

2021 Outpatient Evaluation and Management (E/M) Code and Guideline Changes

This module provides guidance on E/M documentation and coding changes effective January 1, 2021.

Upon completion of this module you will:

- Be able to streamline your documentation for outpatient E/M services;
- Understand the revised guidelines for using time devoted to patient care to determine the level of service; and
- Make clinically relevant code selection based on the revised criteria.

Module Outline

1. About this Course
 - a. Definitions of Acronyms Used in this Module
2. Overview of 2021 Changes
 - a. Significant E/M Service Changes for 2021
 - b. CMS and AMA's Explanations for These Changes
 - c. What Will Change?
 - d. What Does this Mean for My Outpatient Visit Documentation?
3. Coding Based on Time
 - a. Time for Office and Other Outpatient E/M Services (99202-99215 only)
 - b. Included in Total Time
 - c. CPT Code Time Descriptions Changed for 99202-99215
 - d. Epic Level of Service Calculator
 - e. How Do I Document My Time?
 - f. Calculating Time Practice Scenario
4. Coding Based on Medical Decision Making
 - a. Medical Decision Making (MDM) Changes
 - b. New MDM Table
 - c. MDM – Number and Complexity of Problems Addressed at the Encounter
 - d. Number and Complexity of Problems Addressed Practice
 - e. MDM - Diagnostics/Data Reviewed or Analyzed
 - f. Tests, Documents, Orders, Independent Historian
 - g. Diagnostics/Data Reviewed or Analyzed: Independent Historian Practice
 - h. MDM - Risk to Patient
 - i. Included in Patient Risk
 - j. Risk to Patient: Social Determinants of Health Practice
 - k. MDM Level for Coding
 - l. Determine the Correct Level of Coding Practice
5. Determine the Correct Level of Coding
 - a. Considerations for Documentation Improvement
 - b. Commonly Asked Questions
 - c. Practice Scenarios
6. Next Steps