E/M is coming:
How the AMA can help you prepare

Laurie McGraw

Zachary Hochstetler

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Mar. 12, 2020

Our speakers

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Stay informed on COVID-19 with the AMA

The **AMA COVID-19 Resource Center** provides science- and evidence-based perspectives from AMA's physician leaders and subject matter experts on how physicians can prepare themselves and their practices for a potential pandemic scenario. The page will be updated as the situation develops.

ama-assn.org/covid19

The **AMA's JAMA Network** has a comprehensive overview of the coronavirus—including epidemiology, infection control and prevention recommendations—available for free on its JN Learning website.

edhub.ama-assn.org/jn-learning/pages/coronavirus-alert

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1

Represents physicians
with a unified voice

Leads the charge
on confronting today's
public health crises

2

3

Removes obstacles
that interfere with
patient care

Drives the future of
innovation in health care

4

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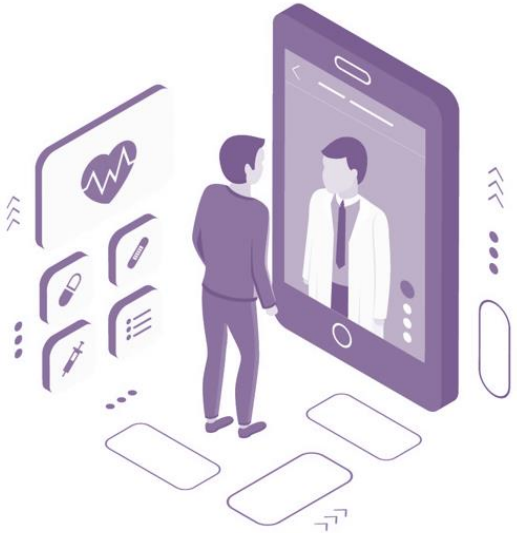
AMA | Physicians' powerful ally in patient care

Making health care technology an asset, NOT a burden

Promoting innovation to tackle the biggest problems in health care by…

- Bringing the physician perspective to the front-end of health care technology development, and
- Building a powerful network to drive the future of health technology



THE GOAL

To return physicians' time and attention to their patients, the work of paramount value to physicians and to the health care system.

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Physician burnout must be addressed

Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2017

Tait D. Shanafelt, MD[a,*], Colin P. West, MD, PhD[c], Christine Sinsky, MD[e], Mickey Trockel, MD, PhD[b], Michael Tutty, PhD[e], Daniel V. Satele, BS[d], Lindsey E. Carlasare, MBA[f], Lotte N. Dyrbye, MD, MHPE[c]

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; George Blike, MD

Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37.0% on EHR and desk work. The 21 physicians who completed after-hours diaries reported 1 to 2 hours of after-hours work each night, devoted mostly to EHR tasks.

The Office of the National Coordinator for Health Information Technology

Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

How physician burnout is costing your organization

A growing body of research reveals that spending a moderate amount on programs to reduce physician burnout appears to be an investment that is worth it in the long run.

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The opportunity – Begin planning now!

- CMS **accepted**, **in full**, the revised E/M revisions for CY 2021
- In a survey, done by the AMA, of major commercial payers **100%** said they would be adopting new E/M guidelines
- Health Systems—Begin planning **now** with your EHR vendor to remove the old documentation interfaces and implement new ones
- EHR Vendors—Prioritize **implementing** these revisions so that physicians can maximize the burden relief

Independent study finds time savings of **nearly 45 minutes per day** for busy primary care practices

Active planning is critical to realize the massive potential to **reduce physician burden** and **improve patient care.**

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The AMA approach to CPT® E/M revisions

Lase Ajayi, MD
Member since 2013

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Why did the AMA tackle CPT® E/M Office Visits?

CPT E/M office visits last updated nearly **30 years ago**

Rise of EHR use in physician offices has led to **“up-coding”**

CMS Proposed Rule for 2019: **Big changes** to E/M office visit documentation/payment

- Administrative relief (e.g. no longer need to re-document chief complaint/history)
- Simplify code selection (e.g. Choose MDM or Time)
- Payment collapse (two payment levels for each of 5 E/M levels)
- Addition of add-on code for “higher complexity” specialties

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AMA: The right convener

Dedication to removing obstacles to good patient care

Connection with public and private payers

The CPT® Editorial Panel – Robust, data-driven process with hundreds of clinical experts from every medical specialty

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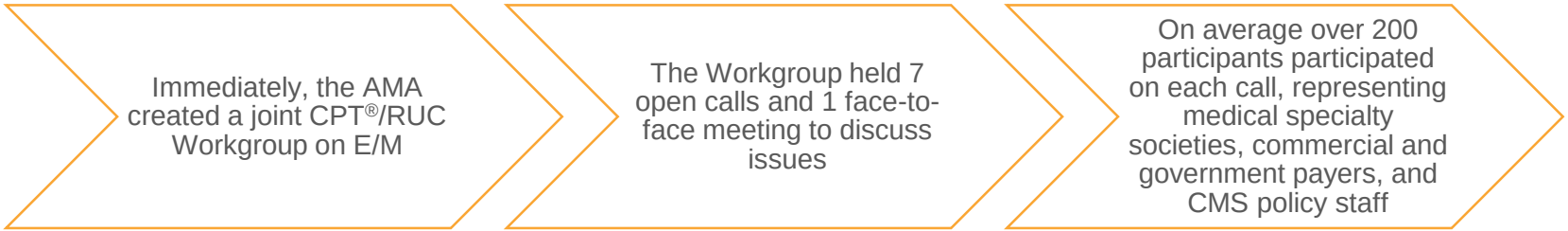
AMA approach: Stakeholder collaboration



The CPT®/RUC Workgroup on E/M is committed to changing the current coding and documentation requirements for office E/M visits to **simplify** the work of the health care provider and **improve the health** of the patient.

GUIDING PRINCIPLES

1. To decrease administrative burden of documentation and coding
2. To decrease the need for audits
3. To decrease unnecessary documentation in the medical record that is not needed for patient care
4. To ensure that payment for E/M is resource based and has no direct goal for payment redistribution between specialties.

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Revisions to the CPT® E/M Office Visits

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CAUTION

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What characterizes E/M documentation today?

Note bloat – copying and pasting, leading to **meaningless data accumulation**

- Mandatory reporting of history and physical exam

Extensive, confusing documentation, leading to **increased time** outside clinic hours (going unpaid)

THE RESULT

- Record is clinically outdated
- Irrelevant patient information
- Consequences on “downstream” physicians

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Coding E/M services - Today

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Coding E/M services - Today

History

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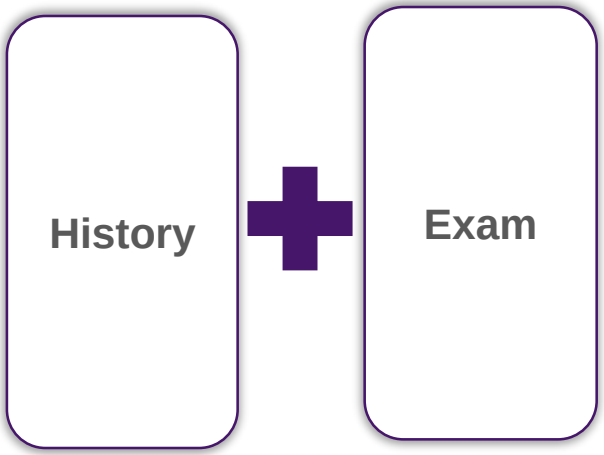
Coding E/M services - Today



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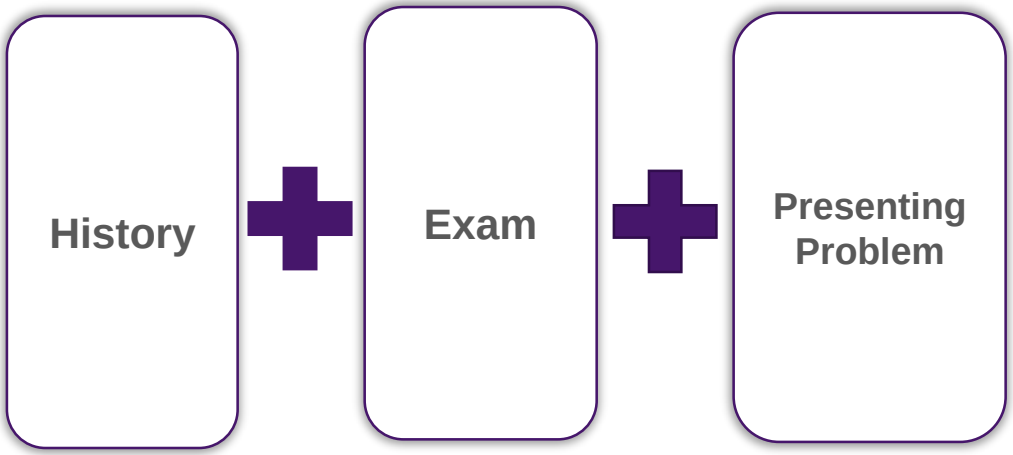
Coding E/M services - Today



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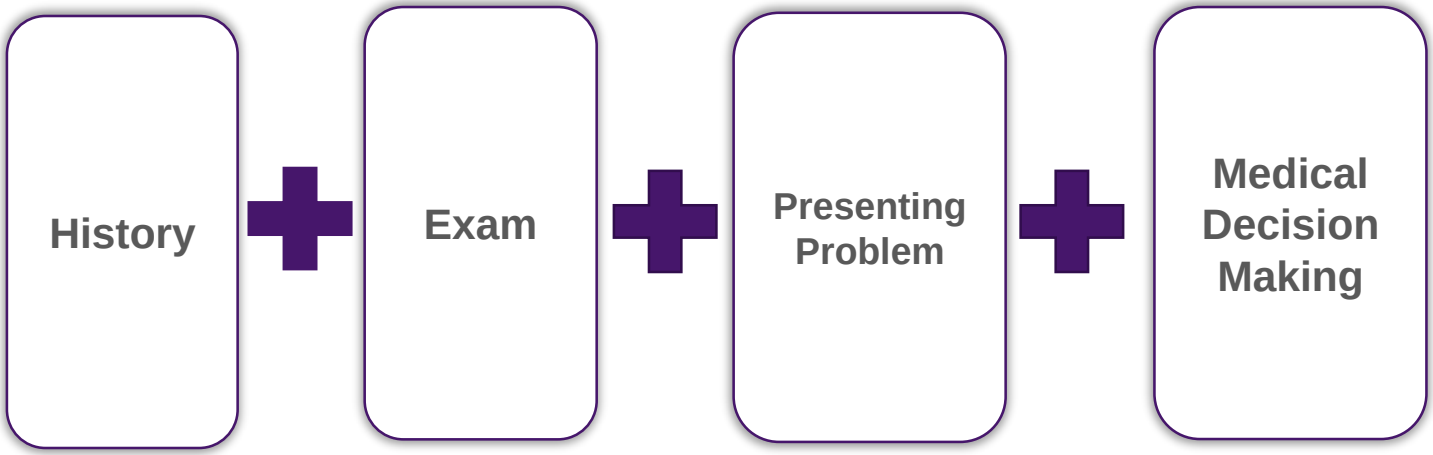
Coding E/M services - Today



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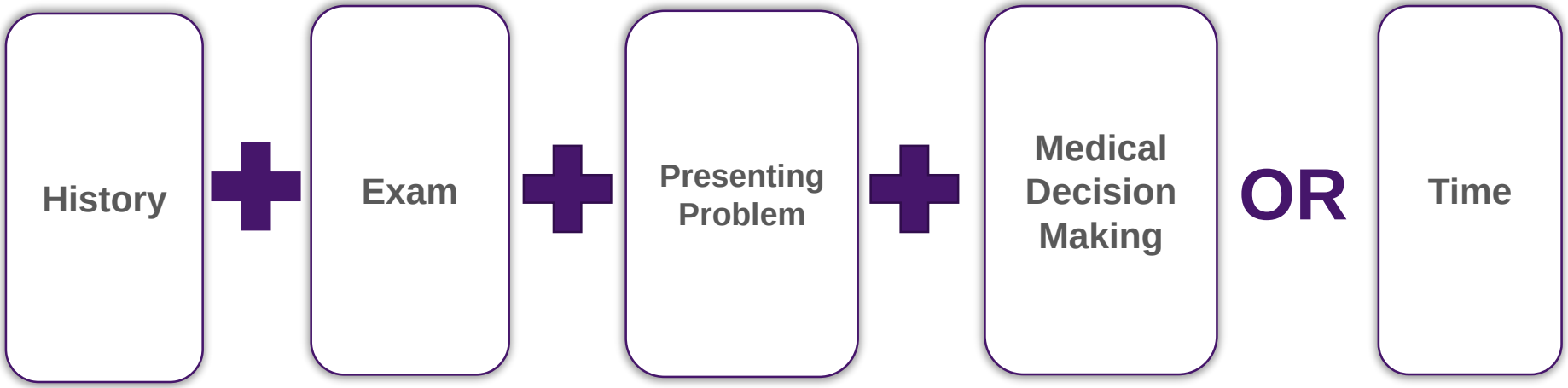
Coding E/M services - Today



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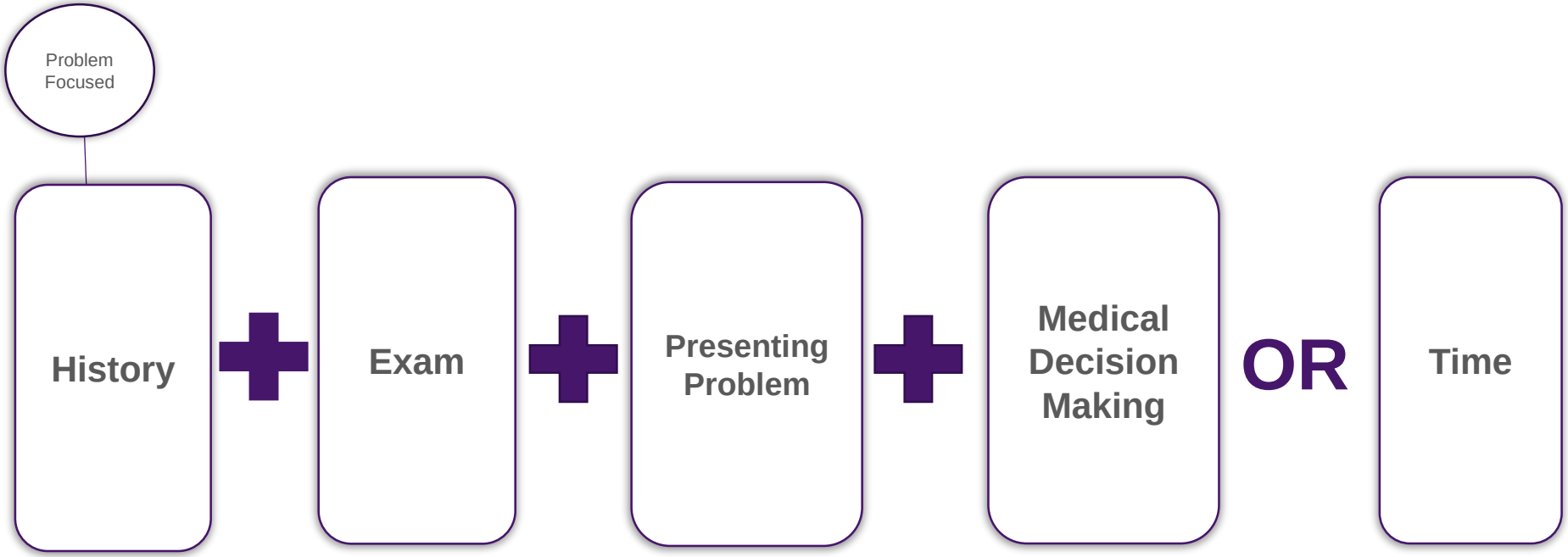

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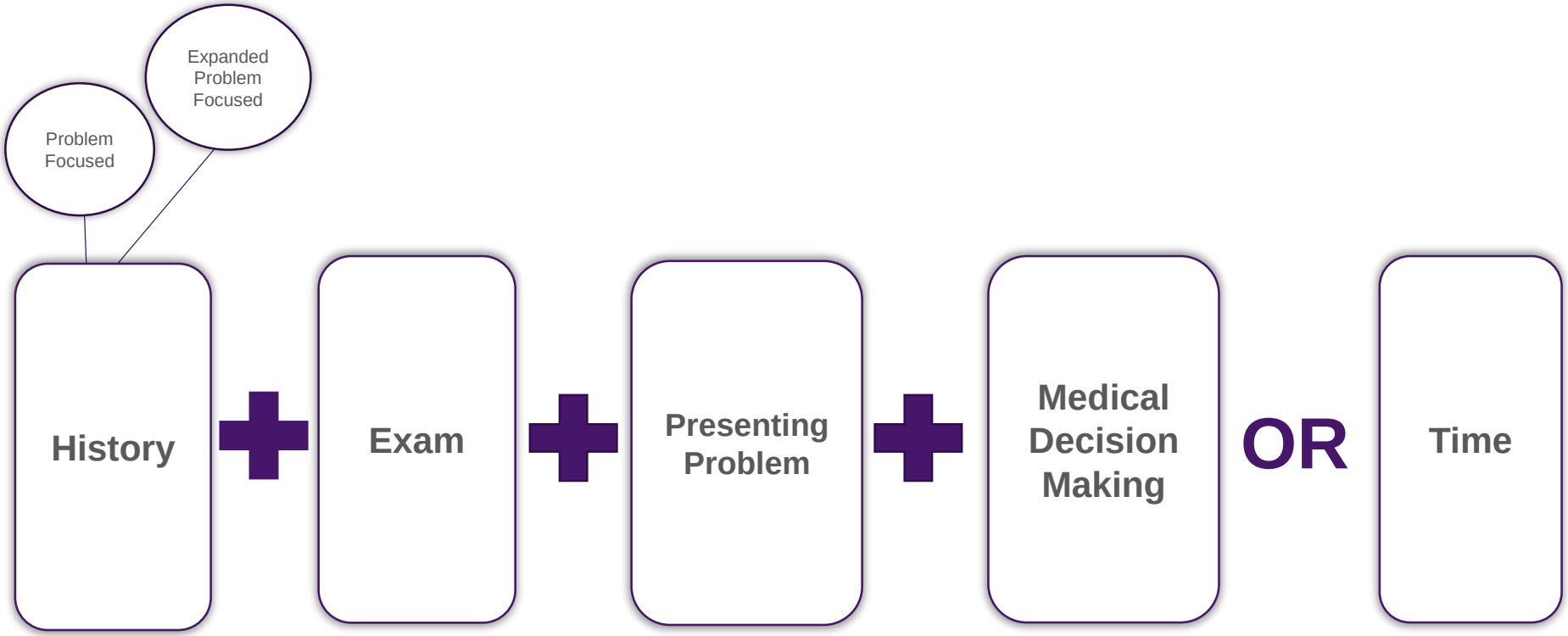

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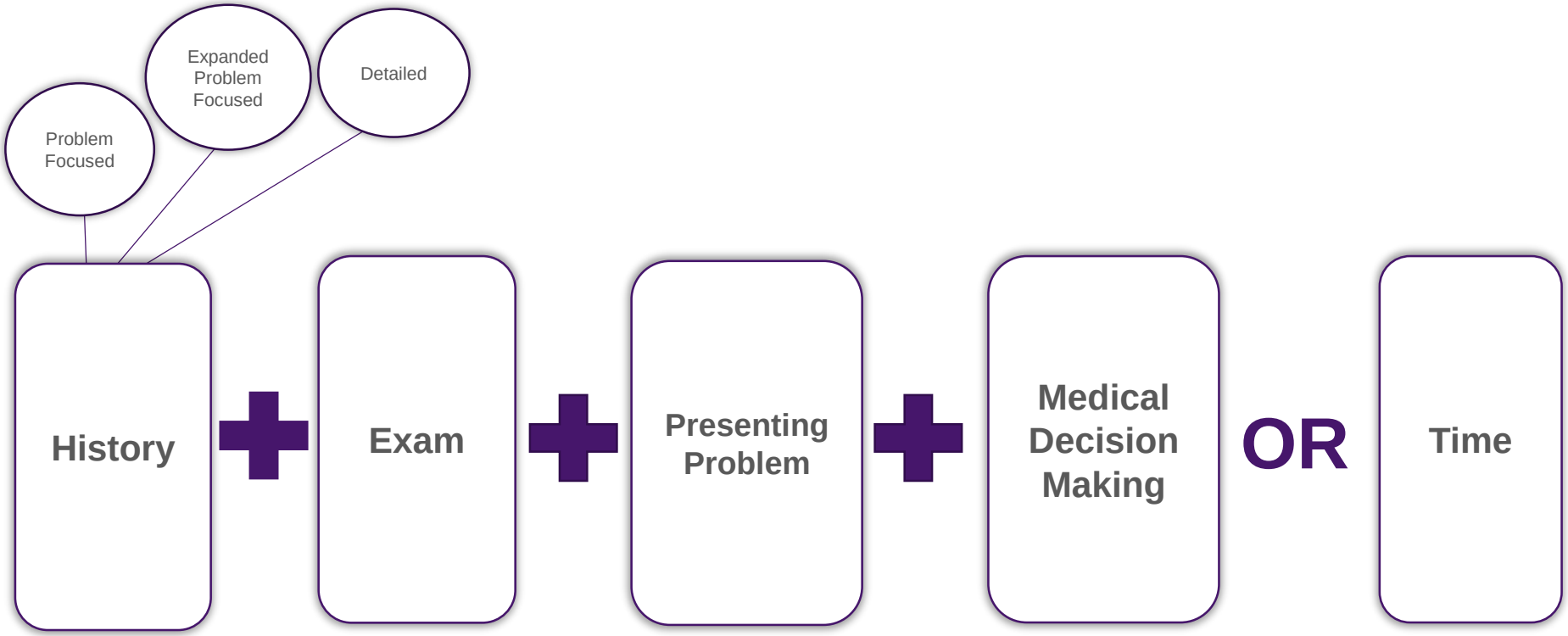

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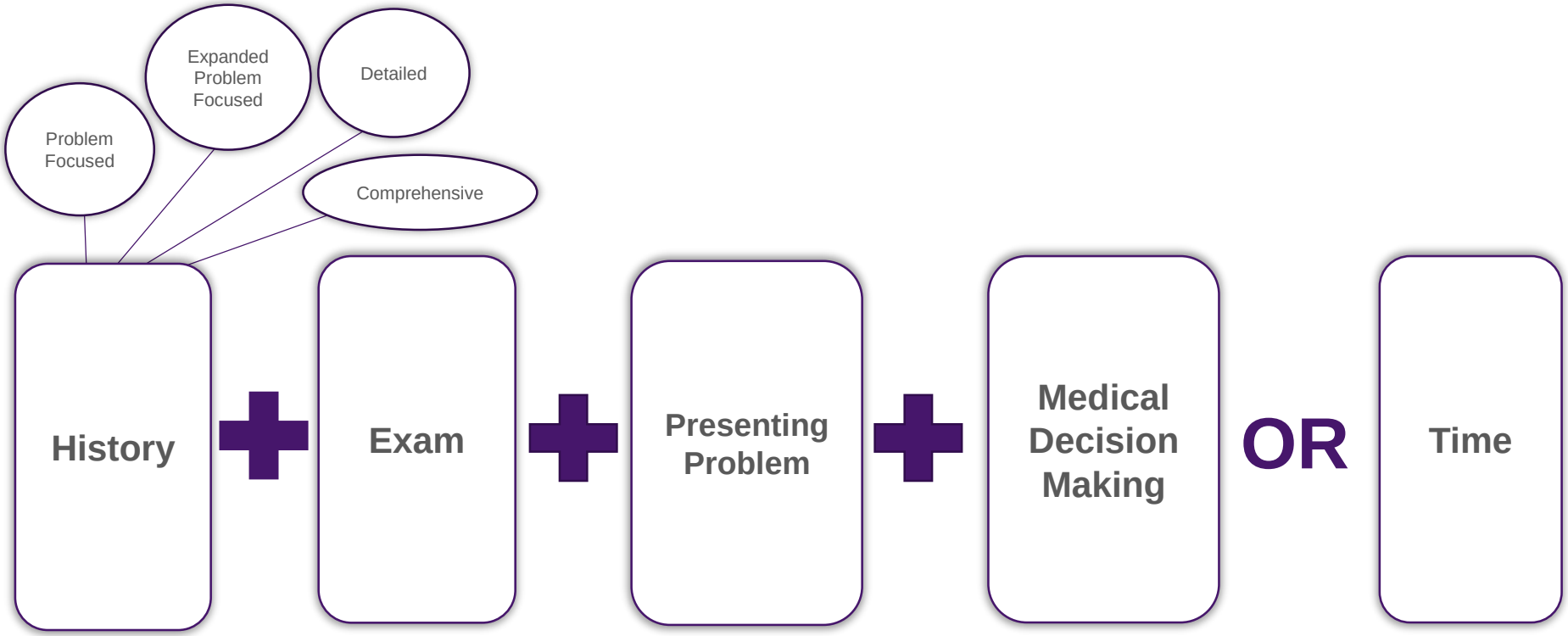
Coding E/M services - Today



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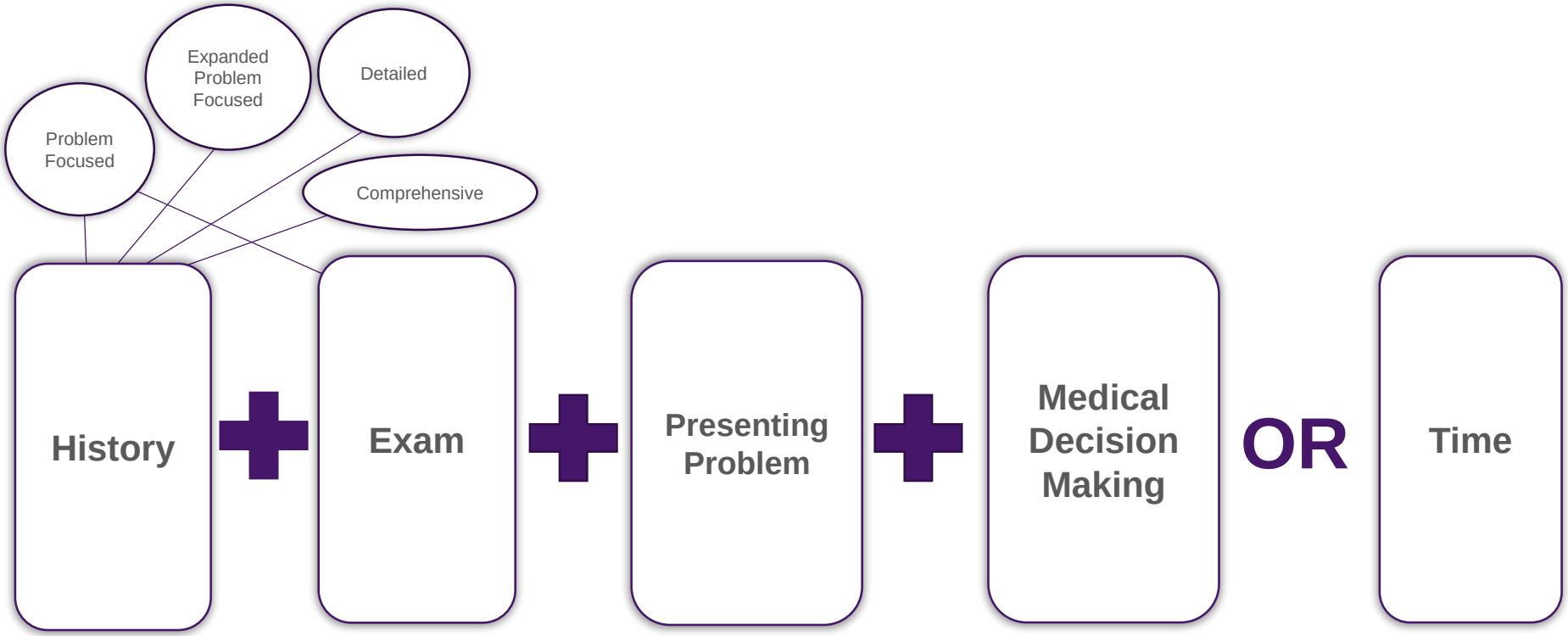

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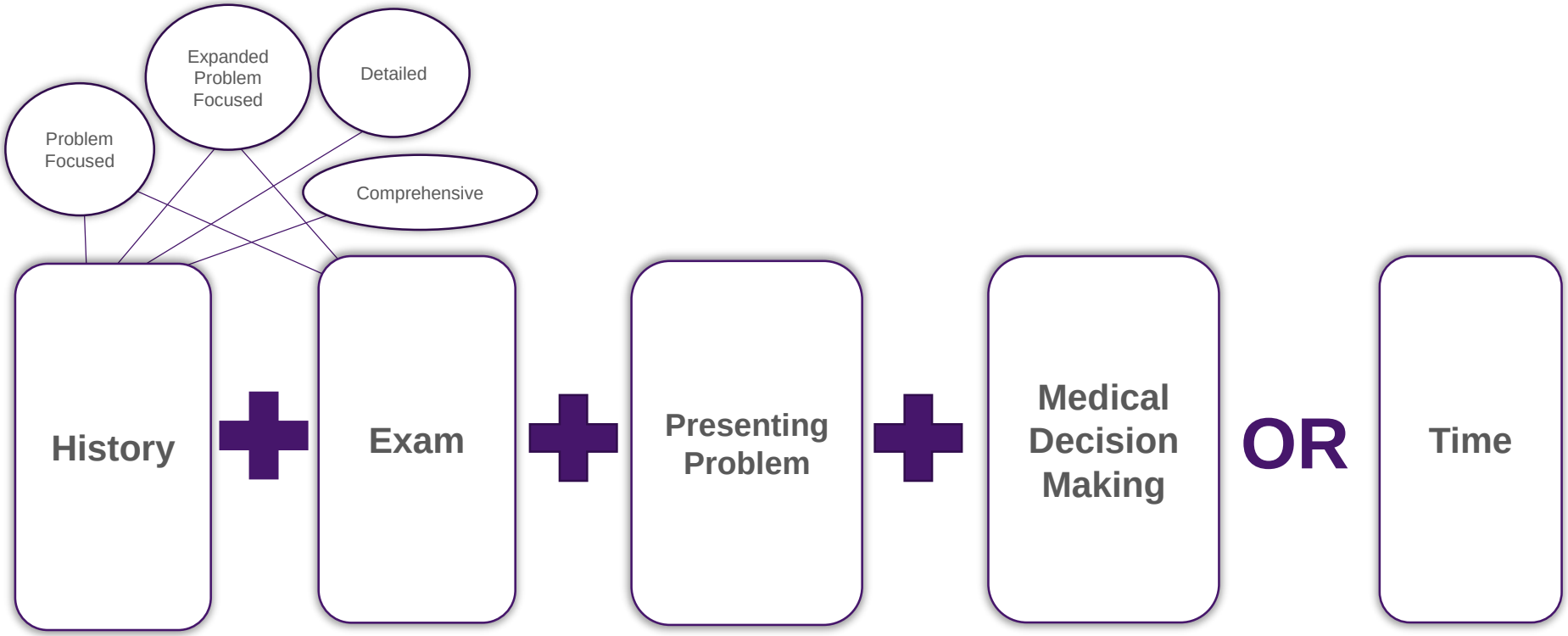

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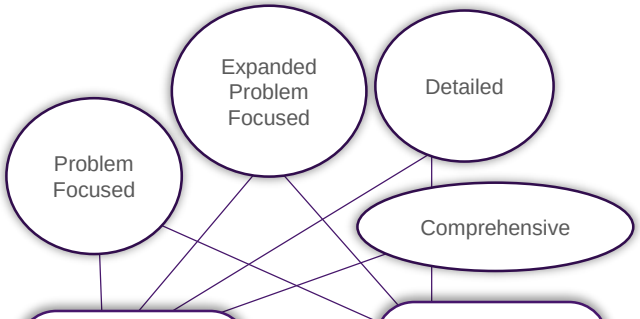

History + Exam + Presenting Problem + Medical Decision Making OR Time

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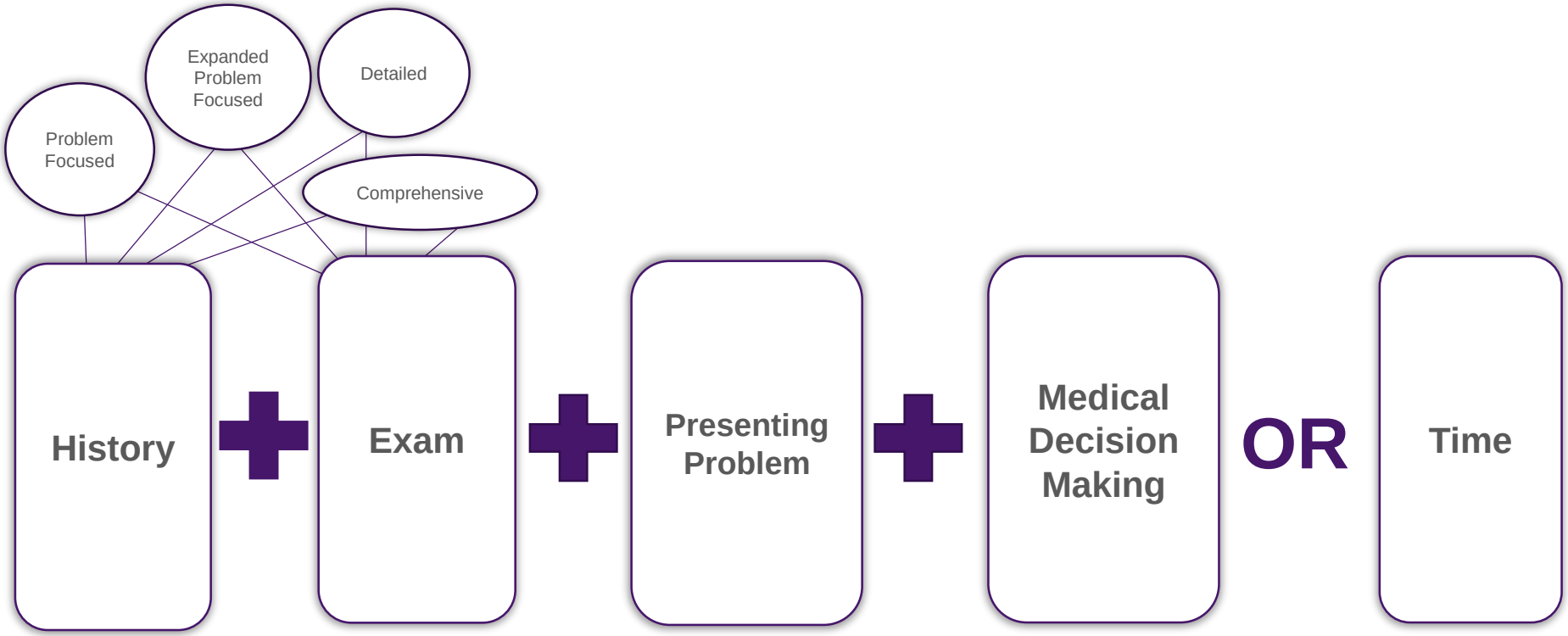

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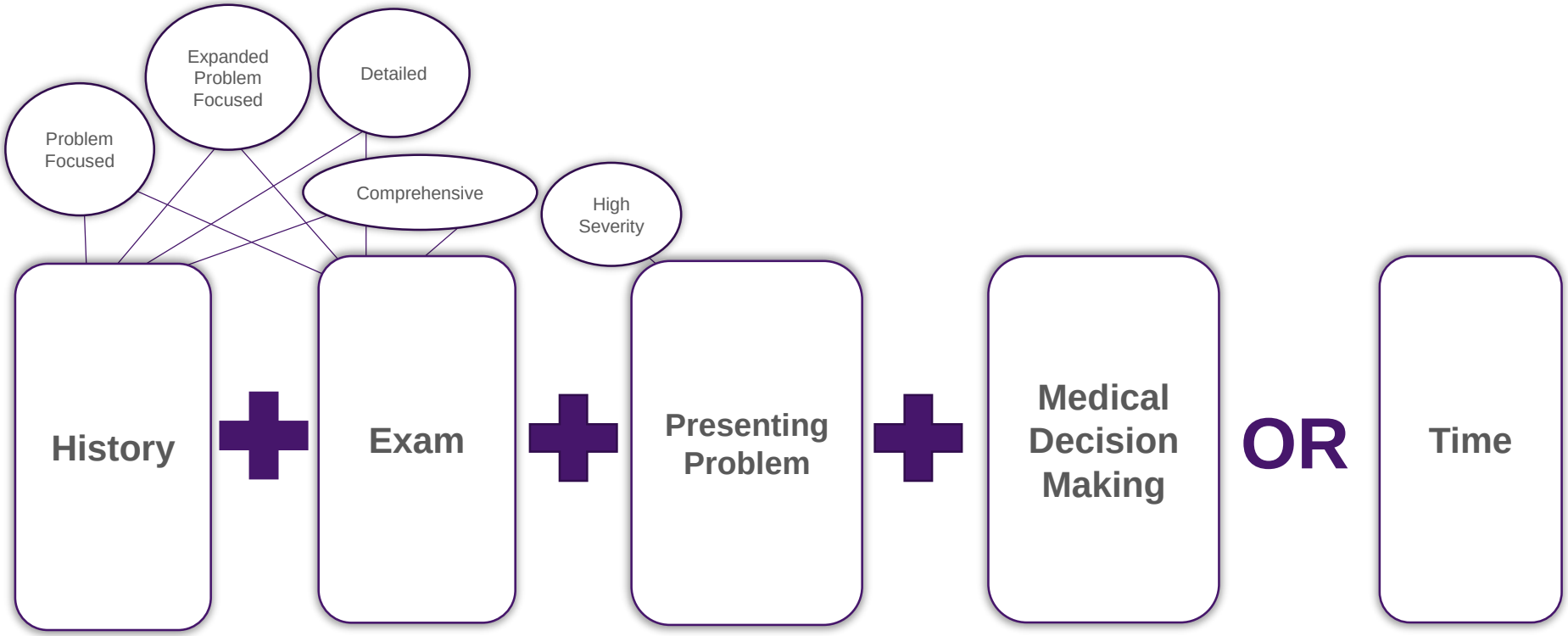

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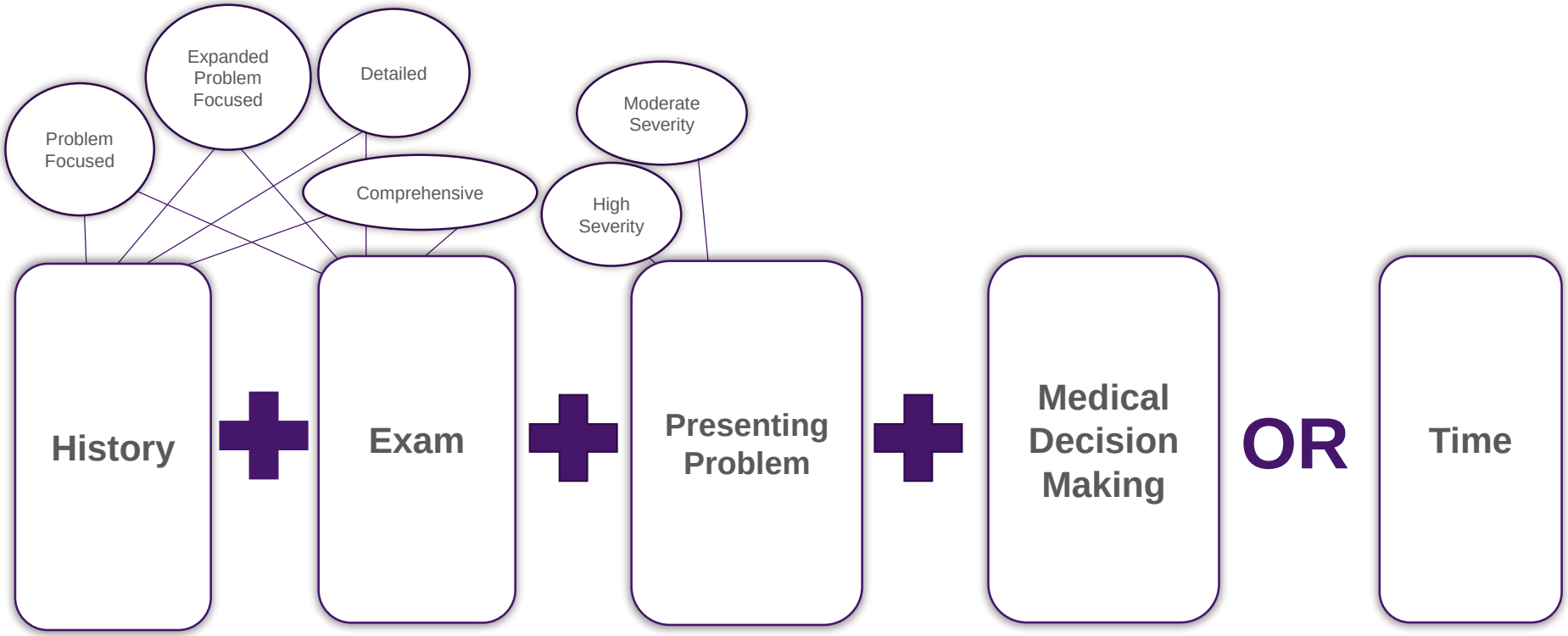

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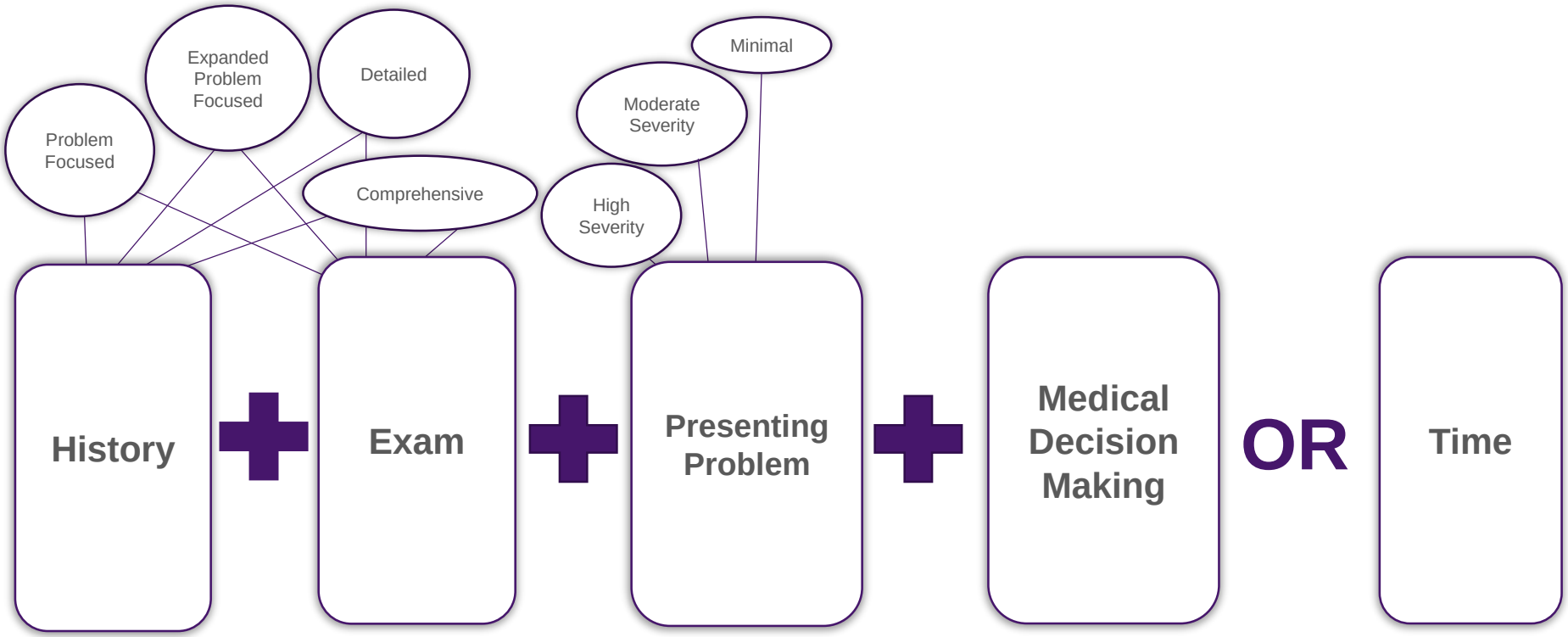

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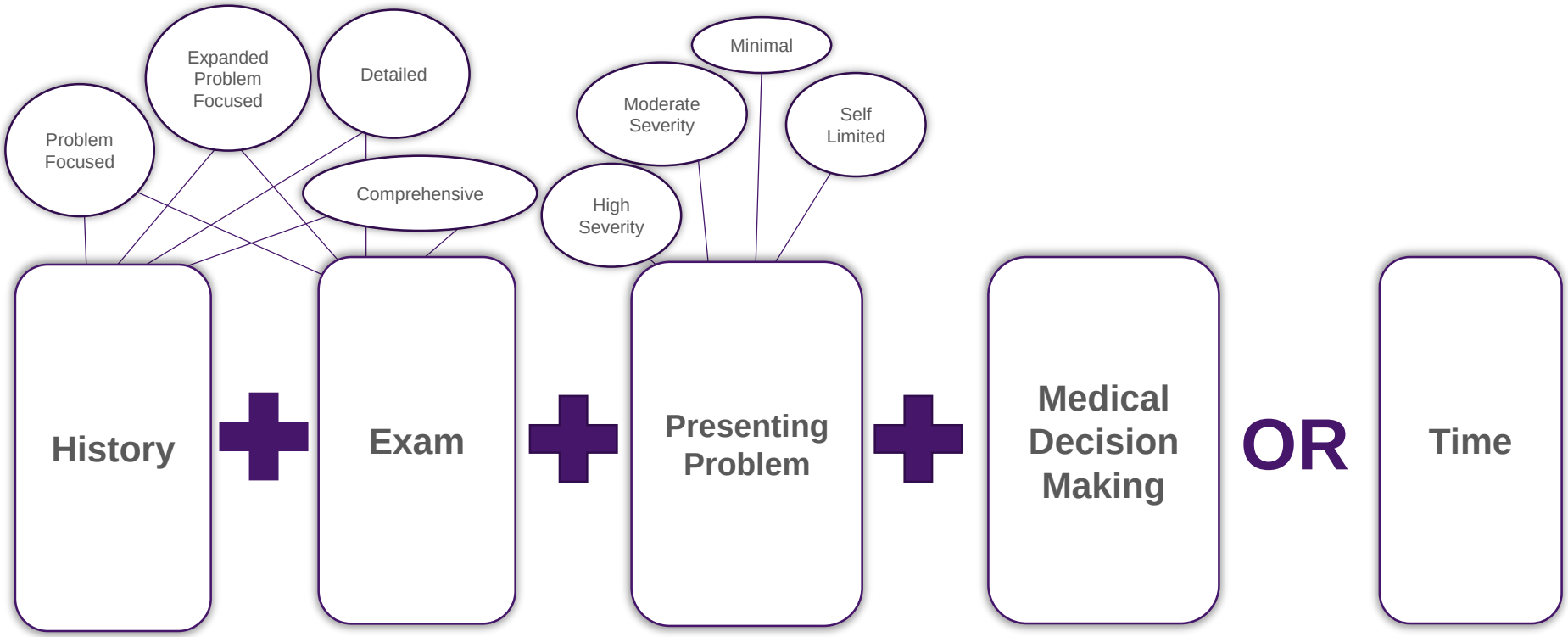

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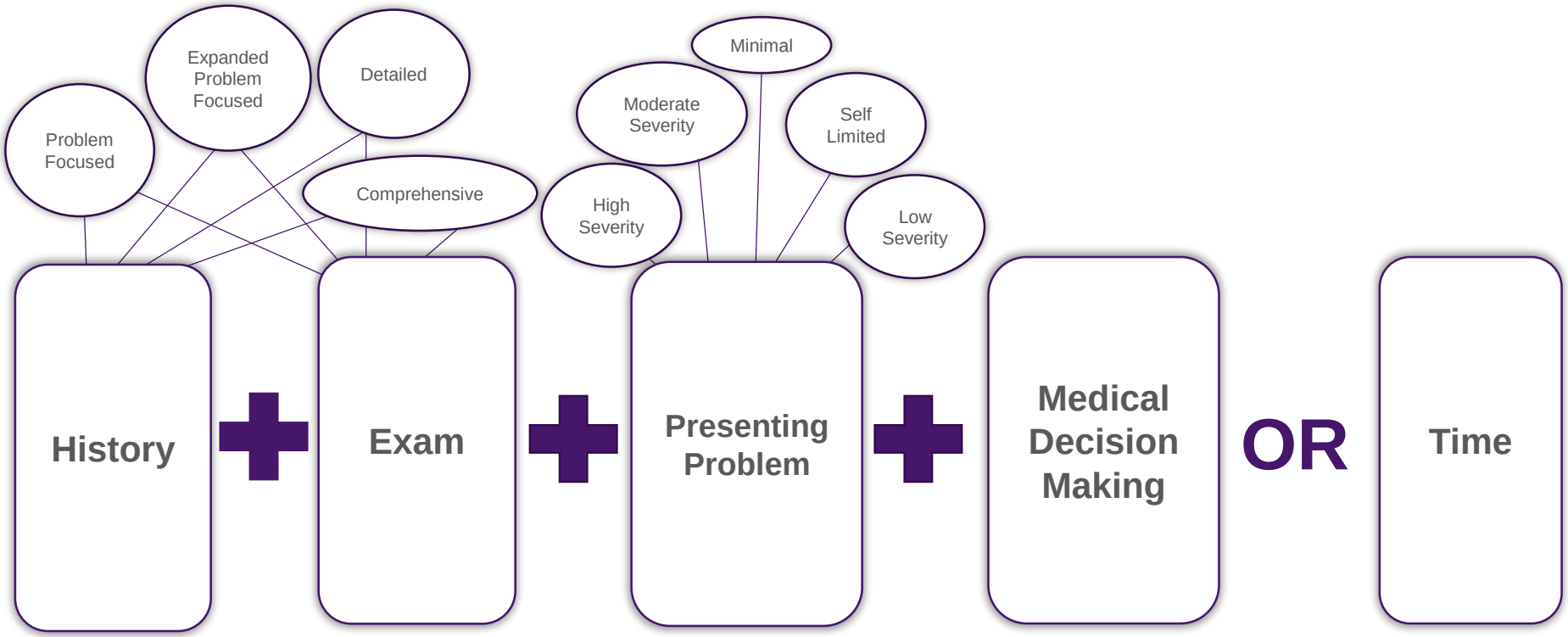

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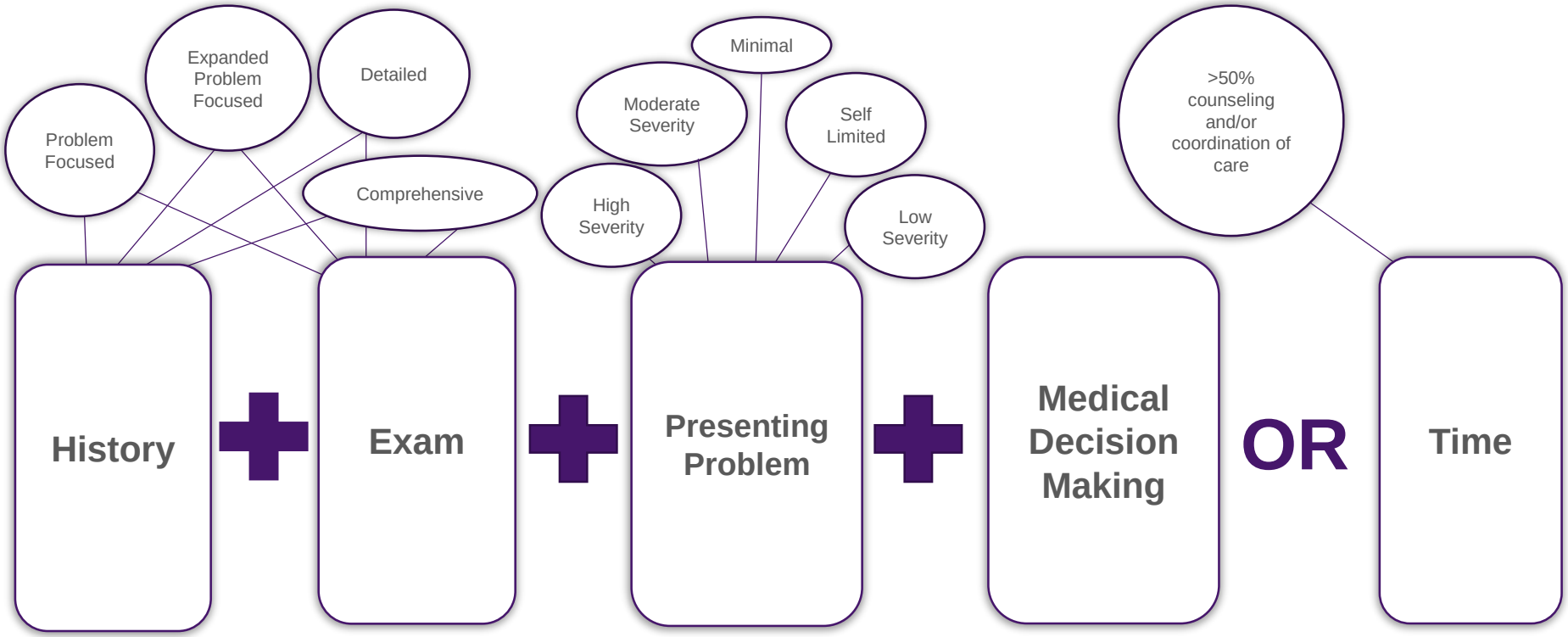

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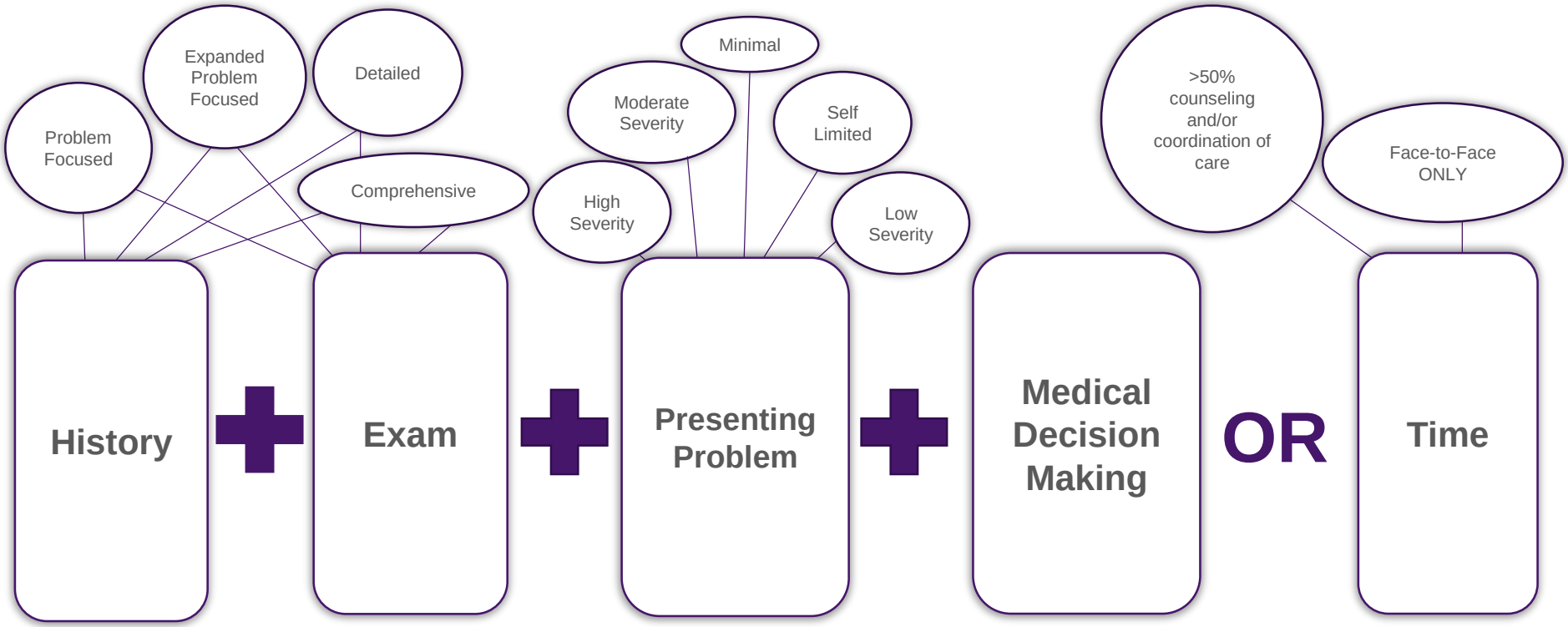

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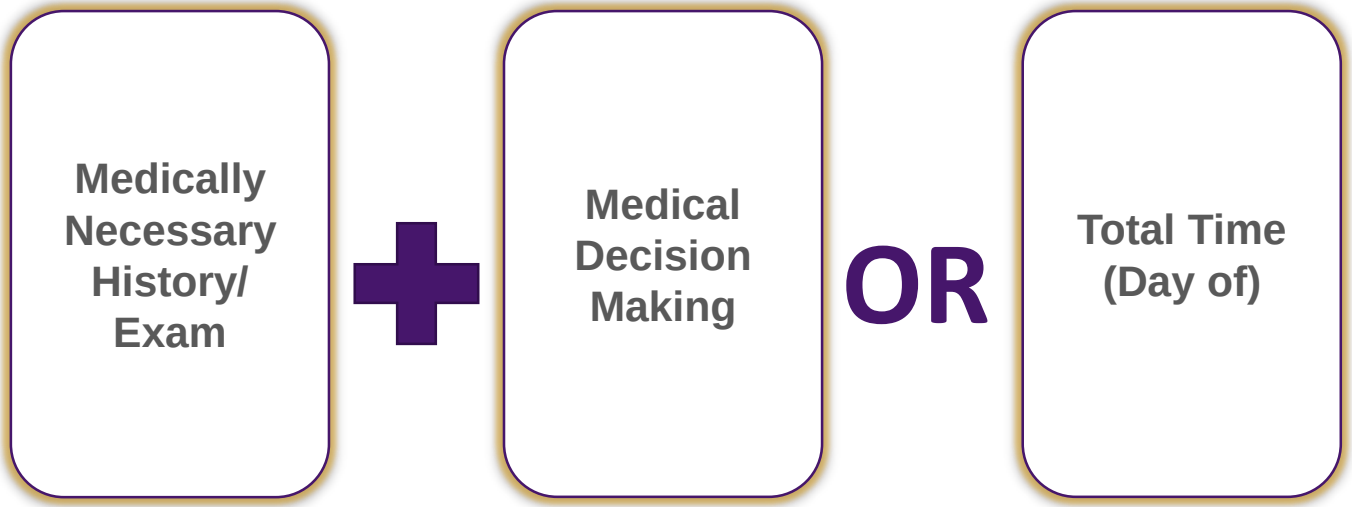
Coding E/M services – January 1, 2021



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Summary of major E/M revisions for 2021: Office or Other Outpatient Services

- Extensive E/M guideline additions, revisions, and restructuring
- Deletion of code 99201 and revision of codes 99202-99215
  - Codes 99201 and 99202 currently both require straightforward MDM
- Addition of a shorter 15-minute prolonged service code (99XXX)
- Components for code selection:
  - Medically appropriate history and/or examination
  - Choose your reporting pathway:
    - MDM; or
    - Total time on the date of the encounter

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Summary of major E/M revisions for 2021: Office or Other Outpatient Services

- E/M level of service for office or other outpatient services can be based on:
  - **MDM**
    - Extensive clarifications provided in the guidelines to define the elements of MDM
  - **Time**: *Total* time spent with the patient on the date of the encounter
    - Including non-face-to-face services
    - Clear time ranges for each code
- Addition of a shorter 15-minute prolonged service code (99XXX)
  - To be reported only when the visit is based on time **and** after the total time of the highest-level service (ie, 99205 or 99215) has been exceeded.

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Clear focus on patient care and burden reduction

- Removed scoring (e.g. checking boxes) for History and Examination
- Code the way physicians/other qualified health care professional (QHP) think
- Promote higher-level activities of MDM
- More detail in CPT® codes to promote payer consistency if audits are performed and to promote coding consistency

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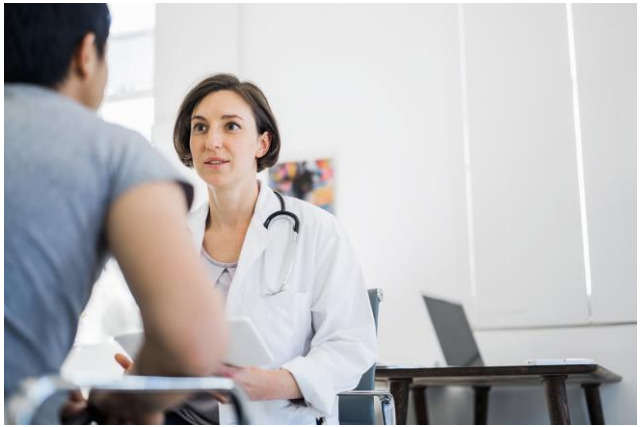
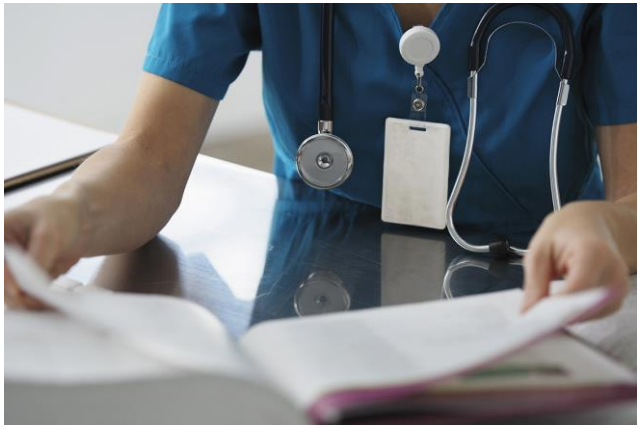
Clear focus on patient care and burden reduction

Independent study of administrative burden reduction initiatives by CMS and revisions to CPT E/M office visits showed:



Over 2 minutes saved per visit



For a busy primary care physician – Potential savings of nearly 45 minutes

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AMA education

CPT® E/M MICROSITE

- Education modules
- Full code descriptors/guidelines

LIVE EDUCATION

- 2021 E/M primer for health plans
- CPT/RBRVS Annual Symposium

OTHER EDUCATIONAL APPROACHES

- Direct payer reach out
- Direct IT vendor education/solutions
- Official CPT education

ama-assn.org/cpt-office-visits

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Saby Karuppiah, MD
Member since 2008

New E/M tools

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E/M coding burden reduction

- Support the **education** and **simple use** of new E/M codes via a set of software solutions
  - Reflect the rule simplification as reduced coding burden
- Target **Providers**, **Coders**, **Billers** and **HIT Vendors**
- Enable provider and practice adoption via **mobile web** and other E/M delivery tools (e.g., EHR-embedded apps)
- Enable the HIT industry adoption of via **plug and play technology** solutions for clinical and billing products
- Offer technology solutions to the market ahead of 2021 to **reduce friction**

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E/M digital tools

Ongoing commitment by the AMA to update and expand digital solutions as E/M codes expand and are updated

AMA solutions to enable **accurate** E/M coding that is **responsive** to rule changes

Three flavors of **integration**

- Stand alone mobile web app
- Leverage interoperability/privacy standards to capture appropriate clinical data and enable accurate coding – minimizing manual tasks
  - Integrated to EHR/Coding workflow using SMART on FHIR
  - Integrated to EHR/Coding workflow using native APIs

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CPT® E/M Office Visit Coder

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CPT E/M Office Visit Coder

Official CPT 2021

This recommendation and educational tool has been developed by the AMA to help in your E/M Office and Outpatient code selection.

E/M Calculator

Enter encounter information and let us identify potential code options

Calculate Code

E/M Code Parameters

View summary of requirements for each E/M code

Select Code

Note: If E/M service is performed at the time of another encounter, a modifier may be necessary. Please consult the current edition of CPT® Professional, Appendix A, for proper modifier use.

Disclaimer: The information in the Licensed Application is intended to assist health care providers and/or their staff in the identification of Current Procedural Terminology (CPT®) code(s) that may be appropriate to report Evaluation and Management services furnished in the office or other outpatient setting based on user inputs and published AMA coding guidelines. This Licensed Application includes a truncated version of the "full" instructions that appear in the most current CPT publication; providers and/or their staff should be certain to review these full instructions before using and/or if they have any questions while using this tool. This Licensed Application is intended for reference use only, and is not intended to serve as reimbursement advice, a guarantee of coverage, or a guarantee of payment at any particular rate. Third-party payment for medical services is affected by numerous factors. The decision of which code to report must be made by health care providers and/or their staff considering the clinical facts, circumstances, and applicable coding instructions (e.g., the CPT Guidelines contained in this Licensed Application and in the most current CPT publication). Please refer to payer policies and other published instructions for additional information.

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Medical Decision Making | Time

Level of MDM

Automatically calculated if at least 2 of the 3 elements for that level of MDM match (or are exceeded).

Number and Complexity of Problems Addressed

Minimal	Low	Moderate	High
☐ 1 self-limited or minor problem	☐ 2 or more self-limited or minor problems	☐ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment	☐ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment
	☐ 1 stable chronic illness	☐ 2 or more stable chronic illness	☐ 1 acute or chronic illness or injury that poses a threat to life or bodily function
	☐ 1 acute, uncomplicated illness or injury	☐ 1 undiagnosed new problem with uncertain prognosis	
		☐ 1 acute illness with systemic symptoms	
		☐ 1 acute complicated injury	

Amount and/or Complexity of Data to be Reviewed and Analyzed

Category 1	Category 2	Category 3
Tests and Documents	Independent interpretation of Tests	Discussion of management or test interpretation
*Each unique test, order, or document should be counted.	☐ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)	☐ Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
☐ 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)		

☐ None

Risk of Complications and/or Morbidity or Mortality of Patient Management

Minimal	Low	Moderate	High
☐ 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	☐ High risk of morbidity from additional diagnostic testing or treatment
		☐ Prescription drug management	☐ Decision regarding hospitalization
		☐ Decision not to resuscitate or to de-escalate care because of poor prognosis	☐ Decision not to resuscitate or to de-escalate care because of poor prognosis
		☐ Decision regarding elective major surgery without identified risk factors	☐ Decision regarding elective major surgery with identified risk factors
		☐ Diagnosis or treatment significantly limited by social determinants of health	☐ Diagnosis or treatment significantly limited by social determinants of health
			☐ Drug therapy requiring intensive monitoring for toxicity
			☐ Decision regarding emergency major surgery
			☐ Decision regarding hospitalization or transfer of care
			☐ Parenteral controlled substances
			☐ Drug therapy requiring intensive monitoring for toxicity

Medical Decision Making | Time

Level of MDM

Automatically calculated if at least 2 of the 3 elements for that level of MDM match (or are exceeded).

Number and Complexity of Problems Addressed

Moderate

Minimal	Low	Moderate	High
☐ 1 self-limited or minor problem	☐ 2 or more self-limited or minor problems ☐ 1 stable chronic illness ☐ 1 acute, uncomplicated illness or injury	☐ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment ☑ 2 or more stable chronic illnesses ☑ 1 undiagnosed new problem with uncertain prognosis ☐ 1 acute illness with systemic symptoms ☐ 1 acute complicated injury	☐ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; ☐ 1 acute or chronic illness or injury that poses a threat to life or bodily function

Amount and/or Complexity of Data to be Reviewed and Analyzed

Category 1 Tests and Documents *Each unique test, order, or document should be counted.	Category 2 Independent interpretation of Tests	Category 3 Discussion of management or test interpretation
☐ 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)	☐ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)	☐ Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

☐ None

AMA DEMO

Calculating E/M Code

Encounter Type: Established

Problem: Moderate > Data Reviewed: Select > Risk: Select > MDM Level:

Medical Decision Making | Time

Level of MDM

Automatically calculated if at least 2 of the 3 elements for that level of MDM match (or are exceeded).

Number and Complexity of Problems Addressed

Moderate

Minimal	Low	Moderate	High
☐ 1 self-limited or minor problem	☐ 2 or more self-limited or minor problems ☐ 1 stable chronic illness ☐	☐ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment ☑ 2 or more stable chronic illnesses …ncertain prognosis …toms	☐ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; ☐ 1 acute or chronic illness or injury that poses a threat to life or bodily function

Stable, chronic illness:

A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short- term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant. Examples may include well-controlled hypertension, non-insulin dependent diabetes, cataract, or benign prostatic hyperplasia.

Amount and/or Complexity of Data to be Reviewed and A…

Category 1
Tests and Documents
*Each unique test, order, or document should be counted.

- ☐ 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)

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)

☐ None

AMA DEMO

Calculating E/M Code

Encounter Type: Established

Problem: Moderate > Data Reviewed: Moderate > Risk: Select > MDM Level: Moderate

Medical Decision Making | Time

Level of MDM

Moderate

Number and Complexity of Problems Addressed

Moderate

Minimal	Low	Moderate	High
☐ 1 self-limited or minor problem	☐ 2 or more self-limited or minor problems	☐ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment	☐ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment
	☐ 1 stable chronic illness	☑ 2 or more stable chronic illnesses	☐ 1 acute or chronic illness or injury that poses a threat to life or bodily function
	☐ 1 acute, uncomplicated illness or injury	☑ 1 undiagnosed new problem with uncertain prognosis	
		☐ 1 acute illness with systemic symptoms	
		☐ 1 acute complicated injury	

Amount and/or Complexity of Data to be Reviewed and Analyzed

Moderate

Category 1
Tests and Documents
*Each unique test, order, or document should be counted.

- ☐ 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)

Category 2
Independent interpretation of Tests

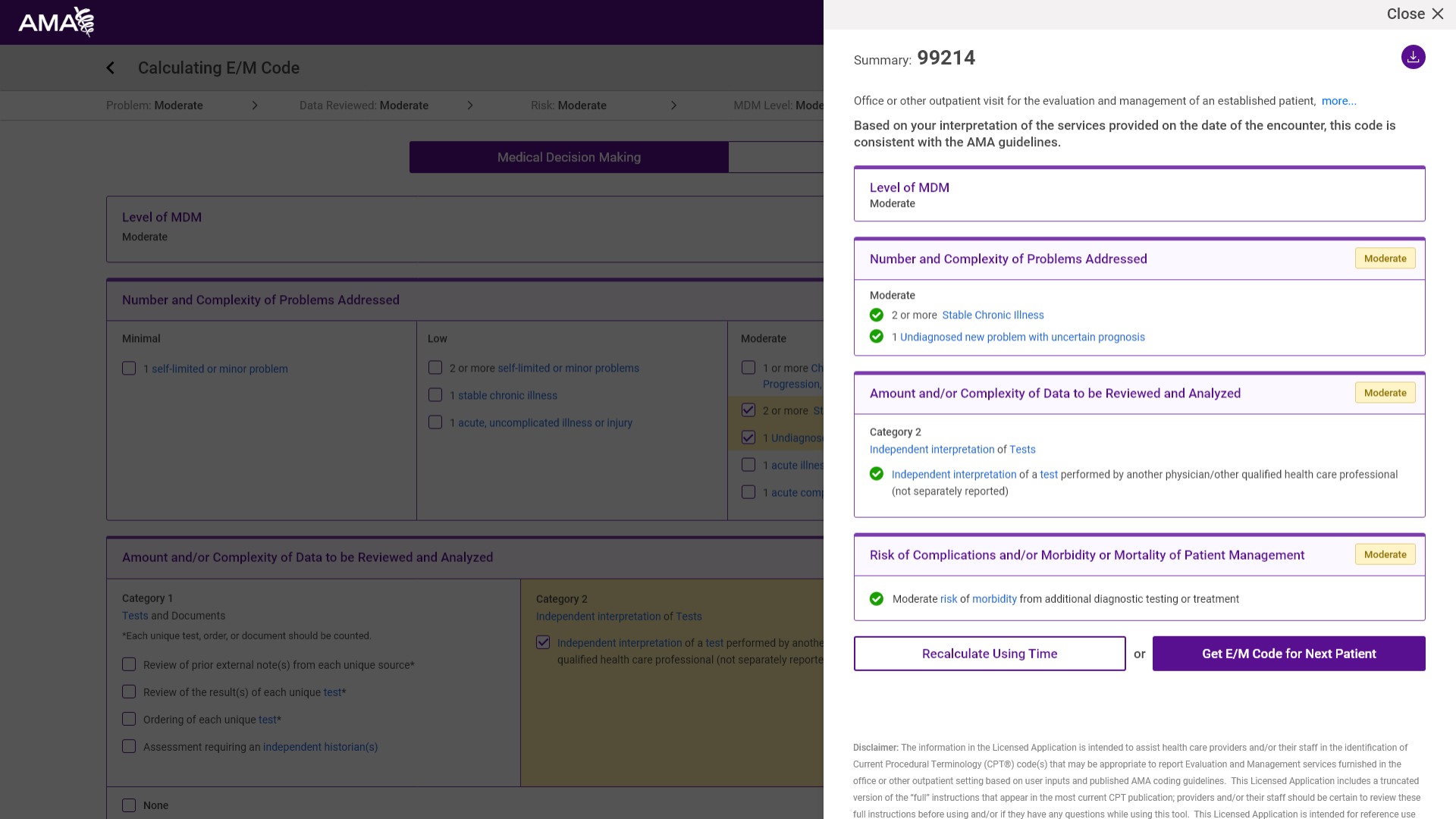
- ☑ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)

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)

☐ None

Suggested Code: 99214
Click here to view summary


AMA
Calculating E/M Code
Problem: Moderate
Data Reviewed: Moderate
Risk: Moderate
MDM Level: Mode
Medical Decision Making
Level of MDM
Moderate
Number and Complexity of Problems Addressed
Minimal
1 self-limited or minor problem
Low
2 or more self-limited or minor problems
1 stable chronic illness
1 acute, uncomplicated illness or injury
Moderate
Amount and/or Complexity of Data to be Reviewed and Analyzed
Category 1
Tests and Documents
*Each unique test, order, or document should be counted.
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)
Category 2
Independent interpretation of Tests
None
Close
Summary: 99214
Office or other outpatient visit for the evaluation and management of an established patient, more...
Based on your interpretation of the services provided on the date of the encounter, this code is consistent with the AMA guidelines.
Level of MDM
Moderate
Number and Complexity of Problems Addressed
Moderate
Moderate
2 or more Stable Chronic Illness
1 Undiagnosed new problem with uncertain prognosis
Amount and/or Complexity of Data to be Reviewed and Analyzed
Moderate
Category 2
Independent interpretation of Tests
Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)
Risk of Complications and/or Morbidity or Mortality of Patient Management
Moderate
Moderate risk of morbidity from additional diagnostic testing or treatment
Recalculate Using Time
or
Get E/M Code for Next Patient
Disclaimer: The information in the Licensed Application is intended to assist health care providers and/or their staff in the identification of Current Procedural Terminology (CPT®) code(s) that may be appropriate to report Evaluation and Management services furnished in the office or other outpatient setting based on user inputs and published AMA coding guidelines. This Licensed Application includes a truncated version of the "full" instructions that appear in the most current CPT publication; providers and/or their staff should be certain to review these full instructions before using and/or if they have any questions while using this tool. This Licensed Application is intended for reference use

Medical Decision Making | Time

Time Spent on Date of Encounter

0 minutes

Input Time Spent (includes face-to-face and non face-to-face)

Add time spent to get E/M Code

0 min

10-19 | 20-29 | 30-39 | 40-54 | 55-69 | 70-84 | 85+

Your time 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). Physician/other qualified health care professional time includes the following activities, when performed:

- ✓ Preparing to see the patient (e.g., review of tests)
- ✓ 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)

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Medical Decision Making | Time

Time Spent on Date of Encounter

30-39 minutes

Input Time Spent (includes face-to-face and non face-to-face)

Add time spent to get E/M Code

34 min

Your time 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). Physician/other qualified health care professional time includes the following activities, when performed:

- ✓ Preparing to see the patient (e.g., review of tests)
- ✓ 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)

Suggested Code: 99214
Click here to view summary

Disclaimer: The information in the Licensed Application is intended to assist health care providers and/or their staff in the identification of Current Procedural Terminology (CPT®) code(s) that may be appropriate to report Evaluation and Management services furnished in the office or other outpatient setting based on

AMA DEMO

Calculating E/M Code

Medical Decision Making

Time Spent on Date of Encounter

30-39 minutes

Input Time Spent (includes face-to-face and non face-to-face)

Add time spent to get E/M Code

34 min

10-19 20-29 30-39 40-54

Your time includes the following activities on the date of the encounter:

- ✓ Preparing to see the patient (e.g. review of tests)
- ✓ 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)

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Close

Summary: **99214**

Office or other outpatient visit for the evaluation and management of an established patient, more...

Based on your interpretation of the services provided on the date of the encounter, this code is consistent with the AMA guidelines.

Time Spent on Date of Encounter

34 minute

Recalculate Using MDM or Get E/M Code for Next Patient

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CPT E/M Office Visit Coder

Official CPT 2021

This recommendation and educational tool has been developed by the AMA to help in your E/M Office and Outpatient code selection.

E/M Calculator

Enter encounter information and let us identify potential code options

Calculate Code

E/M Code Parameters

View summary of requirements for each E/M code

Select Code

- 99202
- 99203
- 99204
- 99205
- 99212
- 99213
- 99214
- 99215

Note: If E/M service is performed at the time of another encounter, a modifier may be necessary. Please consult the current se.

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Summary: **99215**

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components more...

Code by MDM | Code by Time

Elements of Medical Decision Making (MDM) based calculation

Level of MDM

High (calculated when at least 2 elements of MDM match, or all 3 elements are needed if they mismatch.)

Number and Complexity of Problems Addressed

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

Amount and/or Complexity of Data to be Reviewed and Analyzed

High

Must meet the requirements of at least 2 out of 3 categories

Category 1

Tests and Documents

*Each unique test, order, or document should be counted.

- 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)

Category 2

Independent interpretation of Tests

Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)

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)

Risk of Complications and/or Morbidity or Mortality of Patient Management

High

Questions?

Siobhan Wescott, MD
Member since 2013

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