

ENDOCRINE
SOCIETY



Hormone Science to Health

**CY 2021 PHYSICIAN
PAYMENT RULE:
*A CLOSER LOOK AT THE
OUTPATIENT E/M CHANGES***

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GOALS

By the end of the session, you'll understand:

- Changes to the outpatient evaluation and management (E/M) code family
- New outpatient E/M values
- How to document the revised code family

How We Got Here: A Refresher

2018	CMS proposed the most significant changes to the outpatient E/M codes since the RBRVS was established which the house of medicine opposed
2019	AMA CPT Editorial Panel revised the outpatient E/M code family
	AMA RUC valued the outpatient E/M code family
	CMS accepted the new code descriptors and values as recommended and finalized for implementation January 1, 2021 in the CY 2020 Physician Fee Schedule (PFS) final rule
2020	CMS made minor changes to the policies already finalized for the outpatient E/M codes in the CY 2021 PFS final rule and estimated reimbursement for endocrinologists would increase by 16%
	Congress passed legislation making changes which would increase the conversion factor finalized the CY 2021 PFS rule. As a result, endocrinologists are now expected to see their reimbursement increase by 13%

NOTE: These slides reflect the changes made by Congress in the Consolidated Appropriations Act, 2021 passed in December 2020.

OVERVIEW OF THE OUTPATIENT E/M CHANGES

Valuations

- Implement the RUC-recommended values for the entire E/M code family
- CPT eliminated CPT code 99201

Add-ons

- G2212/99417, New prolonged service for additional time beyond level 5 visit – approximately \$33

Documentation

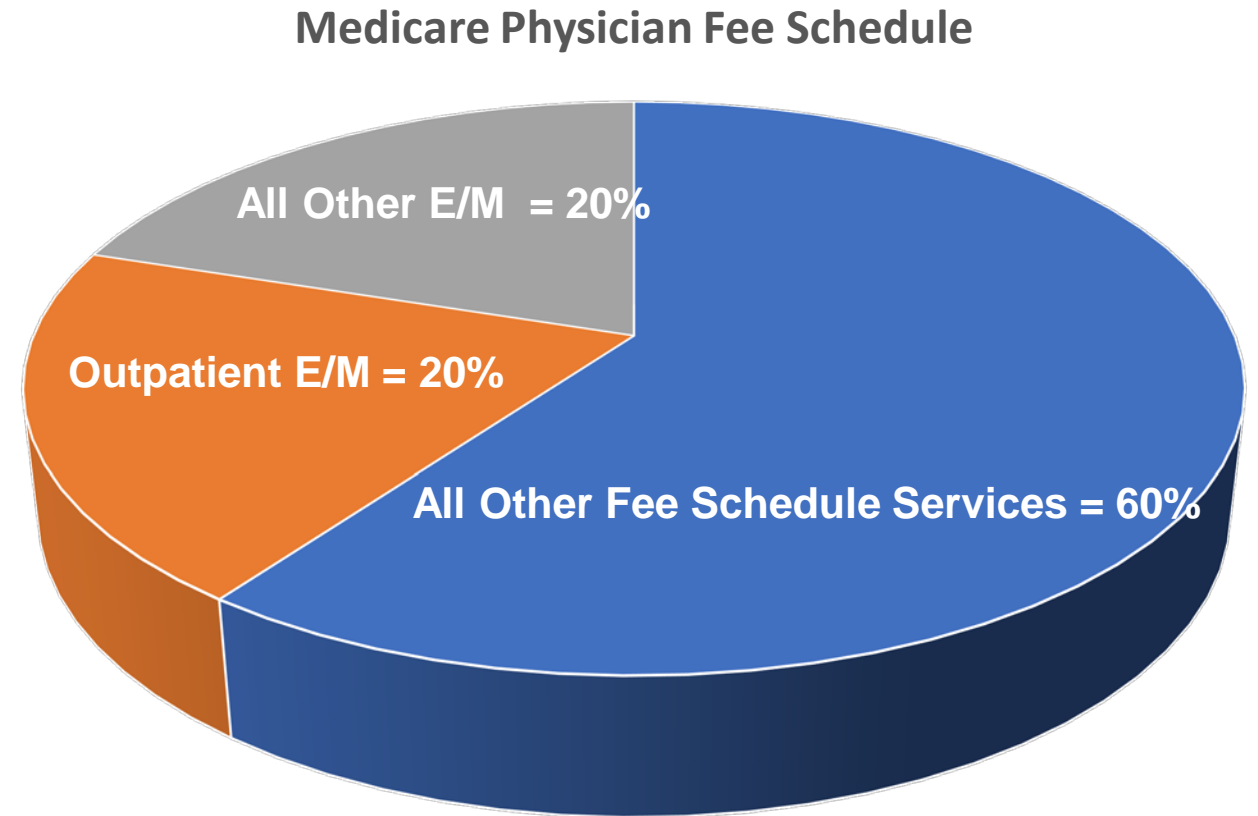
- Choice of MDM or time to select the code level
- History/Exam no longer required
- Time would include all practitioner time the calendar day of the visit

NEW OUTPATIENT E/M VALUATIONS

THE CONVERSION FACTOR

ENDOCRINOLOGY NOW ESTIMATED TO SEE A 13% INCREASE

- Medicare Physician Fee Schedule is budget neutral
- Changes in services' value require RVU decreases or changes to the conversion factor
- Congress added approximately \$3B to MPFS and delayed implementation of G2211 until 2024 to increase the 2021 conversion factor finalized by CMS in CY 2021 MPFS
- Final 2021 conversion factor is \$34.8931 compared to the 2020 level of \$36.0896



E/M CHANGES: WORK RVUS

Code	2020	2021
99201	0.48	N/A
99202	0.93	0.93
99203	1.42	1.6
99204	2.43	2.6
99205	3.17	3.5
+ G2212/99417	N/A	0.61

Code	2020	2021
99211	0.18	0.18
99212	0.48	0.7
99213	0.97	1.3
99214	1.5	1.92
99215	2.11	2.8
+ G2212/99417	N/A	0.61

A LOOK AT E/M PAYMENT CHANGES

Outpatient			
Code	2020\$	2021\$	% change
99201	46.56	N/A	
99202	77.23	74.32	-3.8
99203	109.35	114.45	+4.7
99204	167.09	172.02	+2.9
99205	211.12	227.15	+7.6
99211	23.46	23.73	+1.1
99212	46.19	58.27	+26.1
99213	76.15	93.51	+22.8
99214	110.43	132.94	+20.4
99215	148.33	185.98	+25.4
+G2212/99417	N/A	33.85	NEW CODE

Facility			
Code	2020\$	2021\$	% change
99201	27.07	N/A	
99202	51.61	49.55	-4.0
99203	77.23	84.44	+9.3
99204	132.09	138.18	+4.6
99205	172.51	187.72	+8.8
99211	9.38	9.42	+0.4
99212	26.35	36.99	+40.4
99213	52.33	68.04	+30.0
99214	80.48	100.49	+24.9
99215	113.68	148.99	+31.1
+G2212/99417	N/A	32.45	NEW CODE

CHANGES TO THE OUTPATIENT E/M CODE FAMILY

OUTPATIENT E/M CODE FAMILY IN 2021

- AMA CPT Editorial Panel eliminated 99201 and created 99417
- CMS created G2211 and G2212, but Congress delayed the implementation of G2211 which recognizes additional complexity until 2024

New Patients	Established Patients
--	99211
99202	99212
99203	99213
99204	99214
99205	99215
G2212/99417	G2212/99417

HCPCS CODE G2211: COMPLEXITY ADD-ON

Congressional Action Delayed This Code

- Consolidated Appropriations Act, 2021, which was passed by Congress in late December, included a moratorium on the implementation of G2211
 - CMS cannot implement G2211 before January 1, 2024
 - Policy allowed Congress to partially mitigate the conversion factor decrease finalized by CMS
- CMS created G2211 to be billed with all codes in the outpatient E/M code family – new and established
 - We anticipated high utilization by endocrinologists
 - CMS did not believe E/M codes fully reflected certain types of work

PROLONGED OUTPATIENT E/M VISIT

HCPCS Code G2212 Descriptor:

Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact

- Two codes: CPT code 99417 and HCPCS code G2212
- Can only be used with a level 5 outpatient visit when the physician chooses to document by time
- Can be billed multiple times for each 15 minute interval beyond the maximum time for a level 5 visit
 - 99205: 74 minutes
 - 99215: 54 minutes

REVISED DOCUMENTATION GUIDELINES

DOCUMENTATION COMPARISON

	1995/1997	2021
History	Number of Descriptors (eg 4 for level 4/5)	“Medically appropriate” - Can review what others entered
Exam	1995/1997 criteria	“Medically appropriate”
Level	Time Complexity (Hist+Exam+MDM)	Time MDM (Dx/Data/Risk)
Time	Face-to-face if >50% counseling/coordinating care	<u>Total</u> time that day (Pre-visit + visit + Post-visit time)
MDM	Highest 2 of 3: Diagnoses, Data, Risk	Updated
Add-on	N/A	15 minutes (over highest time) Complexity (chronic conditions)

DOCUMENT BY TIME

- Face-to-face and non-face-to-face time spent on the date of the encounter—this is the calendar day, not the 24 hour period
- Count all time unique to the visit
- Time may be used for straightforward visits that are time consuming

New Patient E/M Services	
99202	15-29 Minutes
99203	30-44 Minutes
99204	45-59 Minutes
99205*	60-74 Minutes

Established Patient E/M Services	
99212	10-19 Minutes
99213	20-29 Minutes
99214	30-39 Minutes
99215*	40-54 Minutes

*Additional time may be reported with CPT code G2212, prolonged office visit, for each 15 minutes beyond the upper limit of time for CPT codes 99205 and 99215

DOCUMENT BY MEDICAL DECISION MAKING

- Same basic structure (diagnosis, data, table of risk)
- New and clearer definitions
- No longer “adding up” tasks but rather how does work affect patient complexity and management

MORE ON MEDICAL DECISION MAKING

- In order to select a level of E/M service, two of the following three elements must be met or exceeded for the visit level:
 - The 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.

The American Medical Association 2021 CPT E/M Office Revisions MDM chart can be found [here](#).

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	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 (Must meet the requirements of at least 1 of the 2 categories) 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) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 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	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • 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) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • Drug therapy requiring intensive monitoring for toxicity

A Closer Look at the Data Elements Required for a Level 4 Visit

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>
N/A
Minimal or none
Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> Category 1: Tests and documents <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 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>
Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) <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 Category 2: Independent interpretation of tests <ul style="list-style-type: none">• Independent interpretation of a test performed by another physician/other qualified health care professional (n separately reported); or Category 3: Discussion of management or test interpretation <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)

REVISED CODES AND LEVELS

Code	MDM	Time (New Pt)	Time (Estab pt)
99211	Supervision	NA	NA
99202/99212	Straightforward	15-29 min	10-19 min
99203/99213	Low	30-44 min	20-29 min
99204/99214	Moderate	45-59 min	30-39 min
99205/99215	High	60-74 min	40-54 min
+ 99417/G2212	N/A	89 min and then each additional 15 min	69 min and then each additional 15 min

E/M IN 2020 VS 2021

PAYMENT COMPARISONS

A 67 year old established patient with hyperthyroidism is seen in the office and meets the MDM criteria for a level 4 visit.

	2020	2021
99214	\$110.43	\$132.94
Total Payment	\$110.43	\$138.82

A 74 year old new patient presents with uncontrolled diabetes. The physician spends 94 minutes of time on date of service preparing for the visit, face-to-face with the patient, and documenting the visit afterwards.

	2020	2021
99205	\$211.12	\$227.15
G2212	N/A	\$33.85
Total Payment	\$211.12	\$261.00

IF YOU HAVE QUESTIONS BASED ON THIS PRESENTATION, PLEASE CONTACT ADVOCACY@ENDOCRINE.ORG WITH YOUR SPECIFIC QUESTION AND WE WILL RESPOND.