

E/M 2021 FAQ

General:

Q: Do we have to begin using the new version of E/M on January 1, 2021?

A: Yes, the E/M coding level determination should be in accordance with the 2021 E/M guidelines.

Q: Can a provider use the 1997 additional service module for E/M coding?

A: To clarify, although the provider should use the 1997 E/M guidelines so that documentation meets the requirements for demonstrating medical necessity for the payers E/M coding level determination should be in accordance with the 2021 E/M guidelines. This means that all providers must use the new 2021 additional service module identified as version 2.

Q: Do the E/M 2021 changes apply to all services?

A: E/M 2021 changes apply to Outpatient - New Patients and Established Patients only

Note: "Established" replaces "Existing"

Q: Why do you recommend we use the 1997 guidelines for our documentation but the 2021 guidelines for determining the E/M code level?

A: The documentation requirements of the 1997 guidelines still apply. The E/M coding requirements of the 2021 guidelines should be used as of 1/1/2021.

Q: Can you use both time and MDM to bill a service?

A: No, E/M types are MDM or Time, not both.

Q: Have there been changes to the other changes of Inpatient, SNF/ALF and Outpatient/Consultation?

A: No, all other settings and client status', including calculations and billing remain the same.

Time:

Q: What are the changes when using time vs. MDM?

A: You can now add additional time on the same service date, to the face to face time for billing purposes.

Q: How do I add additional time?

A: Select Time as the E/M Type. On the E/M time screen table, select an E/M Time Type descriptor, enter the amount of time, in minutes, and select Add.

Note, it is necessary to select Add or the time entry is not saved, and E/M calculations do not run.

Q: How do I edit the E/M time entry I'd I made a mistake?

A: Make the changes necessary to the E/M time entry and select Submit.

Note: It is necessary to select Submit or the time entry is not saved, and E/M calculations do not run.

Q: How can I report on the different types of time spent for an E/M service?

A: When using Time, the E/M Time Type descriptors can be reported on.

Q: What is total Face to Face Time?

A: This is the total scheduled activity time in minutes.

Q: What is Total E/M Time?

A: This is the total scheduled activity time plus any additional time added.

Q: Do I have to adjust the scheduled activity time to include the additional time added?

A: No, billing will be based on the total E/M time presented in the document, not the total service time.

Q: How do we know we've gone into a prolonged time period?

A: Mandatory prolonged time fields display with calculations.

Q: How is prolonged time billed from a unit perspective?

A: Billing requirement is 1 unit = 15 complete minutes of prolonged time.

Q: Can I adjust the scheduled activity time for an unsigned service document?

A: Yes.

Note: If the scheduled activity number of minutes is changed, the system will not permit you to sign the service document until you click "submit" on the Additional Services v2 module.

Q: Can I adjust the scheduled activity time for a signed service document before the claim engine runs?

A: No, the service document will have to be unsigned to make changes to the scheduled time. Since billing is based on selections made in the additional services module v2, a signed document using the E/M type of Time has no way to be submitted to allow for validations to be run resulting in the wrong amount being billed. For this reason, changes to a signed service document containing the Additional Services v2 module are not allowed.

MDM:

Q: How can I find the Levels of Medical Decision Making?

A: We have provided a link to CPT E/M Office Level of Decision-Making PDF above the MDM table.

Q: What are the Outpatient New Patient MDM levels?

A: Outpatient New Patients have 4 levels of MDM, 2 - 5.

Note: The 2021 CPT® code set will not include new patient level 1 code 99201.

Q: What are the Outpatient Established Patient MDM levels?

A: Established patients have 5 levels of MDM, 1 - 5

Note: Level 1 established patient E/M code 99211 will still be available, but its code descriptor will not include a time reference in 2021.

Q: How is 99211 used in the table?

A: 99211 is used for an Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problem(s) are minimal.

Q: How is MDM calculated?

A: MDM is based on 2 out of 3 Elements of MDM selected.

Q: How do I know the client's MDM level and E/M billing level?

A: MDM and E/M billing level calculations display at the bottom of the screen.

Q: Why is Psychotherapy time missing from the document when time is used.

A: Psychotherapy time is only defined with MDM.

Billing:

Q: When using Time for the E/M service and I have non Face to Face time spent for the client, do I need to change the activity time to match all time spent on the service date?

A: No, you will schedule the Face to Face E/M activity based on the time you will provide Face to Face services and the new V2 Additional Service document allows you to enter any other non Face to Face time to calculate total billing time.

Q: Do I have to create and/or update my activity procedure mappings?

A: You will not have to create new ones; you will only need to update the existing with the new prolonged time add-on codes.

Q: For what services does the new prolonged add-on code apply?

A: Only when Outpatient New and/or Established Patients have a level 5 E/M and the Total E/M Time exceeds the Level 5 maximum time by at least a full 15 minutes. Each full 15 minutes of Prolonged time will add a unit to the Prolonged time claim item. No other settings and/or client status' change for E/M 2021.

Q: After January 1 2021 and our Organization implements the new V2 Additional Services Module will the system handle any claims associated with the current Additional Services Module if needed?

A: Yes, the system will support any V1 claims as well as the new V2 claims.

Training Point:

Step 1: User completes and submits an additional services v2 module but does NOT sign the service document.

Step 2:

- User returns to the same service document and makes changes to the Additional Services v2 module
- OR
- User changes the time for a scheduled activity attached to a service document containing the Additional Services v2 module

Step 3: User navigates back to the service document to sign. Upon the first service document displaying, the user navigates to the Signatures module without submitting through the service document module(s).

Step 4: The system displays a validation that the user MUST submit the Additional Services before signing.

Using 99211 for E/M Services:

The 99211 code descriptor will not include a time reference in 2021. This means, when using the Additional Services v2 module for E/M services that map to types of services that code a 99211, the E/M type of MDM must be used. In the MDM grid, select N/A for 99211 services. The E/M type of Time should NOT be used.