 plays to Medical Necessity NOT to Documentation Standards

Medical Necessity = Complexity of Care
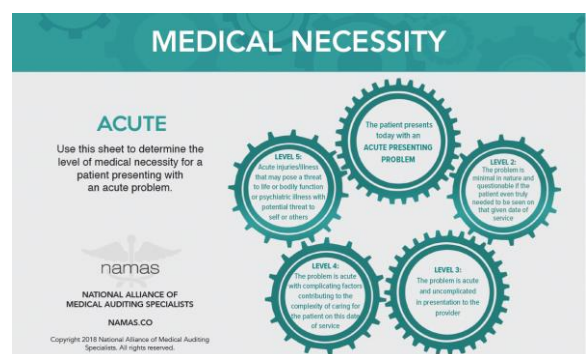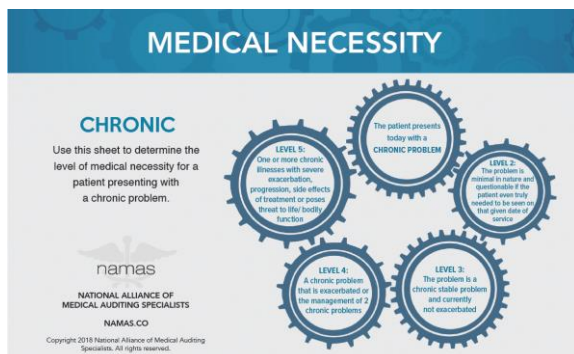
Questions?

P: 1-877-418-5564 F: 1-865-531-0722
Web: www.NAMAS.co
Email: sdeconda@drsmgmt.com