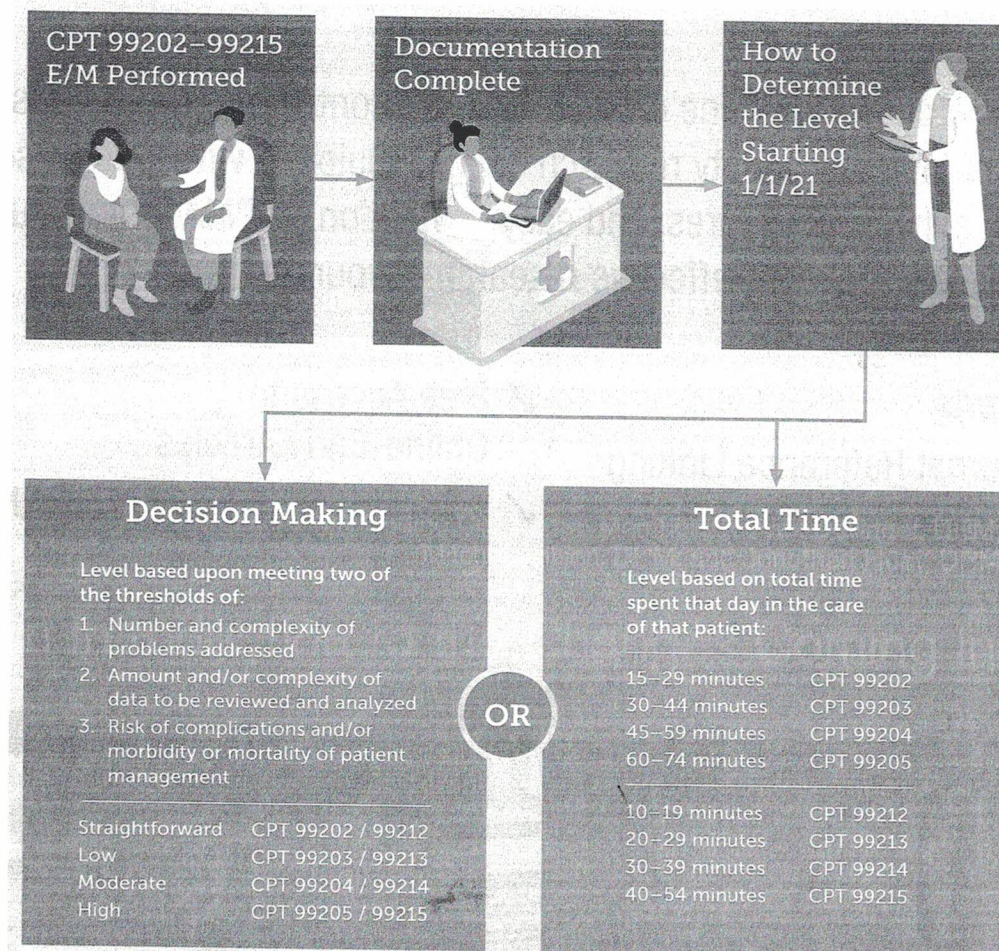


Reimbursement

By APMA Coding Committee Members R. Alex Dellinger, DPM;
Mitchell Hilsen, DPM; and Jonathan Huey, DPM

E/M: An Introduction to the Changes Coming in 2021



Evaluation and management (E/M) codes are one of the major sources of revenue for the average podiatric medical practice. In brief, current codes are selected based on the levels of patient history, the physical exam, and the level of medical decision making. The more complex the problem(s), the more complex the exam is likely to be, and thus the more complex the management, which leads to higher-level codes and higher reimbursement. There are different code series based on the location of the service and whether the patient is new or established, or, in some cases, whether the encounter is initial versus subsequent.

For a quick review, patient encounters in the office setting are either CPT® 99201-99205 for a new patient visit, or CPT 99211-99215 if the patient is established to the practice. A new patient encounter is defined as a patient who has

not been seen by the provider or a provider of the same specialty, in the same practice, or in more than three years. Other series of E/M codes address hospital visits, consultations, telephone or telemedicine visits, and even home visits. The rules for reimbursement on these series vary greatly from payer to payer.

It is a challenge for podiatrists to qualify for higher levels of reimbursement due to the stringent requirements for exam elements that many times exceed our scope of practice. For example, new patient codes CPT 99204 and 99205 require detailed and complete exams to qualify for reimbursement, including organ system exams, which are clearly out of scope for podiatrists. A podiatrist may potentially qualify for code CPT 99204 and 99205 based on time, but that is a topic for another article.

Major changes to the way physicians get reimbursed on office/other outpatient E/M codes are coming January 1, 2021. It must be stated that this is a CPT change, not a specific payer change. Therefore, this update applies to all third-party payers, including Medicare.

CPT 99201 is being deleted and so will no longer be a valid code to bill after January 1, 2021. In an effort to phase in the E/M changes gradually, the only E/M codes affected in 2021 will be the office/other outpatient E/M codes—what many of us think of as “office visits”:

NEW PATIENT: CPT 99202 – 99203 – 99204 – 99205

ESTABLISHED PATIENT: CPT 99211 – 99212 – 99213 – 99214 – 99215

The most substantial change will be *elimination* of the history and physical exam components in determining the level of the code. The level will be selected based only on medical decision making, which includes number/complexity of problems addressed, amount/complexity of data to be reviewed and analyzed, and risk. A history and an exam should certainly be performed, as they are good medical and legal practice, but they will not be required for code level selection purposes. Because the level will be selected on medical decision making, without exam bullet restrictions, the potential positive effect on podiatric practices should be significant.

Here is an example: A new patient is sent over to you from their PCP with a complaint of a worsening, draining wound from the plantar aspect of the foot. Intense erythema extends from the wound to the ankle. There is a lot of swelling and warmth. The patient describes a fever and a feeling of malaise. You spend time explaining their condition and the at-risk status of their foot and health. You decide to admit the patient for IV antibiotics and further work-up. Based on your recorded documentation, a new patient level CPT 99205 could easily be achieved on this patient after January 1, 2021.

More articles are forthcoming with more specific information about the 2021 E/M changes. Be sure to check www.apma.org/coding often for further information on all the changes coming for 2021.

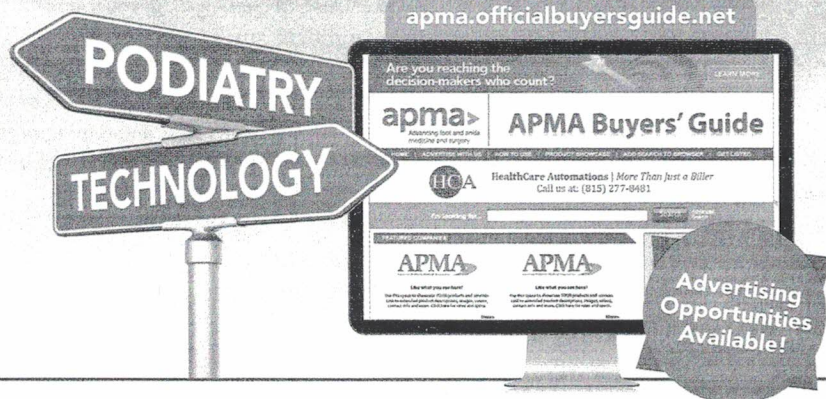
Reference:

AMA CPT® Editorial Summary of Panel Actions February 2019: https://www.ama-assn.org/system/files/2019-03/february-2019-summary-panel-actions_0.pdf

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