



AUC Medical Code TAG

August 13, 2020

Agenda

- Evaluation and management (E/M) coding
- Proposed revised 837I and 837P companion guides out for public comment
- TAG co-chairs needed
- Other business
- Wrap up and next steps

Evaluation and management (E/M) coding

E/M coding before 2021

To determine correct level of E/M codes:

- Patient hx
- Clinical exam
- Medical Decision Making (MDM)
- Time (when counseling and/or coordination of care > 50% “intraservice” time)

Also, use CMS’ 1995 and 1997 Documentation Guidelines

“What’s Changing for E/M Codes 99201-99215 in 2021?” AAPC. Accessed at <https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx>

The start of change – 2019 MPFS for 2021

2019: CMS's Medicare Physician Fee Schedule (MPFS) rule

- Changes for E/M codes 99201-99215
 - Pay a single blended rate for E/M visit levels 2-4
- Practitioners can document office and outpatient levels 2-5 using only MDM or time
 - Can use 1995 or 1997 documentation guidelines if preferred
- Addn. of new G codes for additional resources for primary care and certain specialty visits
 - New G code specifically for “extended visit”

“What’s Changing for E/M Codes 99201-99215 in 2021?” AAPC. Accessed at <https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx>

AMA alternative

Current	Going forward (2021)
<p>3 previous key components:</p> <ul style="list-style-type: none">• Patient hx• Clinical exam• Medical Decision Making (MDM)	<ul style="list-style-type: none">• Medically appropriate hx/exam• MDM level <u>or</u> “total time” <p>Eliminate new patient level 1 code (99201)</p> <p>“What’s Changing for E/M Codes 99201-99215 in 2021?” AAPC. Accessed at https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx</p>

CMS aligns with AMA

Effective January 1, 2021 CMS is aligning E/M coding with changes adopted by the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel for office/ outpatient E/M visits, which:

- 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 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

Example – comparing CPT 99203 now with 2021

CPT 99203

Office or other outpatient visit for the evaluation and management of a new patient

Now	2021
<ul style="list-style-type: none">• Requires these 3 key components:<ul style="list-style-type: none">• A detailed history;• A detailed examination;• Medical decision making of low complexity.• Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.• Usually, the presenting problem(s) are of moderate severity.• Typically, 30 minutes are spent face-to-face with the patient and/or family.	<ul style="list-style-type: none">• 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. <p data-bbox="1314 1215 2339 1282">“What’s Changing for E/M Codes 99201-99215 in 2021?” AAPC. Accessed at https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx</p>

E/M coding for 2021

- Questions/Discussion?

Proposed revised 837I and 837P Minnesota Uniform Companion Guides – Comments due 8/26/2020

Proposed revised 837I and 837P Minnesota Uniform Companion Guides – Comments due 8/26/2020

- Prepared with assistance of AUC
 - Medical Code TAG, Claims DD TAG
- Significant revisions, reorganizations to streamline, simplify
 - Including significant revisions to “coding appendix”
- Public comments collected through August 26
 - See “News” item for July 27, 2020 on [AUC home page](#) for more information

TAG Co-chairs needed

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- Thanks to Andrea Agerlie and DHS for co-chairing more than two years
- Seeking new co-chairs
 - Coordinate with MDH
 - Help plan, delegate, follow-up
 - Help lead meetings
- Preferred: Provider/Payer combination
- Interested? Like more information? Contact Dave Haugen at MDH (david.Haugen@state.mn.us)

Other business

- Resumption of AUC meetings/activities
 - Virtual, transitioning to Microsoft Teams platform
- Occasional AUC Newsletter
- Covid-19 coding updates on AUC website
 - May 22, 2020 issue brief summarizing expanded access to/coverage of telehealth
- Pain points, opportunities, needs?

Wrap up and next steps

Thank you!

Stay well.