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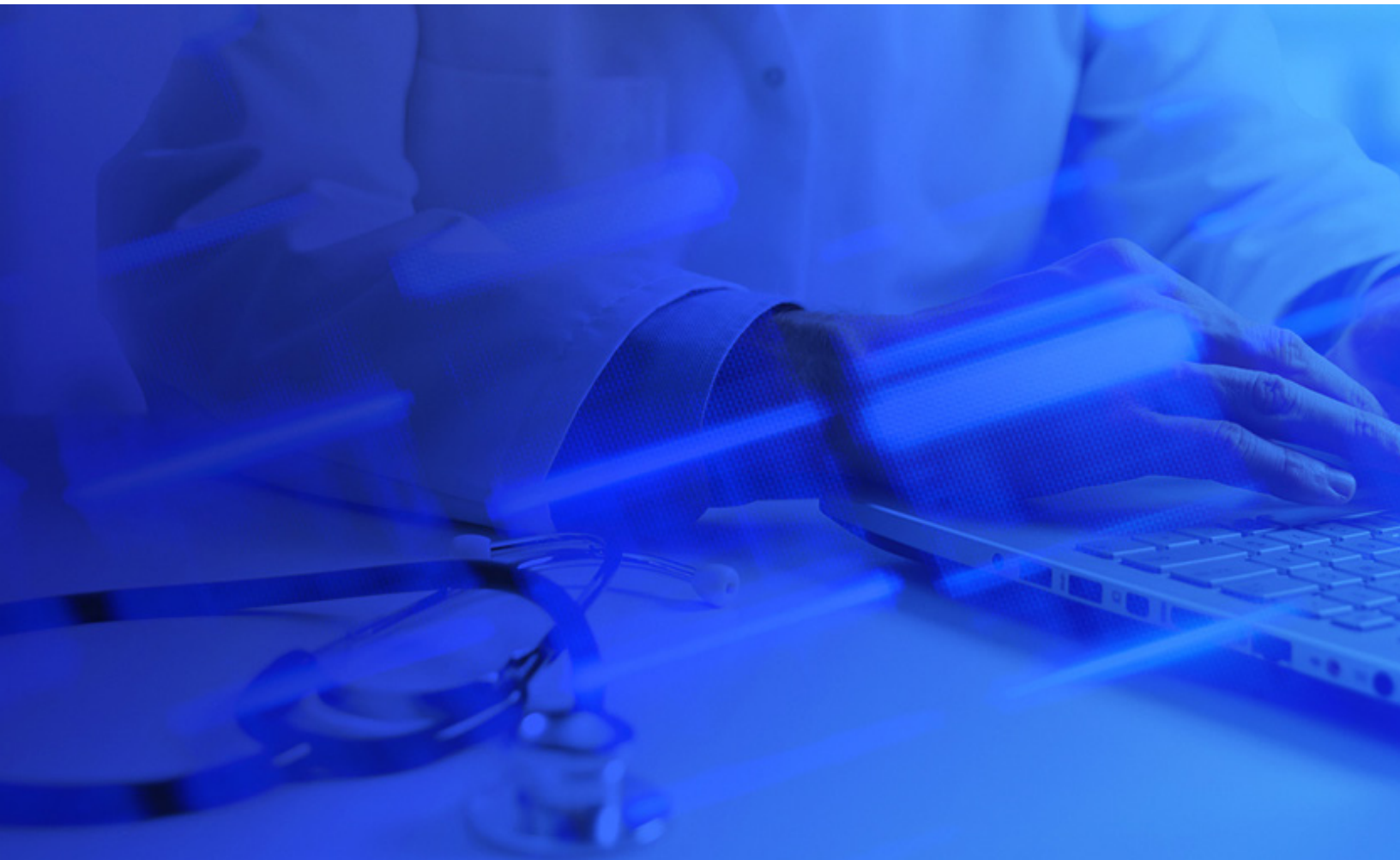
New Year, New Codes

Coding Changes Coming in 2021



New Year, New Codes: Coding Changes Coming in 2021

After the examinations, x-rays and surgeries lives another major part of a physician's day that happens behind the scenes. All the hard work needs to be processed through a successful claim submission, meaning that ultimately earning payment all boils down to one thing – coding. Evaluation and management codes, or E/M codes, are codes a physician uses to report a patient visit. This administrative task – a necessity for any physician – is often cumbersome and prone to errors. Most importantly, it uses up valuable time that could be better spent.

How many of us have experienced the "hurry up and wait" scenario? The type of appointment where you wait in a waiting room, then wait a little more in the exam room, then eventually get 10 minutes with your doctor...only to be rushed out so the next patient can be shuttled in. Unfortunately, it's all too common. It's safe to say that many patients could benefit from more face-to-face interaction with their providers.

Many claim that payment for evaluation and management services are undervalued, specifically when it comes to ambulatory services. Additionally, it's been argued that the fee schedule itself is not well-designed to support primary care, which requires ongoing care coordination for patients. Pressure existed to increase payment rates for ambulatory E/M services while reducing payment rates for other services. Thankfully, The Centers for Medicare and Medicaid Services (CMS) took notice. With the goal of increasing efficiencies to reduce unnecessary burdens, the "Patients over Paperwork" initiative was established. Per CMS, E/M codes make up 20% of total spending under the physician fee schedule. Part of this initiative aims to reduce the coding and documentation requirements for E/M codes, in turn giving physicians more time to spend with patients. In partnership with The American Medical Society (AMA), CMS worked to revise the rules for evaluation and management coding requirements. These changes were finalized in the 2020 Physician Fee Schedule (PFS) with an effective date of January 1, 2021.

So what exactly was revised? The E/M updates affect codes 99201 through 99215 and include the deletion of code 99201 along with revisions to the code selection for 99202 - 99215. Below is a summary of the revisions to E/M codes:

- Elimination of code 99201
- Decrease the burden of coding requirements
- Decreases the burden of documentation
- Revises the definitions for Medical Decision Making (MDM)
- Revises the definition of time spent with patient to total time including non-face-to-face for E/M services by physician and other QHP
- Requires a history and/or examination when medically necessary
- Offers a clear time ranges for each code for time spent with patient
- Addition of a new 15 minute prolonged service code
- Clinicians will choose a code based on MDM or total time

These changes apply to office visits and other out-patient services. It's noteworthy that these changes represent the first changes to the E/M codes in over 25 years. More importantly, the changes streamline the coding process, reduce clinician burden and will allow physicians to put the focus back to patient care.

Billing and coding should always be top of mind, but with staff shortages it can be hard to keep up. This is why it's critical for physicians, clinicians, coders and billers to completely understand these changes.
To help comprehension, the AMA released a checklist identifying ten steps to help the practices prepare for the upcoming changes that can be accessed here. To learn more about the coding changes and the summary of revisions, visit the AMA website.

For more information please visit our website at cognizantrcm.com

This article is not a comprehensive overview and is NOT intended to provide coding advice, rather it is intended to highlight the upcoming changes and the need for physicians to ensure they have received the proper training for the upcoming changes.

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