



 **2021 Evaluation and Management Changes with 2022 Updates**

**Local Technical Assistance and Training Branch (LTATB)
NC Division of Public Health**

March 2022

1

Learning Objectives

- **Participants will:**
 - Summarize Evaluation and Management (E/M) Changes
 - Gain knowledge of Medical Decision Making (MDM), MDM Grid and Time for coding a visit
 - Make plans for Next Steps



Figure 1. Creative Common, 2022

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 2

2

Four Primary Objectives of CPT Editorial Panel Revisions

- To decrease documentation and coding
- To decrease the need for audits
- To decrease unnecessary documentation
- To ensure that payment for E/M is resource-based

SOURCE: [AMA Ed Hub](#)

NCDHHS, Division of Public Health, LTATB | 2021-2022 Evaluation & Management (E/M) Services Update | February 2022 3

3

Why Revisions are Needed

Centers for Medicare and Medicaid Services (CMS) are:

- Aligning with the American Medical Association (AMA) CPT changes

Local Health Departments (LHD):

- Should align with changes for reimbursement

[CMS Fact Sheet](#)

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 4

4

Medical Record Components & Documentation

- **Components and Documentation in a medical record:**

- Chief complaint (patient’s words)
- History
- Physical Exam
- Diagnostic test ordered
- Procedures
- Assessment and Plan
 - Diagnosis
 - Treatment/s



Figure 2. Creative Commons (2022); [AMA CPT E/M Guidelines](#)

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022

5

5

Documentation

History and Physical Examination

- ❑ Providers should provide a “medically appropriate history and/or examination”
- ❑ The history and physical are **not used in or an element in CPT code selection**

CPT® Evaluation and Management

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022

6

6

Physical Exam

EXAM Organ Systems (1995 Guidelines) :

<input type="checkbox"/> Constitutional (e.g., vital signs, general appearance)	<input type="checkbox"/> Eyes
<input type="checkbox"/> Ears, nose, mouth, throat	<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Skin
<input type="checkbox"/> Neurologic	<input type="checkbox"/> Hematologic/Lymphatic/Immunologic
<input type="checkbox"/> Psychiatric	

“Medically appropriate history and/or physical examination”

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 7

7

Documentation

- **Document** what was discussed in the visit.
Documentation = Discussed= Addressed
- **Co-morbidities** are considered if the patient present problem **and** they are **ADDRESSED**
- When reviewing problem/s addressed that another medical professional is managing, the problem would need documentation from the date of the visit.

2022 AMA, CPT Codebook p13

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 8

8

Medical Decision Making And Time

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 9

9

Medical Decision Making (MDM)

MDM in the “Office and Other Outpatient Services” are defined by 3 elements:

- The number and complexity of problem(s)
- The amount and/or complexity of data reviewed & analyzed
- The risk of complications, morbidity, and/or mortality of patient management decisions

**Definitions of the elements are on pages 13-18 of the 2022 AMA CPT Codebook*

[AMA's Table 2 – CPT E/M Office Revisions Level of Medical Decision-Making](#) [AMA CPT Guideline Changes](#)

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 10

10

Time

For coding purposes defined as total time **on the date of the encounter**

- Includes both face-to-face (required) and non-face-to-face time
- Whether or not counseling and/or coordination of care dominates the service
- By the service descriptors of CPT codes 99202-99205, 99211* - 99215

2022 AMA CPT Codebook "Time" page 7; "Service descriptors" pages 19-21

NCDHHS, Division of Public Health, LTATB | 2021-2022 Evaluation & Management (E/M) Services Update | February 2022

11

11

TIME

–**Best practice** is to document time on the date of the encounter for **every visit**. "Total Time"

–Time also includes

- Reviewing any records before visit
- Preparing to see patient
- Reviewing outside records
- Work on date of visit

<https://www.ama-assn.org/system/files/2020-04/e-m-office-visit-changes.pdf>

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022

12

12

Prolonged Time

- **Prolonged E/M Services (if applicable)**
 - Use only after highest-level of service based on **TIME** alone has been exceeded by 15 minutes
 - CPT Codes 99205 and 99215
 - Prolonged Service Code 99417
 - 1 unit of service = **15 minutes.**

2022 AMA CPT Codebook p 44

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 13

13

CPT ® 99417 Code Reporting

Total Duration of a New Patient Office or Other Outpatient Level 5 Service (99205)		Total Duration of an Established Patient Office or Other Outpatient Level 5 Service (99215)	
Time	Codes	Time	Codes
Less than 75 minutes	Not reported	Less than 55 minutes	Not reported
75-89 minutes	99205 and 99417 (1x)	55-69 minutes	99215 and 99417 (1x)
90-104 minutes	99205 and 99417 (2x)	70-84 minutes	99215 and 99417 (2x)
105 or more	99205 and 99417 (3x or more for each additional 15 min)	85 or more	99215 and 99417 (3x or more for each additional 15 minutes)

SOURCE: CPT 2020 American Medical Association

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 14

14

E/M Documentation

New Patient	Established Patient
<ul style="list-style-type: none"> No billable service provided in the last 3 years that requires History & Physical Includes billable Preventive and E&M visits; 99202-99205 	<ul style="list-style-type: none"> In past 3 years, billed 99381-99387, 99391-99397, 99211-99215 Client can be New to program but established with the agency

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 15

15

AMA Table 2 CPT E/M Level of MDM

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment

AMA CPT 2022, Professional Codebook, pp17-18

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 16

16

AMA Table-2 CPT Evaluation and Management Level of MDM Grid Cont.

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 17

17

AMA Table 2 CPT E/M Level of MDM cont.

<p>99204 99214</p>	<p>Moderate</p>	<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury 	<p>Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <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
------------------------	-----------------	---	--	---

• AMA CPT 2022 Professional Edition Codebook pp17-18

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 18

18

AMA Table 2 CPT E/M Level of MDM cont.

99205 99215	High	High <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or <ul style="list-style-type: none"> 1 acute or chronic illness or injury that poses a threat to life or bodily function 	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each unique source*; Review of the result(s) of each unique test*; Ordering of each unique test*; Assessment requiring an independent historian(s) or <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	High risk of morbidity from additional diagnostic testing or treatment <p><i>Examples only:</i></p> <ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision regarding elective major surgery with identified patient or procedure risk factors Decision regarding emergency major surgery Decision regarding hospitalization Decision not to resuscitate or to de-escalate care because of poor prognosis
----------------	------	---	---	--

AMA CPT 2022, Professional Codebook, pp17-18
<https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>

19

AMA Table 2 CPT E/M Level of MDM

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low <ul style="list-style-type: none"> 2 or more self-limited or minor problems; or <ul style="list-style-type: none"> 1 stable chronic illness; or <ul style="list-style-type: none"> 1 acute, uncomplicated illness or injury 	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> Any combination of 2 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each unique source*; review of the result(s) of each unique test*; ordering of each unique test* or <p>Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i></p>	Low risk of morbidity from additional diagnostic testing or treatment

<https://www.ama-assn.org/system/files/2020-04/e-m-office-visit-changes.pdf>

20

E/M Based on MDM Number & Complexity

Problem *is a disease, condition, illness, injury, symptom, sign, finding, complaint addressed at the encounter.*

Problem Addressed *is a problem addressed or managed at the encounter by provider reporting service*

AMA CPT Codebook 2022 page 13

NCDHHS, Division of Public Health, LTATB | 2021-2022 Evaluation & Management (E/M) Services Update | February 2022

21

21

E/M Based on Complexity of Data

- Each test may be counted as ordered OR reviewed; only 1 (page 9)
- Ordering and the review of test results is part of the encounter, not a subsequent encounter. (page 16)
- Tests can be counted as “ordered” if:
 - Provider ordered but patient does **not go** for testing
 - Provider **documented** considered test/s but not selected after discussion

2022 AMA CPT Codebook

NCDHHS, Division of Public Health, LTATB | 2021-2022 Evaluation & Management (E/M) Services Update | February 2022

22

22

E/M Based on MDM Risk of Complications

Prescription Drug Management

- The definition has not changed
- Based on documented evidence the provider evaluated medications
- This may be a prescription that is currently written, discontinued, or a decision to maintain a current medication or dosage.

Noridian Medicare; <https://www.ama-assn.org/system/files/2020-04/e-m-office-visit-changes.pdf>

NCDHHS, Division of Public Health, LTATB | 2021-2022 Evaluation & Management (E/M) Services Update | February 2022

23

23

Three Sets of Guidelines

- Guidelines Common to All E/M Services**
- Guidelines for Hospital Observation, Hospital Inpatient, Consultations, Emergency Department, Nursing Facility, Domiciliary, Rest Home or Custodial Care and Home E/M Services
- Guidelines for Office or Other Outpatient E/M Services**

[AMA CPT Guideline Changes](#)

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022

24

24

Summary & Helpful Tips



Helpful
Tips

Figure 5. Creative Commons (2022)

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022 25

25

Summary of 2021 E/M Revisions

- History and Examination are **not used** in **code selection**
- Allow physicians and Qualified Health Care Professionals (QHPs) to choose **code level selection** based on Medical Decision Making (MDM) or Total Time for each patients visit
- Modifications to the criteria for MDM
- Deletion of CPT Code 99201

AMA CPT® Codebook 2022 – page 5 (History & exam), p. XIV (QHPs), pgs. 13-18 MDM

NCDHHS, Division of Public Health, LTATB | 2021-2022 Evaluation & Management (E/M) Services Update | February 2022 26

26

Helpful Tips to Remember



- Coders/Reviewers use what is documented to review records
- If Social Determinants of Health are addressed, best practice is to also document a related ICD-10
- For Preventive Service visit, if an ongoing medical condition presents, choose MDM based on treatment of ongoing condition, if applicable

<https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management-em-revisions-faqs#:~:text=Should%20coders%20determine%20whether%20a,illness%20is%20stable%20or%20worsening>

NCDHHS, Division of Public Health LTATB, PHNPDU | Billing and Coding Review and Updates | 2022

27

27

CPT Errata & technical corrections

The Errata and Technical Corrections links listed below include corrections and other information related to the CPT® Code Books published by the AMA. To stay current on corrections to CPT books, ***please check this site periodically.***

<https://www.ama-assn.org/practice-management/cpt/cpt-errata-technical-corrections>

SOURCE: [AMA CPT errata and technical corrections](#)

NCDHHS, Division of Public Health, LTATB | 2021-2022 Evaluation & Management (E/M) Services Update | February 2022

28

28

Suggestions for Implementing Changes

To begin implementing changes:

- Consider purchasing a 2022 CPT Code Book
- Identify a team leader and multidisciplinary team
- Update policies and protocols as needed & consider including risk management in changes

29

Introducing

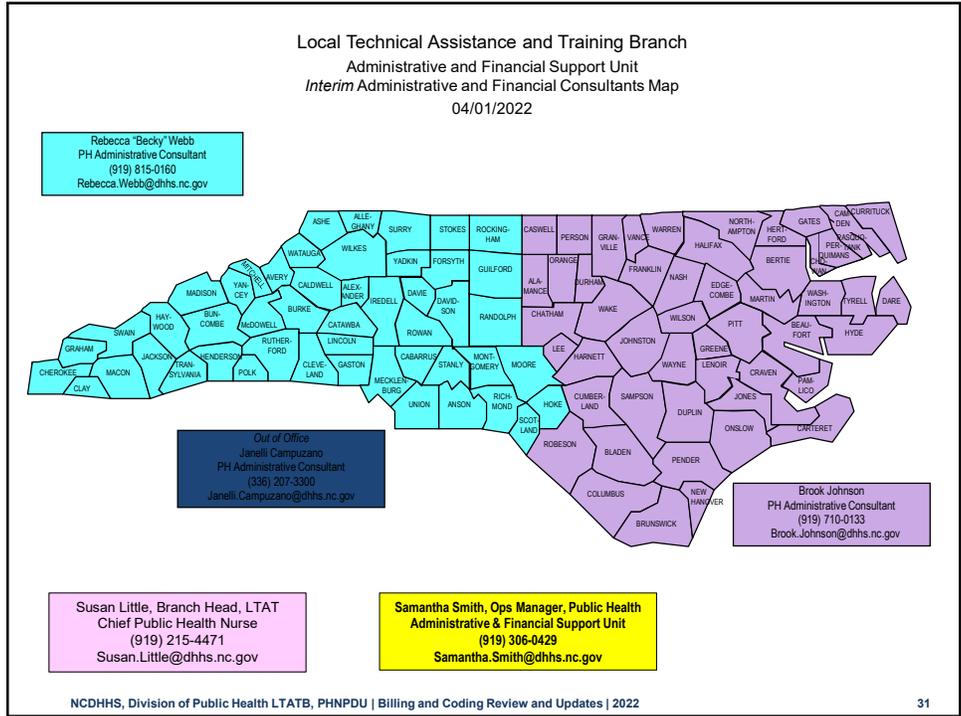
The New 2022 LTATB CPT Clinical Record Review Tool



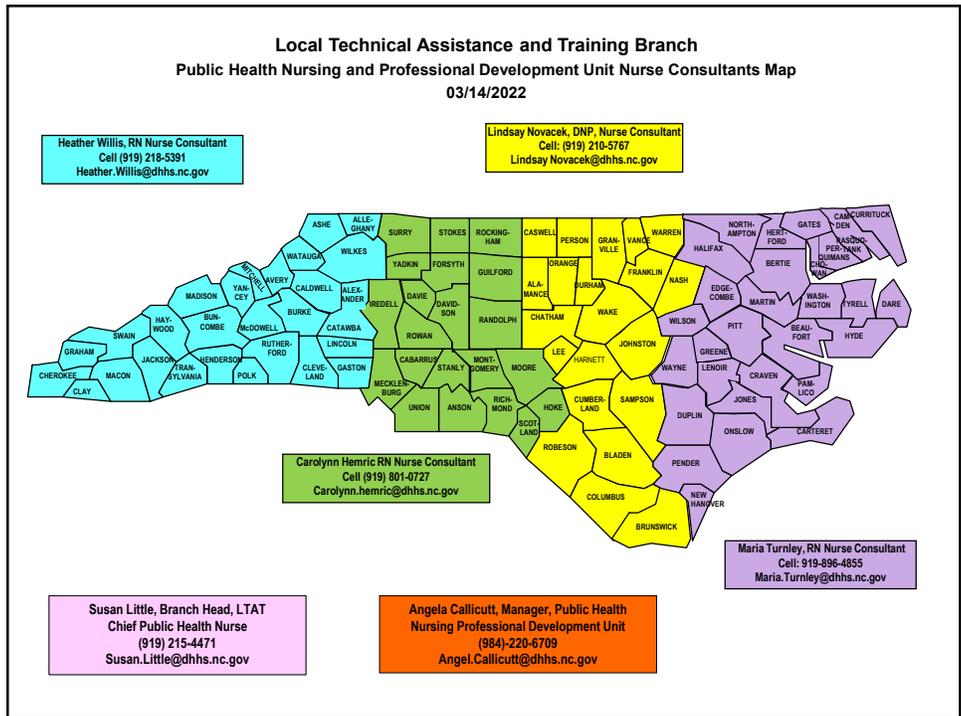
Please contact your PHNPDU Nurse Consultant to provide the tool with instructions!

Figure 3. Creative Commons (2022)

30



31



32

References

- AMA-ASSN (2021). *Code and Guideline Changes*. Retrieved from <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- AMA-ASSN (2021). *CPT Evaluation and Management (E/M) Revisions FAQs*. Retrieved from <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management-em-revisions-faqs#:~:text=Should%20coders%20determine%20whether%20a,illness%20is%20stable%20or%20worsening>
- AMA-ASSN (2021). *E/M Office Visit Changes*. Retrieved from <https://www.ama-assn.org/system/files/2020-04/e-m-office-visit-changes.pdf>
- AMA 2021 *Guideline Changes*. Retrieved from <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

33

References

- American Medical Association (2022). *CPT 2022 Professional Edition*, Chicago, IL: AMA.
- American Medical Association (2022). [Photo] Figure 6. *CPT 2022 Professional Edition* p. 12 Chicago, IL: AMA.
- American Medical Association (January 2021). *Implementing CPT® Evaluation and Management (E/M) revisions*. Retrieved from <https://www.ama-assn.org/practice-management/cpt/implementing-cpt-evaluation-and-management-em-revisions>
- American Medical Association (January 2021). *2021 E/M Transition: How Organizations Are Moving Forward Successfully*. Retrieved from <https://www.ama-assn.org/system/files/2021-06/ama-em-updates-organizations-moving-forward-paper.pdf>
- American Society of Clinical Oncology (ASCO). Retrieved from <https://practice.asco.org/sites/default/files/drupalfiles/2020-09/ProlongedServicesUpdate09.21.20.pdf>

34

References

- CMC.gov (2021). *Evaluation and Management Services Guide Booklet, p15*. Retrieved from <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/eval-mgmt-serv-guide-icn006764.pdf>
- Coding Ahead (Sept. 2021). *1995 vs. 1997 E&M Guidelines*. Retrieved from <https://www.codingahead.com/1995-vs-1997-em-guidelines/>
- CMS *Fact Sheet*. Retrieved from <https://www.cms.gov/newsroom/fact-sheets/finalized-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar>
- Implementing CPT® *Evaluation and Management (E/M) revisions*. Retrieved from <https://www.ama-assn.org/practice-management/cpt/implementing-cpt-evaluation-and-management-em-revisions>
- HCPro Boot Camp (2021). *Evaluation and Management Boot Camp p 5*. Brentwood , TN

35



The Local Technical Assistance & Training Branch (LTATB) would like to thank our local public health partners. Please reach out to your LTATB Administrative or Nurse Consultant with any questions.

**DPH Local Health
Department Website**

<https://publichealth.nc.gov/lhd/index.htm>

36