

eMDs

Practice Partner E&M Module

Agenda

- Scope and timing of the 2021 changes.
- The new 2021 AMA E/M coding guidance for new and established office patients.
- New rules for coding based on time.
- New rules for calculating the MDM.
- How to apply the new rules in daily practice.
- Revised G code and prolonged services code coming in 2021.
- New E&M Coding Module in Practice Partner.

Scope and Timing

- The coming E/M coding changes apply only to new office patients and established office patients.
- All other encounters (e.g. hospital visits, ED visits, SNF visits, home visits, well visits) will NOT be affected.
- The changes will take effect on January 1, 2021.

Background

- New and established office visits account for half E/M expenditures and 20% of CMS PFS spending overall.
- A new office patient visit is someone who has not been seen by you or someone in the EXACT same specialty in your group within the past three years.
- An established office patient is someone who has been seen by you or someone in your EXACT same specialty in your group within the past three years.

Brief History of E/M Coding

- E/M Coding stands for Evaluation & Management
- E&M is translated into 5-digit codes used for Billing
- New Patients = 99201 – 99205
- Established Patient Visits = 99211 – 99215
- Levels of codes are dictated by E&M Guidelines
- First set released in 1995
- Second set released in 1997
- There has been no material updates since that time.

Brief History of E/M Coding

- E/M Guidelines require documenting the following 3 components

History

Physical Exam

Medical Decision Making

Current Payment and Utilization

New Office Patients					
E/M Code	History	Exam	MDM	\$*	%**
99201	PF	PF	PF	\$46.56	0.34%
99202	EPF	EPF	SF	\$77.23	4.48%
99203	Detailed	Detailed	Low	\$109.35	24.60%
99204	Comp	Comp	Mod	\$167.09	51.23%
99205	Comp	Comp	High	\$211.12	15.34%

- 2020 Medicare Physicians Fee Schedule
- ** 2018 Medicare Paid Part B Physicians Supplier Procedure Summary Data for Internist
- Levels 99203 – 99205 make up 95% of Internist

Current Payment and Utilization

Established Office Patients					
E/M Code	History	Exam	MDM	\$*	%**
99211	None	None	None	\$21.96	2.01%
99212	PF	PF	SF	\$44.64	2.23%
99213	EPF	EPF	Low	\$74.16	37.35%
99214	Detailed	Detailed	Mod	\$109.44	53.66%
99215	Comp	Comp	High	\$147.60	4.75%

- 2020 Medicare Physicians Fee Schedule
- ** 2018 Medicare Paid Part B Physicians Supplier Procedure Summary Data for Internist
 - Levels 99203 – 99205 make up 90% of Internist

Brief History of E/M Coding

- E/M Guidelines require documenting the following 3 components

New Office Visits				
E/M Codes	History	Exam	MDM	Time
99201	PF	PF	SF	10
99202	EPF	EPF	SF	20
99203	Detailed	Detailed	Low	30
99024	Comp	Comp	Mod	45
99205	Comp	Comp	High	60

3 out of 3 key components needed for New Office visits.

2 out of 3 key components are needed for Established Office visits.

Established Office Visits				
E/M Codes	History	Exam	MDM	Time
99211	None	None	None	5
99212	PF	PF	SF	10
99213	EPF	EPF	LOW	15
99014	Detailed	Detailed	Mod	25
99215	Comp	Comp	High	40

Brief History of E/M Coding

- E/M Guidelines coding based on Time

Coding Based on Time

- Must spend the entire allotted time face-to-face with patient.
- Over half of the time spent must have been devoted to counseling and/or coordination of care.
- Must document the time spent and the nature of the counseling and/or coordination of care.

New Office Visits

E/M Codes	History	Exam	MDM	Time
99201	PF	PF	SF	10
99202	EPF	EPF	SF	20
99203	Detailed	Detailed	Low	30
99024	Comp	Comp	Mod	45
99205	Comp	Comp	High	60

Established Office Visits

E/M Codes	History	Exam	MDM	Time
99211	None	None	None	5
99212	PF	PF	SF	10
99213	EPF	EPF	LOW	15
99014	Detailed	Detailed	Mod	25
99215	Comp	Comp	High	40

The New E/M Guidelines

- In January of 2019, the AMA established the Joint AMA CPT Workgroup on E/M to develop the new rules.
- The new set of E/M guidelines for new and established office patients was approved by the AMA CPT editorial board in February 2019.
- The AMA RUC also conducted a survey to revalue the work RVU's for new and established office patients.
- In November of 2019, CMS formally adopted the new AMA E/M coding rules and the new valuations to take effect January 1, 2021.

The New E/M Guidelines

New Office Visits

E/M Codes	History	Exam	MDM	Time
99201	PF	PF	SF	10
99202	EPF	EPF	SF	20
99203	Detailed	Detailed	Low	30
99204	Comp	Comp	Mod	45
99205	Comp	Comp	High	60



Established Office Visits

E/M Codes	History	Exam	MDM	Time
99211	None	None	None	5
99212	PF	PF	SF	10
99213	EPF	EPF	LOW	15
99214	Detailed	Detailed	Mod	25
99215	Comp	Comp	High	40



New Rules for Coding Based on Time

1995/1997 E/M Guidelines

Coding based on time

- Face to face time only
- Over half the time must have been devoted to counseling/coordination of care.

2021 E/M Guidelines

Coding based on time

- Can include face-to face time
- Can also include non face-to-face time before and after the visit on the **date of the encounter**
- No Requirements regarding counseling and/or coordination of care.

Adding up Time Spent 2021

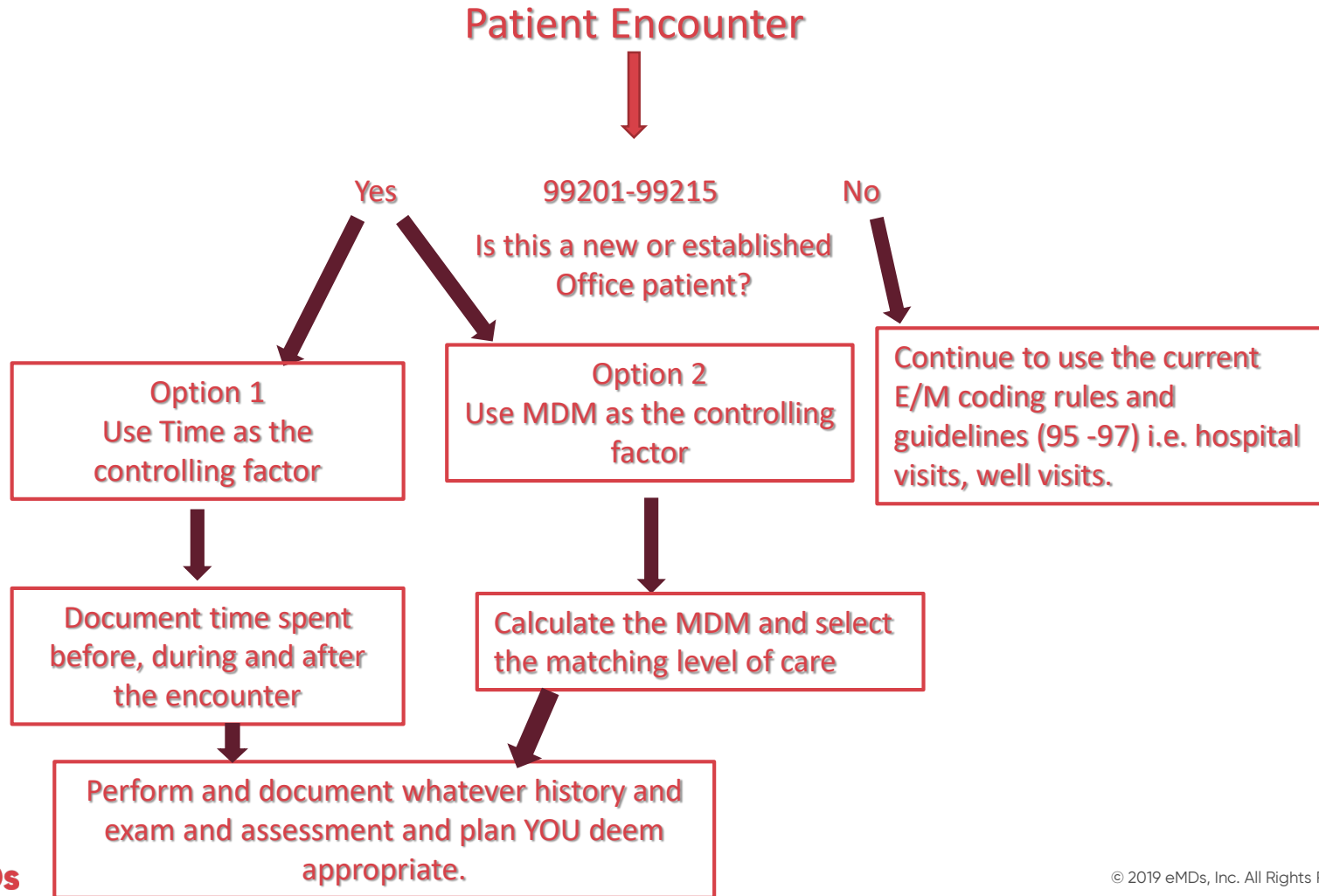
- Preparing to see the patient (e.g. Review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation.
- Counseling and educating the patient/family/caregiver
- Ordering mediations, tests, or procedures
- Referring and communication 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 patients/family/caregiver
- Care coordination (not separately reported).

New 2021 E/M Guidelines

New Office Patients (2021)				
E/M Code	History	Exam	MDM	Time
99202	Medically appropriate history and/or examination The discretion of which is left to the examiner		SF	15-20
99203			Low	30-44
99204			Mod	45-59
99205			High	60-74

Established Office Patients (2021)				
E/M Code	History	Exam	MDM	Time
99211	None	None	None	NA
99212	Medically appropriate history and/or examination The discretion of which is left to the		SF	30-44
99213			Low	45-59
99214			High	60-74
99215			High	40-54

2021 E/M Coding Algorithm



2021 E/M Coding Algorithm

The 2021 E/M guidelines include a new method to calculate the medical decision-making.

**Option 2
Use MDM as the
controlling factor**



**Calculate the MDM and select
the matching level of care**

An Evolving Approach to MDM

1995 E/M 1997

Number of Diagnosis	Data Reviewed	Risk	Level of MDM
Minimal	Minimal	Minimal	Straight Forward
Limited	Limited	Low	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexity
Extensive	Extensive	High	High Complexity

- We use the Number of diagnosis, Data Reviewed and Risk to stratify the levels of Straight Forward to High Complexity.
- The Risk is determined by referring to the table of Risk in the guidelines.
- Need 2 out of 3 to qualify for any level of MDM.
- This table is vague and at times raises more questions than answers.

MDM Point System

MDM	Problem Points	Data Points	Risk
Straightforward	≤ 1	≤ 1	Minimal
Low	2	2	Low
Moderate	3	3	Moderate
High	≥ 4	≥ 4	High

- Due to the MDM rules were so vague, auditors created a shadow of the MDM Point system to quantify the key components of MDM.
- Using this table you still need 2 out 3 to qualify for any level of MDM.
- Risk is still determined by using the table of Risk.
- Problem and Data points are quantified using a weighted point system.
- This table is not actually contained in the guidelines.

2021 E/M Guidelines MDM

- 2021 E/M guidelines include a new method to calculate the MDM.
- There are still four levels of MDM
 - Straightforward
 - Low Complexity
 - Moderate Complexity
 - High Complexity

The level of MDM will be determined using a new table that will be included in the actual 2021 E/M guidelines .

2021 E/M MDM Table

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
SF	<ul style="list-style-type: none"> One self-limited or minor problem 	<ul style="list-style-type: none"> Minimal or NONE 	Minimal risk of morbidity from additional diagnostic testing or treatment
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well-controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, (cystitis, allergic rhinitis, simple sprain) 	(Must meet requirements of 1 of 2) Category 1: Tests and documents Any combination of 2 from the following: <ul style="list-style-type: none"> Review of prior external notes Review of results of each unique test Ordering of each unique test OR Category 2: Assessment requiring an independent historian(s)	Low risk of morbidity from additional diagnostic testing or treatment
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression or side effects of treatment Two or more stable chronic illnesses One undiagnosed new problem with uncertain prognosis, e.g., lump in breast One acute illness with systemic symptoms, e.g., pyelonephritis, pneumonia, colitis Acute complicated injury, e.g., head injury with brief loss of consciousness 	(Must meet requirements of 1 out of 3) Category 1: Tests, documents, historian Any combination of 3 from the following: <ul style="list-style-type: none"> Review of prior external records Review of results of each unique test Ordering of each unique test Assessment requiring an independent historian OR Category 2: Interpretation of tests <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/NPP (not separately reported) OR Category 3: Discuss management/tests <ul style="list-style-type: none"> Discussion of management or tests with external physician/NPP 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Severe exacerbation of chronic illness Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, abrupt change in neurological status 	(Same as Moderate but need 2/3)	<ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision for elective major surgery with identified patient or procedure risk factors Decision for emergency major surgery Decision regarding hospitalization Decision for DNR or to de-escalate care

- There are still four levels of complexity
- Number of Complexity and Problems addressed
- Complexity of Data Reviewed
- Risk and complications
- Risk and number of problems address are close to the 95/97 guidelines.
- Rules for interpreting data are new.
- Like 95/97 only 2 out of 3 needed to qualify for any given level of MDM.

Straightforward MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
SF	• One self-limited or minor problem	• Minimal or NONE	Minimal risk of morbidity from additional diagnostic testing or treatment

Requires 2 out of 3

- Self-limited or minor problem
 - A Problem that runs a definite and prescribed course, is transient in nature and is not likely to permanently alter health status.
- Minima or No data reviewed
- Straightforward MDM Minimal risk of morbidity = 99202.99212
- Frequency of use amongst Internist.

E/M Code	History	Exam	MDM	\$*	%**
99212	PF	PF	SF	\$44.64	2.23%
99202	EPF	EPF	SF	\$77.23	4.48%

Low Complexity MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well-controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, (cystitis, allergic rhinitis, simple sprain) 	<p>(Must meet requirements of 1 of 2)</p> <p>Category 1: Tests and documents Any combination of 2 from the following:</p> <ul style="list-style-type: none"> Review of prior external notes Review of results of each unique test Ordering of each unique test <p>OR</p> <p>Category 2: Assessment requiring an independent historian(s)</p>	Low risk of morbidity from additional diagnostic testing or treatment

Requires 2 out of 3

- Acute uncomplicated illness or injury defined as:
 - A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment.

Low Complexity MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well-controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, (cystitis, allergic rhinitis, simple sprain) 	<div>(Must meet requirements of 1 of 2)</div> <p>Category 1: Tests and documents Any combination of 2 from the following:</p> <ul style="list-style-type: none"> Review of prior external notes Review of results of each unique test Ordering of each unique test <p>OR</p> <p>Category 2: Assessment requiring an independent historian(s)</p>	Low risk of morbidity from additional diagnostic testing or treatment

Requires 2 out of 3

- Amount and or Complexity of Data Reviewed requires meeting 1 of the 2 categories.
- Category 1: Tests and Documents:
 - Reviewing of a prior extern note
 - Review of results of each unique test
 - Ordering of each unique test

Each Unique test, order or document contributes to the combination of 2 or combination of 3 in Category 1.

Low Complexity MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well-controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, (cystitis, allergic rhinitis, simple sprain) 	<p>(Must meet requirements of 1 of 2)</p> <p>Category 1: Tests and documents Any combination of 2 from the following:</p> <ul style="list-style-type: none"> Review of prior external notes Review of results of each unique test Ordering of each unique test <p>OR</p> <p>Category 2: Assessment requiring an independent historian(s)</p>	Low risk of morbidity from additional diagnostic testing or treatment

Requires 2 out of 3

- Independent historian
 - An individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary.

Low Complexity MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well-controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, (cystitis, allergic rhinitis, simple sprain) 	<p>(Must meet requirements of 1 of 2)</p> <p>Category 1: Tests and documents Any combination of 2 from the following:</p> <ul style="list-style-type: none"> Review of prior external notes Review of results of each unique test Ordering of each unique test <p>OR</p> <p>Category 2: Assessment requiring an independent historian(s)</p>	Low risk of morbidity from additional diagnostic testing or treatment

Requires 2 out of 3

- Low risk of morbidity from additional diagnostic testing or treatment – left up to the examiner to determine if this is Low risk.
- Low Complexity MDM = 99203 -99213
- Frequency of use amongst Internist:

E/M Code	History	Exam	MDM	\$*	%**
99203	Detailed	Detailed	Low	\$109.35	24.60%
99213	EPF	EPF	Low	\$74.16	37.35%

Moderate MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression or side effects of treatment Two or more stable chronic illnesses One undiagnosed new problem with uncertain prognosis, e.g., lump in breast One acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury with brief loss of consciousness 	<p>(Must meet requirements of 1 out of 3)</p> <p>Category 1: Tests, documents, historian Any combination of 3 from the following:</p> <ul style="list-style-type: none"> Review of prior external records Review of results of each unique test Ordering of each unique test Assessment requiring an independent historian <p>OR</p> <p>Category 2: Interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/NPP (not separately reported) <p>OR</p> <p>Category 3: Discuss management/tests</p> <ul style="list-style-type: none"> Discussion of management or tests with external physician/NPP 	<ul style="list-style-type: none"> 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

Requires 2 out of 3

Number and Complexity or Problems Addressed:

- One or more chronic illnesses with mild exacerbation, progression or side effects of treatment.
- Two or more stable chronic illnesses
- Once undiagnosed new problem with uncertain prognosis, e.g. lump in breast.
- One acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis.
- Acute complicated injury, e.g., head injury with brief loss of consciousness.

Moderate MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression or side effects of treatment Two or more stable chronic illnesses One undiagnosed new problem with uncertain prognosis, e.g., lump in breast One acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury with brief loss of consciousness 	<p>(Must meet requirements of 1 out of 3)</p> <p>Category 1: Tests, documents, historian Any combination of 3 from the following:</p> <ul style="list-style-type: none"> Review of prior external records Review of results of each unique test Ordering of each unique test Assessment requiring an independent historian <p>OR</p> <p>Category 2: Interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/NPP (not separately reported) <p>OR</p> <p>Category 3: Discuss management/tests</p> <ul style="list-style-type: none"> Discussion of management or tests with external physician/NPP 	<ul style="list-style-type: none"> 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

Requires 2 out of 3

- Data reviewed, must meet requirements of 1 out of 3 categories.
 - Category 1: Tests, documents, historian (any combination of 3)
 - Category 2: Interpretation of tests: Independent interpretation of a test performed by another physician/NPP not separately reported.
 - Category 3: Discuss management/tests, discussion of management or tests with external physician/NPP.

Moderate MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression or side effects of treatment Two or more stable chronic illnesses One undiagnosed new problem with uncertain prognosis, e.g., lump in breast One acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury with brief loss of consciousness 	<p>(Must meet requirements of 1 out of 3)</p> <p>Category 1: Tests, documents, historian Any combination of 3 from the following:</p> <ul style="list-style-type: none"> Review of prior external records Review of results of each unique test Ordering of each unique test Assessment requiring an independent historian <p>OR</p> <p>Category 2: Interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/NPP (not separately reported) <p>OR</p> <p>Category 3: Discuss management/tests</p> <ul style="list-style-type: none"> Discussion of management or tests with external physician/NPP 	<ul style="list-style-type: none"> 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

Requires 2 out of 3

- Risk of Complications:
 - Prescription drug management, i.e., refill, discontinue, new prescriptions.
 - 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, i.e. housing or food insecurity.

Moderate MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression or side effects of treatment Two or more stable chronic illnesses One undiagnosed new problem with uncertain prognosis, e.g., lump in breast One acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury with brief loss of consciousness 	<p>(Must meet requirements of 1 out of 3)</p> <p>Category 1: Tests, documents, historian Any combination of 3 from the following:</p> <ul style="list-style-type: none"> Review of prior external records Review of results of each unique test Ordering of each unique test Assessment requiring an independent historian <p>OR</p> <p>Category 2: Interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/NPP (not separately reported) <p>OR</p> <p>Category 3: Discuss management/tests</p> <ul style="list-style-type: none"> Discussion of management or tests with external physician/NPP 	<ul style="list-style-type: none"> 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

Requires 2 out of 3

- Moderate MDM – 99204-99214
- Frequency of use amongst Internist:

E/M Code	History	Exam	MDM	\$*	%**
99204	Comp	Comp	Mod	\$167.09	51.23%
99214	Detailed	Detailed	Mod	\$109.44	53.66%

High MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
High	<ul style="list-style-type: none"> Severe exacerbation of chronic illness Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, abrupt change in neurological status 	<p>Must meet 2 of 3</p> <p>Category 1: Tests, documents, historian Any combination of 3 from the following:</p> <ul style="list-style-type: none"> Review of prior external records Review of results of each unique test Ordering of each unique test Assessment requiring an independent historian <p>OR</p> <p>Category 2: Interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/NPP (not separately reported) <p>OR</p> <p>Category 3: Discuss management/tests</p> <ul style="list-style-type: none"> Discussion of management or tests with external physician/NPP 	<ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision for elective major surgery with identified patient or procedure risk factors Decision for emergency major surgery Decision regarding hospitalization Decision for DNR or to de-escalate care

Requires 2 out of 3

- Number and Complexity or Problems Addressed.
 - Sever exacerbation of chronic illness
 - Acute or chronic illnesses or injuries that may pose a threat to life or bodily function – e.g. multiple trauma, acute MI, pulmonary embolus etc.....

High MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
High	<ul style="list-style-type: none"> Severe exacerbation of chronic illness Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, abrupt change in neurological status 	<p>Must meet 2 of 3</p> <p>Category 1: Tests, documents, historian Any combination of 3 from the following:</p> <ul style="list-style-type: none"> Review of prior external records Review of results of each unique test Ordering of each unique test Assessment requiring an independent historian <p>OR</p> <p>Category 2: Interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/NPP (not separately reported) <p>OR</p> <p>Category 3: Discuss management/tests</p> <ul style="list-style-type: none"> Discussion of management or tests with external physician/NPP 	<ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision for elective major surgery with identified patient or procedure risk factors Decision for emergency major surgery Decision regarding hospitalization Decision for DNR or to de-escalate care

Requires 2 out of 3

- Amount and/or Complexity of Data Reviewed:
 - Must meet 2 o the 3 Categories.

High MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
High	<ul style="list-style-type: none"> Severe exacerbation of chronic illness Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, abrupt change in neurological status 	(Same as Moderate but need 2/3)	<ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision for elective major surgery with identified patient or procedure risk factors Decision for emergency major surgery Decision regarding hospitalization Decision for DNR or to de-escalate care

Requires 2 out of 3

- Drug therapy requiring intensive monitoring
 - A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. Intensive monitoring may be long-term or short term. Long-term intensive monitoring is not less than quarterly. The monitoring may be by a lab test, a physiologic test or imaging. Examples may include monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis.

High MDM

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Requires 2 out of 3

- High Complexity MDM = 99205 & 99215
- Frequency of use amongst Internist:

E/M Code	History	Exam	MDM	\$*	%**
99205	Comp	Comp	High	\$211.12	15.34%
99215	Comp	Comp	High	\$147.60	4.75%

2021 E/M Guidelines

1. Level 1 new office visit is deleted (99201)
2. History and physical exam are no longer key components and do not affect level of care.
3. Time will include face-to-face time and non-face-to-face time on the date of the visit.
4. Level of care is selected based on time or based on the MDM required for the visit.
5. The 2021 E/M guidelines include a new table for calculating the MDM.

EXAMPLE USING NEW GUIDELINES

A New Office Patient

- A new patient presents to establish care because he is not able to see a previous internist.
- He has a history of CAD, ICM, DM2 and HTN
- He complains of SOB and lower extremity edema.
- You review lab data with somewhat normal results
- You review his last cardiology note in the EHR.
- On exam he has symmetric bipedal edema and crackles.
- You discuss the case with his cardiologist, who recommends doubling his diuretics, getting a echo and nuclear stress test.
- You prescribe Lasix 80 mg BID and order a renal profile for the following week to monitor electrolytes and renal function.
- The encounter takes about 45 minutes.

EXAMPLE USING NEW GUIDELINES MDM

MDM	Number and Complexity or Problems Addressed	Amount and/or Complexity of Data Reviewed	Risk of Complications and/or Morbidity
High	<ul style="list-style-type: none"> Severe exacerbation of chronic illness Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, abrupt change in neurological status 	<p>Must meet 2 of 3</p> <p>Category 1: Tests, documents, historian Any combination of 3 from the following:</p> <ul style="list-style-type: none"> Review of prior external records Review of results of each unique test Ordering of each unique test <p>OR</p> <p>Category 2: Interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/NPP (not separately reported) <p>OR</p> <p>Category 3: Discuss management/tests</p> <ul style="list-style-type: none"> Discussion of management or tests with external physician/NPP 	<ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision for elective major surgery with identified patient or procedure risk factors Decision for emergency major surgery Decision regarding hospitalization Decision for DNR or to de-escalate care

Requires 2 Out of 3

Tests: Documents, historian

Reviewed Cardiology Note

Reviewed renal profile

Reviewed CBC

Ordered renal Profile, echo and nuclear stress test.

Category 3 – spoke to patient Cardiologist

Risk: Drug therapy requiring intensive monitoring (**ordered a Renal Profile**)

Examples may include monitoring the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis.

EXAMPLE USING NEW GUIDELINES

New Office Patients (2021)

E/M Code	History	Exam	MDM	Time
99202	Medically appropriate history and/or examination The discretion of which is left to the examiner		SF	15-20
99203			Low	30-44
99204			Mod	45-59
99205			High	60-74

The encounter takes about 45 minutes – using time in this situation would code it a 99204.

If code is selected for the MDM the most appropriate code would be the 99205.

EXAMPLE USING NEW GUIDELINES

Progress Notes
Winter, James
Patient ID: 1154
DOB: 02/15/1955
Age: 65 years **Gender:** M

11/10/2020

11/10/20 : 12:47pm
OFFICE VISIT

Date of Birth: 02/15/55

CC: SOB

Subjective: This 65 year old male presents with two weeks of intermittent shortness of breath associated with worsening lower extremity edema. He says his breathing is worse when he lays flat. He says he has not been taking his "water pills" as often as he should.

Review of Systems: Cardiovascular: negative for chest pain or cough.

Past Medical History:

Essential (primary) hypertension.
Atherosclerotic heart disease of native coron
Type 2 diabetes mellitus without complications.
Ischemic cardiomyopathy.

Current Medications: Lasix. Medication
Allergies: NKDA

Vital Signs: BP: 138/78. Temperature: 98 F. Height: 5'11", Weight: 74.91 kg. BMI: 23.03 kg/m2.

Objective:

Neck: Positive for JVD
Heart: RRR, with no MRGs there is 3+ bipedal edema
Lungs: Lungs have bibasilar crackles

ASSESSMENT:

1. CHF exacerbation, likely due to medication non-compliance
2. HTN poorly controlled due to volume overload.
3. Stable DM.
4. Stable CAD, without active chest pain.

Reviewed labs with patient and all questions addressed.
Last cardiology note from 08/17/20 reviewed.
EF was 40% on ech from 8/20
Patient was euvolemic on exam on prescribed diuretic regimen.

PLAN:

1. Care discussed with his cardiologist who recommended up-titrating diuretics.
2. Will increase Lasix to 80 mg BID with proportionate increase in KCl supplements
3. Will check a renal profile early next week to monitor electrolytes and renal function.
4. Will order echo and nuclear stress test for next week.

Follow-up: 1 week with labs

- Staff can still enter data in history and document ROS; however for the Progress note it is no longer required, and You can document what you feel is appropriate for the encounter.
- In this example the High MDM was met due to meeting 2 out of 3 MDM categories in the new Table of Risk.
- Documentation must include the orders, test reviewed, and conversation with the patient Cardiologist and drug therapy to support the level of MDM.
- To establish a 99205 in the 95/97 guidelines it would have been necessary to document a comprehensive History & exam with a High MDM. Which requires an Extended HPI, document 3 of 3 PFSH and 10 ROS points.

G Codes for 2021

Original Plan

GPC1X

For Primary Care encounters
(\$11)

GCGOX

For increased medical complexity
(\$11)

GPRO1

30 minutes extended Services
(\$67)

2021 Final Rule

GPC1X

For primary care and/or medical complexity
(\$15)

99417

Each 15 minutes of prolonged services
(\$35)



2021 GPC1X

Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed healthcare services and/or with medical care services that are part of ongoing care related to a patient's single, serious or complex chronic condition.

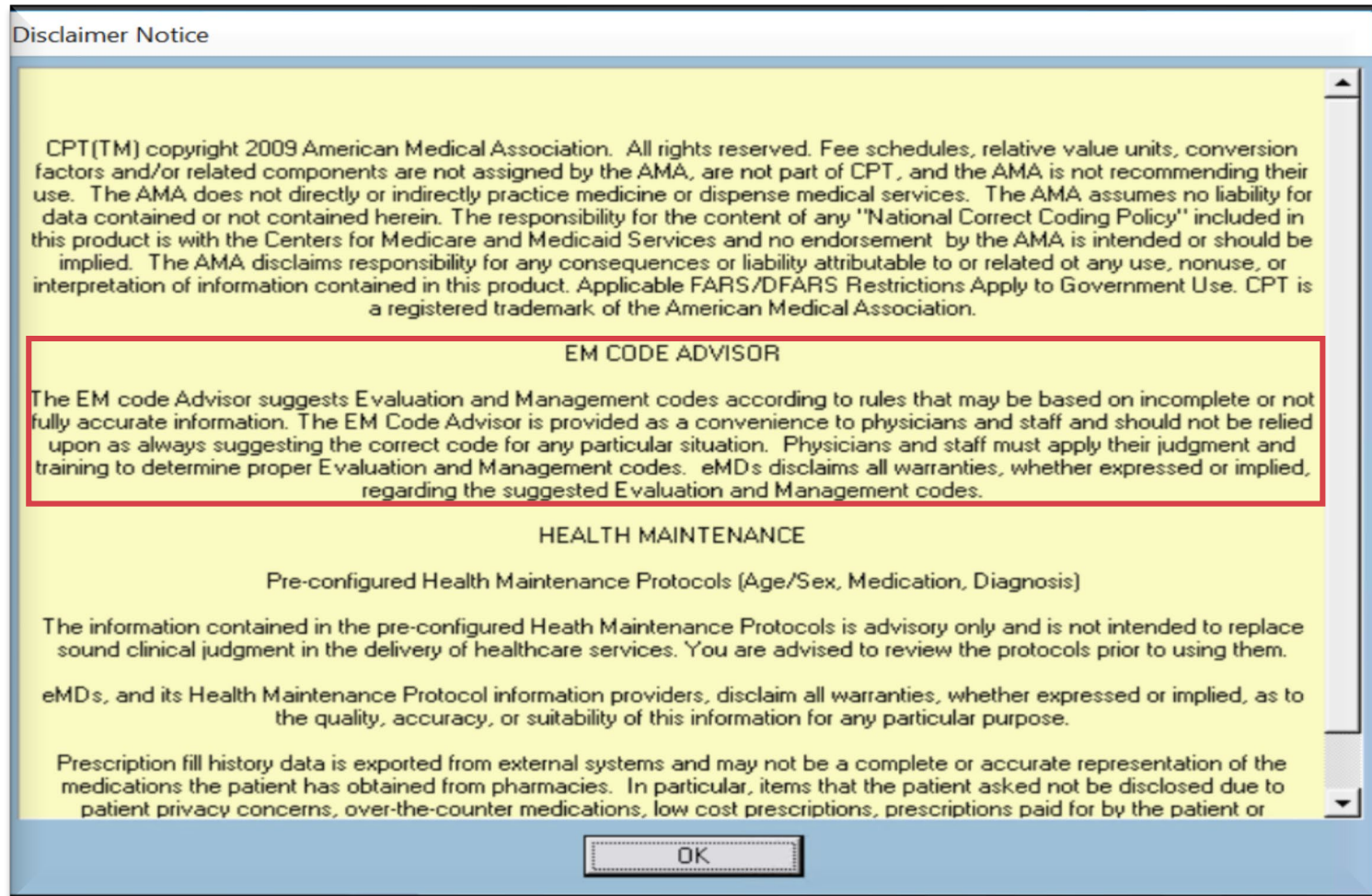
- Add-on code to be reported in addition to a new or established outpatient visit.
- Used to report primary care and/or medical complexity.
- Can be used for all levels of care for new and established office patients.
- Can be used by all specialties.
- Work RVU is 0.33 estimated reimbursement is \$15.14

2021 99417

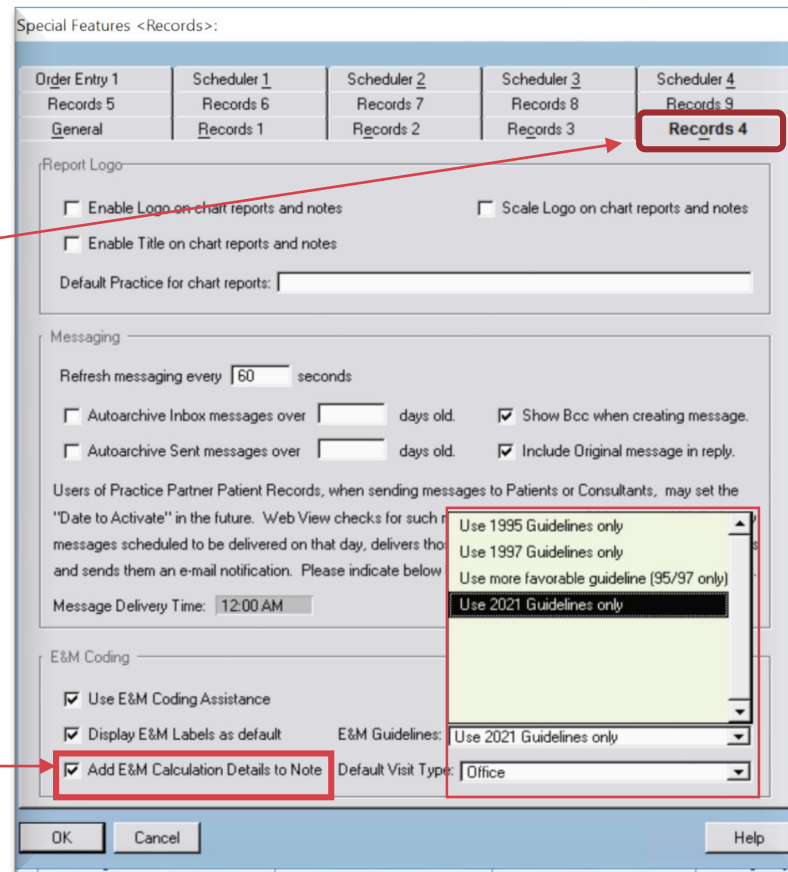
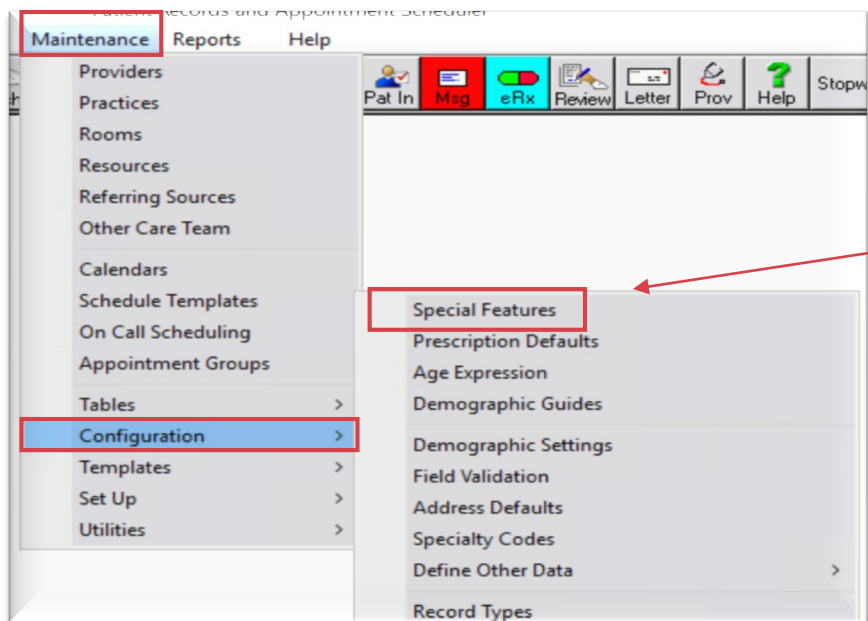
Prolonged office evaluation and management service(s)(beyond the total time of the primary procedure, which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205 or 99215 for outpatient office evaluation and management services.

- Use for each additional 15 minutes of prolonged services beyond the time required for a level five visit.
- Only reported with 99205-99215
- Only reported when the total time for a level five visit (99215 or 99205) has been exceeded by 15 minutes from the “ceiling time” of the encounter.
- Includes face-to-face and non face-to-face time on the date of the encounter.
- Work RVU is 0.61 estimated reimbursement is about \$35.00

Using the E/M Module in Practice Partner



Defaulting the 2021 Guidelines in Special Features



.PR: Office Visit Level 5 : 99205
Evaluation and Management code calculated based on Medical Decision Making using 2021 guidelines.
Number and Complexity of Problems: Moderate
Amount and/or Complexity of Data to be Reviewed: Extensive
Risk of Complications and/or Morbidity: High

Defaulting the 2021 Guidelines in Special Features

Evaluation and Management Coding Result

E&M code for patient based on the following

E&M Code 99215 for Established Patient based on the following:
E&M Code Calculated based on Time using 2021 guidelines

Patient Type
☐ New
☒ Established

Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Mortality of Patient Management
N/A	N/A	N/A
Minimal	Minimal or None	Minimal Risk
Low	Limited	Low Risk
Moderate	Moderate	Moderate Risk
High	Extensive	High Risk

Time based coding elements
☒ Use Total Time Visit Time (Min) 30, Supplemental Time (15 s): Total Time 45

OK Cancel Original **E&M 1995/**

Evaluation and Management Coding Results

E&M code 99214 for established patient based on the following

E&M Code calculated based on 1995 guidelines

Patient Type
☐ New
☒ Established

Visit Type
☒ Office Visit
☐ Consultation

☒ > 50% of face-to-face time spent in counseling or coordination of care.
 The duration of the visit was 30 minutes.

History Result
 Problem Focused
 Modify

Physical Examination Result
 Detailed
 Modify

Medical Decision Making (MDMC)
 Moderate Complexity
 Modify

OK Cancel Refine Coding Help Help

If you need to code your note per the 95 or 97 guidelines versus use the 2021 select the E&M 1995/1997 option and the suggested code will be shown per the E&M labels already existing in the template.

.PR: Office Visit Level 4 : 99214
 Evaluation and Management code calculated based on the 1995 CMS Guidelines.

SIGNED BY Jon Carter (JWC) 11/10/2020 08:01PM

Using the E/M Module in Practice Partner

Evaluation and Management Coding Result

E&M code for patient based on the following

E&M Code 99215 for Established Patient based on the following:
E&M Code Calculated based on Time using 2021 guidelines

Patient Type
☐ New
☒ Established

Number and Complexity of Problems Addressed ? Amount and/or Complexity of Data to be Reviewed and Analyzed ? Risk of Complications and/or Morbidity Mortality of Patient Management ?

N/A

Minimal

Low

Moderate

High

Time based coding elements
☒ Use Total Time Visit Time

OK Cancel Orig

Minimal:
1 self limited or minor problem

Low:
2 or more self - limited or minor problems; or
1 stable chronic illness; or
1 acute, uncomplicated illness or injury

Moderate:
1 or more chronic illness with exacerbation, progression, or side effects of treatment
2 or more stable chronic illnesses; or 1 undiagnosed new problem
1 acute illness with systemic symptoms; or
1 acute complicated injury

MDM	Number and Complexity or Problems Addressed
SF	<ul style="list-style-type: none"> One self-limited or minor problem
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness, e.g., well-controlled hypertension or non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, (cystitis, allergic rhinitis, simple sprain)
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression or side effects of treatment Two or more stable chronic illnesses One undiagnosed new problem with uncertain prognosis, e.g., lump in breast One acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury, e.g., head injury with brief loss of consciousness
High	<ul style="list-style-type: none"> Severe exacerbation of chronic illness Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, abrupt change in neurological status

Using the E/M Module in Practice Partner

Progress Notes: Johnson, Carole

Carole Johnson
ID: 1249 Age: 70 years DOB: 12/2

Notes ordered by date with most recent first

Evaluation and Management Coding Result

E&M code for patient based on the following

E&M Code 99214 for Established Patient based on the following:
E&M Code Calculated based on Medical Decision Making using 2021 guidelines

Patient Type
☐ New
☒ Established

Number and Complexity of Problems Addressed ?	Amount and/or Complexity of Data to be Reviewed and Analyzed ?	Risk of Complications and/or Morbidity or Mortality of Patient Management ?
N/A	N/A	N/A
Minimal	Minimal or None	Minimal Risk
Low	Limited	Low Risk
Moderate	Moderate	Moderate Risk
High	Extensive	High Risk

Number of complexity and Problems addressed
EMP: «NA» «Minimal» «Low» moderate «High»

Amount and/or Complexity of data to be reviewed and analyzed
EMD: «NA» «Minimal» «Low» moderate «High»

Use this Dot code to add values to the Supplemental Time field
.VTS: «NA» 20

Time based coding elements
☒ Use Total Time Visit Time (Minutes): Supplemental Time (Minutes): 20 Total Time: 20

OK Cancel Original E&M 1995/1997 Help

Using the E/M Module in Practice Partner

Progress Notes: Johnson, Carole

Carole Johnson
ID: 1249 Age: 70 years DOB:

Number of complexity and Problems addressed
EMP: «NA» «Minimal» «Low» moderate «High»

Amount and/or Complexity of data to be reviewed and analyzed
EMD: «NA» «Minimal» «Low» «Moderate» «High»

Risk of Complications and/or Morbidity
EMR: «NA» «Minimal» «Low» moderate «High»

Use this Dot code to add values to the Supplemental Time field
.VT: [⚙](#)
.VTS: [⚙](#)

INS Page: 1 Line: 27 Col: 45

Summary Chart Prog Notes Rx / Meds Recent Lab Lab Tables Vitals Hlth Maint Prob List Flow Chart

Evaluation and Management Coding Result

E&M code for patient based on the following

E&M Code 99214 for Established Patient based on the following:
E&M Code Calculated based on Medical Decision Making using 2021 guidelines

Patient Type
☐ New
☒ Established

Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
N/A	N/A	N/A
Minimal	Minimal or None	Minimal Risk
Low	Limited	Low Risk
Moderate	Moderate	Moderate Risk
High	Extensive	High Risk

Time based coding elements
☐ Use Total Time Visit Time (Minutes):

OK Cancel Original E&M 1995/19

PR: Office Visit Level 4 : 99214
Evaluation and Management code calculated based on Medical Decision Making using 2021 guidelines.
Number and Complexity of Problems: Low
Amount and/or Complexity of Data to be Reviewed: Moderate
Risk of Complications and/or Morbidity: Moderate

Using the E/M Module in Practice Partner

CODING BY TIME:

The screenshot displays the 'Evaluation and Management' (E/M) module interface. On the left, a sidebar shows patient information for Carole Johnson (ID: 1249, Age: 70 years). The main window is titled 'E&M code for patient based on the following'. It features a 'Patient Type' section with 'New' and 'Established' checkboxes, where 'Established' is selected. Below this, there are three columns for 'Number and Complexity of Problems Addressed', 'Amount and/or Complexity of Data to be Reviewed and Analyzed', and 'Risk of Complications and/or Morbidity or Mortality of Patient Management'. Each column has a dropdown menu currently set to 'N/A'. A central text box displays the calculated code: '.PR: Office Visit Level 4 : 99214' and 'Evaluation and Management code calculated based on Time using 2021 guidelines. Total Time: 35'. At the bottom, a 'Time based coding elements' section includes a checkbox for 'Use Total Time' (checked), 'Visit Time (Minutes): 20', 'Supplemental Time (Minutes): 15', and 'Total Time: 35'. The interface also includes a menu bar (File, Edit, Insert, View, Show, Task, Reports) and a toolbar with icons for Exit, Park, Dash, Chart, Close, Patient, Letter, and M.

File Edit Insert View Show Task Reports

Exit Park Dash Chart Close Patient Letter M

Progress Notes: Johnson, Carole

Carole Johnson
ID: 1249 Age: 70 years

Arial 10 B I U

EMD: «NA» «Minimal» «Low» «Moderate» «Severe»

Dot code to set the Risk of Complications and/or Mortality of Patient Management

EMR: «NA» «Minimal» «Low» «Moderate» «Severe»

Use this Dot code to add values to the Supplemental Time

VT: «DEL» 20 minute «*»

VTS: «*» 15

E&M code for patient based on the following

E&M Code 99214 for Established Patient based on the following:
E&M Code Calculated based on Time using 2021 guidelines

Patient Type
☐ New
☒ Established

Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
N/A	N/A	N/A
Minimal	Minimal	Minimal
Low	Low	Low
Moderate	Moderate	Moderate
Severe	Severe	Severe

.PR: Office Visit Level 4 : 99214
Evaluation and Management code calculated based on Time using 2021 guidelines. Total Time: 35

High Extensive High Risk

Time based coding elements

☒ Use Total Time Visit Time (Minutes): 20 Supplemental Time (Minutes): 15 Total Time: 35

OK Cancel Original E&M 1995/1997 Help

Using the E/M Module in Practice Partner

James Winter
ID: 1154 Age: 65 years DOB: 02/15/1955

Arial 10 B I U 100%

ectal: «DEL» «RectalMale» «RectalMaleCA» E5
xtremities: «DEL» «Extremite» «ExtremiteCA» Q8
tculoskeletal: «DEL» «Musculoske» «MusculoCA» «MSK Exams.» Q8
ymphatics: «DEL» «Lymphatics» «LymphCA» Q12
eurologic: «DEL» «NeuroBrief» «Neuro» «NeuroCA» Q10
sychiatric: «DEL» «Psych» «PsychCA» Q11

ASSESSMENT:
1. CHF exacerbation, likely due to medication non-compliance
HTN poorly controlled due to volume overload.
Stable DM.
Stable CAD, without active chest pain.
Reviewed labs with patient and all questions addressed.
Last cardiology note from 08/17/20 reviewed.
F was 40% on ech from 8/20
Patient was euvolemic on exam on prescribed diuretic regimen.

PLAN:
Care discussed with his cardiologist who recommended up-titrating diuretics.
Will increase Lasix to 80 mg BID with proportionate increase in KCl supplements
Will check a renal profile early next week to monitor electrolytes and renal function.
Will order echo and nuclear stress test for next week.

EMP: «DEL» «NA» «Minimal» «Low» moderate «High»
EMD: «DEL» «NA» «Minimal» «Low» «Moderate» high
EMR: «DEL» «NA» «Minimal» «Low» «Moderate» high

Follow-up: «DEL» 1 week «PRN» with labs

RT: «DEL» 30 minute «»
RTS: «DEL» «» 15
RTS: «DEL» «»
PROLONGED VISIT (ONLY USED WITH 99205 OR 99215)
10 min» 15 min» 20 min» 25 min» 30 min» 40 min» 45 min» 60 min» «Patient Ed
rovided» «MU Data»
CPT...»

Evaluation and Management Coding Result

E&M code for patient based on the following

E&M Code 99205 for New Patient based on the following:
E&M Code Calculated based on Medical Decision Making using 2021 guidelines

Patient Type
☒ New
☐ Established

Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity; Mortality of Patient Management
N/A	N/A	N/A
Minimal	Minimal or None	Minimal Risk
Low	Limited	Low Risk
Moderate	Moderate	Moderate Risk
High	Extensive	High Risk

Time based coding elements
☒ Use Total Time Visit Time (Min³⁰) Supplemental Time (15 s): Total Tin 45

OK Cancel Original E&M 1995/ Help

The New module will give a suggested code selecting either MDM or Time and which information supports the most appropriate code.

Using the E/M Module in Practice Partner

New DOT Codes associated to the 2021 E/M Module

Use this Dot code to set the Number of Complexity of Problems Addressed:

.EMP: «NA» «Minimal» «Low» «Moderate» «High»

Evaluation and Management

E&M code for patient based

E&M Code 99214 for Established
E&M Code Calculated based on

Number and Complexity of Problems Addressed ?

N/A

Minimal

Low

Moderate

High

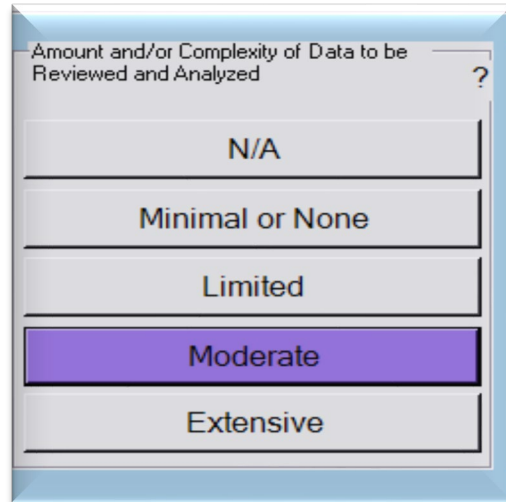
MDM	Number and Complexity or Problems Addressed
SF	<ul style="list-style-type: none">One self-limited or minor problem
Low	<ul style="list-style-type: none">Two or more self-limited or minor problemsOne stable chronic illness, e.g., well-controlled hypertension or non-insulin dependent diabetes, cataract, BPHAcute uncomplicated illness or injury, (cystitis, allergic rhinitis, simple sprain)
Moderate	<ul style="list-style-type: none">One or more chronic illnesses with mild exacerbation, progression or side effects of treatmentTwo or more stable chronic illnessesOne undiagnosed new problem with uncertain prognosis, e.g., lump in breastOne acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitisAcute complicated injury, e.g., head injury with brief loss of consciousness
High	<ul style="list-style-type: none">Severe exacerbation of chronic illnessAcute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, abrupt change in neurological status

Using the E/M Module in Practice Partner

New DOT Codes associated to the 2021 E/M Module

Use this Dot code to set the Amount and/or Complexity of Data to be Reviewed and Analyzed.

.EMD: «NA» «Minimal» «Low» «Moderate» «Extensive»



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

N/A

Minimal or None

Limited

Moderate

Extensive

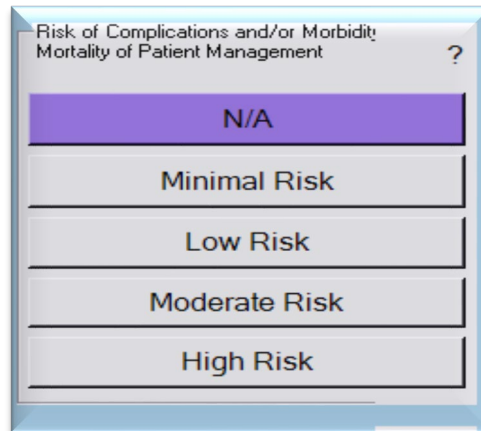
Amount and/or Complexity of Data Reviewed
• Minimal or NONE
(Must meet requirements of 1 of 2) Category 1: Tests and documents Any combination of 2 from the following: <ul style="list-style-type: none">• Review of prior external notes• Review of results of each unique test• Ordering of each unique test OR Category 2: Assessment requiring an independent historian(s)
(Must meet requirements of 1 out of 3) Category 1: Tests, documents, historian Any combination of 3 from the following: <ul style="list-style-type: none">• Review of prior external records• Review of results of each unique test• Ordering of each unique test• Assessment requiring an independent historian OR Category 2: Interpretation of tests <ul style="list-style-type: none">• Independent interpretation of a test performed by another physician/NPP (not separately reported) OR Category 3: Discuss management/tests <ul style="list-style-type: none">• Discussion of management or tests with external physician/NPP
(Same as Moderate but need 2/3)

Using the E/M Module in Practice Partner

New DOT Codes associated to the 2021 E/M Module

Use this Dot code to set the Risk of Complications and/ Or Morbidity or Mortality of Patient Management Option in the Evaluation and Management Coding Results screen for the 2021 guidelines.

.EMR: «NA» «Minimal» «Low» «Moderate» «High»



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

- N/A
- Minimal Risk
- Low Risk
- Moderate Risk
- High Risk

Risk of Complications and/or Morbidity
Minimal risk of morbidity from additional diagnostic testing or treatment
Low risk of morbidity from additional diagnostic testing or treatment
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• Drug therapy requiring intensive monitoring for toxicity• Decision for elective major surgery with identified patient or procedure risk factors• Decision for emergency major surgery• Decision regarding hospitalization• Decision for DNR or to de-escalate care

Using the E/M Module in Practice Partner

New DOT Codes associated to the 2021 E/M Module

Use this Dot code to add values to the Supplemental Time Field on the Evaluation and Management Coding Results Screen for the 2021 guidelines.

.VTS: 10

The screenshot shows the E/M Coding Results screen. On the left, there is a list of codes: .VT: «DEL» 15 minutes «*», .VTS: «*» 10, and .VTS: «*» 15. A red arrow points from the .VTS: «*» 10 code to the Supplemental Time field in the right-hand panel. The right-hand panel has three columns of buttons: Moderate, High, Moderate, Extensive, Moderate Risk, and High Risk. Below these is a section titled 'Time based coding elements' which contains a checkbox labeled 'Use Total Time Visit Time (Min)' that is checked. To the right of this checkbox is a text input field containing '15'. Further right is another text input field containing '25' followed by 's): Total Tin40'. At the bottom of the panel are buttons for OK, Cancel, Original, E&M 1995/, and Help.

Moderate	Moderate	Moderate Risk
High	Extensive	High Risk

Time based coding elements

☒ Use Total Time Visit Time (Min) 15 , Supplemental Time (25 s): Total Tin40

OK Cancel Original E&M 1995/ Help

This code can be added multiple times in a template and Will total the time in the Coding results.

Using the E/M Module in Practice Partner

Existing DOT codes and Letter codes that will work with this Module:

The .VT code is used to specify the visit time. The entered value is the visit duration in minutes. The time entered the Evaluation and Management Coding Results screen.

.VT:

Letter codes and Stopwatch

||TIMER||

||TIMER[-Units]||

||TIMER[-wSeconds]||

Use this Dot code to add values

High Extensive High Risk

Time based coding elements

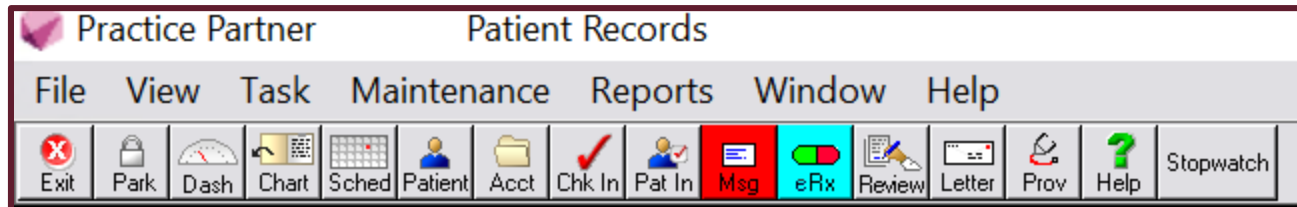
☒ Use Total Time Visit Time (Min) Supplemental Time (10 s): Total Tin25

VT: 15 minutes

VTS: 10

OK Cancel Original E&M 1995 Help

.VT: ||TIMER[-Units]|| <*>



Resources:

eMDs Patch Enhancements and Resolved Issues

<https://supportcenter.emds.com/richmond/servlet/servlet.FileDownload?file=01510000004peJi>

E/M University

<https://emuniversity.com/>

Find-a-code

<https://www.findacode.com/signin.html>

Reminders

- Change Healthcare System Maintenance, as major browser providers discontinue their support of the Adobe Flash player, Change Healthcare has made the decision to sunset the **Collaboration Compass website** effective **December 31, 2020**.
- We encourage all customers to start using [ConnectCenter](#) application. Your current Collaboration Compass Credentials will give you access to ConnectCenter. There is no need to setup new user ids and passwords.
- Support for Practice Partner 11.1 and below ends **12/31/2020**
- Deadline for excluding from MIPS reporting in 2020 ends **12/30/2020**
- **January 6th, 2021** eMDs will be enforcing the additional restrictions to only support the below expanded list of ciphers. **On this date, all systems using Server 2008 R2 and Windows 7 or below operating systems may no longer have the capability to communicate with our external services.**

TLS1_ECDHE_RSA_AES_128_GCM_SHA256
TLS1_ECDHE_RSA_AES_256_GCM_SHA384
TLS_ECDHE_RSA_WITH_AES_256_CBC_SHA384_P256
TLS_ECDHE_RSA_WITH_AES_256_CBC_SHA384_P384
TLS_ECDHE_RSA_WITH_AES_128_CBC_SHA256_P256
TLS_ECDHE_RSA_WITH_AES_128_CBC_SHA256_P384
TLS1_ECDHE_RSA_AES_256_SHA384
TLS1_ECDHE_RSA_AES_128_SHA256