Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Add This E/M Overview to Your Resources

Tip: You've got one less code to worry about now.

With 2020 behind us, it's a good time to review the slew of office/outpatient E/M code changes that hit on Jan. 1.

Read on for expert insight on the 2021 office/outpatient E/M code highlights.

Don't Forget About the Demise of 99201

Remember 99201 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making ...)? It's no longer an option.

Why? With its redundant descriptor - the medical decision making (MDM) is the same as 99202 - the AMA decided that 99201 itself was also redundant. It's been nixed, and there's no replacement code. The first-level code for new patient office/ outpatient E/M codes is 99202 - but not the 99202 you knew in 2020.

Experts were wholly behind the AMA getting rid of 99201. In fact, industry insiders suggest the code is rarely used anymore, and it's probably wise that it was cut.

Suzan Hauptman, MPM, CPC, CEMC, CEDC, director, compliance audit, Cancer Treatment Centers of America, says she cannot recall the last time she actually saw 99201 on a claim. "Its elimination helps to align the descriptors more with the available levels of service. Also, having four levels of new patient services requires the documentation to clearly illustrate the complexity of the patient's case; there's no middle ground," explains Hauptman.

Enter Expanded Roles for Time, MDM

History and examination are required as the visit dictates, but they are no longer deciding components in the code choice for office/outpatient E/M services. That honor goes exclusively to time and MDM. Now, you choose between them to decide your office/outpatient E/M level.

The AMA also altered what constitutes "time" spent toward overall office/outpatient E/M level, explains **Jaci Johnson Kipreos CPC, CPMA, CDEO, CEMC, COC, CPC-I,** president at Practice Integrity, LLC in San Diego.

"Time is redefined from face-to-face time to total time spent on the day of the encounter," Kipreos said during her AAPC webinar "E/M Guideline Changes: Orthopedics."

Rundown: Now, you can count the following activities toward total E/M encounter time:

- 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
- 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)

Experts were on board with this change as well.

"I do like the fact that [the AMA] changed the typical face-to-face time to total time spent on the encounter," says **Donelle Holle, RN,** a healthcare, coding, and reimbursement consultant in Fort Wayne, Indiana. "This would mean that the time factor would not have to be based on just counseling."

Holle is also behind the time expansion because of the difficulty of diagnosing some patients that end up with low-end history, exam, and MDM at the end of an especially long encounter. Using time to decide office/outpatient E/M level can better represent those encounters.

Know These Details on New E/M Descriptors

With 99201 gone, understand that there are wholesale changes to the remaining office/outpatient E/M code descriptors. The history and exam portions of the E/M codes haven't been written out of the new descriptors, but the revisions clearly indicate these elements' new status. They all include the words "medically appropriate history and/or examination."