

IMPLEMENTING THE 2021 E/M CHANGES

What Your Practice Needs to Know

VMG Health fully understands the new coding changes, and how to ensure your practice makes the most of these changes while considering revenue integrity and maintaining compliance.

Major Take-Aways from Code Changes Include:

- The new guideline changes apply only to new and established patient office/outpatient codes 99202-99205 and 99211-99215.
- New patient code 99201 has been eliminated.
- Certain specialties experiencing up to a 14% impact.

Important Documentation Adjustments:

- Services include “a medically appropriate history and/or exam, when performed”.
- The level of history or exam no longer counted towards the level of service. However, it must still be documented to help support the medical necessity of the service provided.
- To reduce the burden on providers and duplicative documentation, the information collected by the “care team” and the patient (e.g., via portal or questionnaire), however, the provider must have evidence of reviewing it.

Updates to Medical Decision Making & Medical Necessity:

- Number & complexity of problems addressed: only diagnoses receiving active treatment during the encounter will count towards level of medical decision making (MDM).
- Amount and/or complexity of data to be reviewed and analyzed: changes reflect specific combinations of work in categories to level MDM.
- Risk of complications and/or morbidity or mortality of patient management: this has been combined into one column and uses only the treatment options from the “old” table of risk.

New Time Requirements:

- No longer a requirement that counseling and coordination of care dominate the encounter for level selection.
- Time includes the billing provider’s total time, including face-to-face and non-face-to-face time.
- Cannot count time spent by ancillary staff/residents/fellows and time spent on separately billable procedures and services.

