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

Total annual Medicare spend on E/M Office Visits

$25.7B
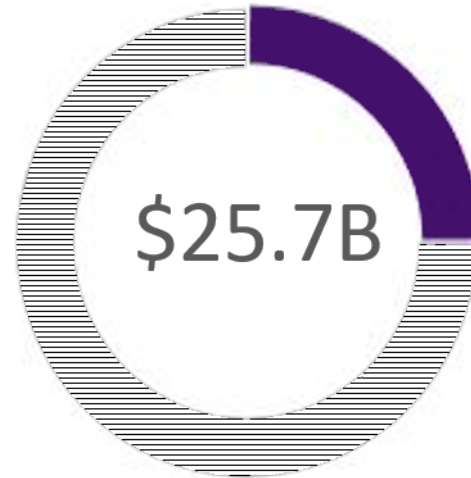
E/M = 10 codes | All other = ~10k codes

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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 EMR 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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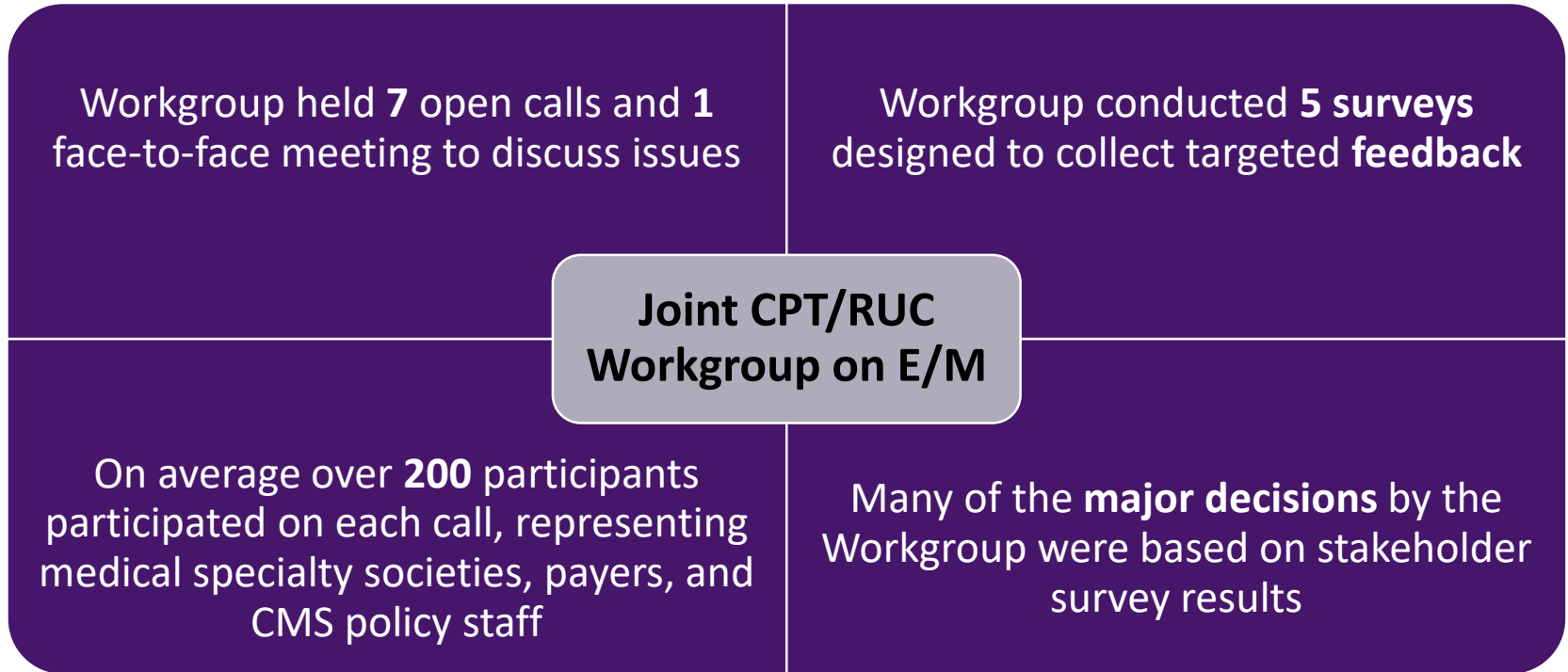
The AMA: The right convener

Dedication to removing obstacles that interfere with 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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The AMA approach: Stakeholder collaboration

Workgroup held **7** open calls and **1** face-to-face meeting to discuss issues

Workgroup conducted **5 surveys** designed to collect targeted **feedback**

Joint CPT/RUC Workgroup on E/M

On average over **200** participants participated on each call, representing medical specialty societies, payers, and CMS policy staff

Many of the **major decisions** by the Workgroup were based on stakeholder survey results

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Workgroup process: Focus on transparency and inclusion

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

Saby Karuppiah, MD
Member since 2008

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CAUTION

ONLY E/M
<u>OFFICE</u> VISITS

ACTIVE 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:
  - <u>Medically appropriate</u> 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:

Medical Decision Making

- Maintain current framework to avoid disruption

- Extensive clarifications provided in the guidelines to define critical elements

Time

- Total time on day of encounter

- Includes non-face-to-face time

- Clear ranges of time in code descriptors

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Sample Revised Code Descriptor

Office or Other Outpatient Services/Established Patient

★▲99215 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires <u>a medically appropriate history and/or examination and high level of medical decision making.</u>

<u>When using time for code selection, **40-54 minutes of total time** is spent on the date of the encounter.</u>

(For services 55 minutes or longer, see Prolonged Services 99XXX)

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Clear Focus on Patient Care and Burden Reduction

- Removed mandatory scoring 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

E/M Revisions – Vaccine Counseling Coding

Vijaya Appareddy, MD
Member since 1993

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E/M Office Visit Revisions – Changes to Time

- Revisions to time element may have impact on extensive counseling time regarding vaccine administration, during office visits

Creation of shorter Prolonged Services *(15 minutes)*

→

Removal of restriction to bill based off time when counseling/ coordination of care is greater than 50%

→

Office visit ONLY

Does not affect the preventive counseling codes

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