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BIG CHANGES IN STORE FOR E&Ms FOR 2021

Author: Marsha Diamond, CPC, COC, CCS, CPMA, AAPC Fellow

Effective 01/01/21, dramatic changes to the Evaluation & Management Office/Outpatient Services codes will be effective for most carriers.

While the changes effect Office/Outpatient Services only (CPT codes 99201-99215), according to CMS and CPT, these codes constitute the highest volume of reported codes from the Evaluation and Management section for most providers.

The good news is that providers, coders and auditors will not have to concern themselves with ensuring a certain number of "bullets" have been captured for history and examination components, as, effective 01/01/21, the Office/Outpatient services will be determined based on one of two components:

- Time (redefined for these purposes)
- Medical Decision-Making (redefined as well for these purposes)

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Under the new guidelines, the provider/practice may determine the E & M level to be assigned solely based on time. That time has been redefined to include any face-to-face or non-face-to-face time spent by the provider on the date of the reported encounter including such areas as:

- Preparing to see the patient (reviewing tests, history)
- Obtain/reviewing a separately obtained history
- Performing history and examination
- Ordering medications, tests and procedures
- Documenting clinical information in the record
- Referring and/or communicating with other health care professionals (when not reported separately)

Many of these components did not constitute the time element under the old guidelines, which, are still in place for all other E & M services in 2021. Practices should make the needed revisions to their electronic records templates to accommodate the appropriate documentation for office/outpatient services based on time.

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BIG CHANGES IN STORE FOR E&Ms FOR 2021

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The provider/practice may also elect to determine their E & M levels based on medical decision-making (MDM). While the main categories for determining MDM have remained the same, and, 2 out of the 3 components must still be met, CPT has defined these components with more specificity and enhanced definitions, making selection easier.

In addition, CPT has added new prolonged service codes specifically for office/outpatient service; however, the old, prolonged service codes will remain in effect for all other services than Office/Outpatient places of service. In addition, CPT has added prolonged services for clinical staff to accommodate staff time that is spent in direct patient contact, supervised by a physician or QHCP, outside the time the provider spends with the patient. This allows payment in addition to the E & M level of service performed by the actual provider, and therefore, permits the practice to receive increased reimbursement in some instances.

As you may already have learned, the conversion factor utilized to determine payment rates for Medicare have decreased for 2021; however, CMS has increased the work RVU (relative value units) for Evaluation and Management services, and thus, the reimbursement for E & Ms will actually increase for 2021.

	2020	2021
99201	\$46.56	code eliminated
99202	\$77.23	\$77.23
99203	\$109.35	\$115.16
99204	\$167.09	\$172.57
99205	\$211.12	\$221.77
99211	\$23.46	\$23.46
99212	\$46.19	\$53.29
99213	\$76.15	\$86.80
99214	\$110.43	\$123.98
99215	\$148.33	\$170.59

*Above amounts are national average, reimbursement will differ slightly in different localities

Keep in mind that, in addition to the above reimbursement for Evaluation and Management services, additional payment for prolonged services or prolonged services performed by clinical staff may additionally increase the reimbursement for Office/Outpatient services in 2021 for practices.



GLASGOW COMA SCALE

Author: Amy Czahor, RHIT, CDIP, CCS

A major change to the Official Coding Guidelines effective October 1, 2020 relates to the coding of GCS scores. Prior to this change, the codes for GCS scores could be assigned with traumatic brain injuries, acute or sequelae of cerebrovascular disease, as well as non-trauma conditions.

These codes were used to reflect the status of the central nervous system of patients and many of the codes for lower GCS scores are considered Major Complications and Comorbidities (MCC) under the MS-DRG system.

Currently, GCS scores should only be coded in conjunction with traumatic brain injuries. However, it is still important for both coders and CDI specialists to be aware of patient GCS scores, regardless of diagnosis, when a patient has a documented altered level of consciousness. A total GCS score of 8 points or less may be indicative of a coma (R40.2) and presents an important query opportunity. GCS scores may be important in helping to clarify whether a coma is present in patients with acute hepatic failure or hypoglycemia, which are to be coded elsewhere, as well.

Finally, GCS scores may also be useful from a clinical validation perspective. Documentation of unconsciousness indexes to the ICD-10-CM code for coma (R40.2) which is also an MCC. If you are seeing a conflict between the documentation of the level of consciousness and the patient's GCS scores this may also be an opportunity to obtain further clarification from the provider to ensure proper code assignment and an accurate reflection of the patient's severity of illness and risk of mortality.

2021 ICD-10-CM UPDATES FOR PART C RISK ADJUSTMENT EFFECTIVE 10/01/2020

Author: Nancy Keenan, RN, CPC, CCS

New codes for Part C Risk Adjustment for October 2020 have been added for the following conditions:

- HB-SS disease (D57.03, D57.09)
- Sickle cell/HB-C disease (D57.213, D57.218)

- Sickle Cell Thalassemia (D57.413, D57.418, D57.42, D57.431-D57.439, D57.44, D57.451-D57.459, D57.813, D57.818)
- Hemolytic Anemia-autoimmune, warm, cold, mixed, and other (D59.10-D59.19)
- Other specified immunodeficiencies (D84.81-D84.89)
- Other disorders of aromatic amino-acid metabolism (E70.81, E70.89)
- Disorders of glucose transport and other specified disorders of carbohydrate metabolism (E74.810-E74.89)
- Alcohol use and abuse with withdrawal (F10.930-F10.939, F10.130-F10.139)
- Cannabis abuse with withdrawal (F12.13)
- Sedative, hypnotic or anxiolytic abuse with withdrawal (F13.130-F13.139)
- Cocaine use and abuse with withdrawal (F14.93, F14.13)
- Other stimulant abuse with withdrawal (F15.13)
- Other psychoactive substance abuse with withdrawal (F19.130-F19.139)
- Cyclin dependent kinase like 5 deficiency disorder (G40.42)
- Dravet syndrome, intractable, with and without status epilepticus (G40.833, G40.834)
- Congenital myopathies (G71.20-G71.29)
- Perineural cyst and other disorders of meninges and (G96.191, G96.198)
- Chronic Eosinophilic pneumonia (J82.81)
- Other pulmonary eosinophilia (J82.89)
- Interstitial lung disease with progressive phenotype in diseases classified elsewhere (J84.170)
- Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere (J84.178)
- Other specified site has been added to RA and JRA codes (M05.7A, M05.8A, M06.0A, M06.8A, M08.0A, M08.2A, M08.4A, M08.9A)
- Age related and other osteoporosis with current pathologic fracture, other site, initial encounter (M80.0AXA, M80.8AXA)
- Chronic Kidney disease, stage 3-unspecified, stage 3a, and stage 3b (N18.30-N18.32)
- Poisoning by Fentanyl, Tramadol, and other synthetic narcotics (T40.411A, T40.412A, T40.412S, T40.414A, T40.421A, T40.422A, T40.422S, T40.424A, T40.491A, T40.492A, T40.492S, T40.494A)
- Corneal transplant infection (T86.8421-T86.8429)

2021 ICD-10-CM UPDATES FOR PART C RISK ADJUSTMENT EFFECTIVE 10/01/2020

Author: Nancy Keenan, RN, CPC, CCS

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Coding Clinic 4th Q Coding Clinics (Part C)


Coding Clinic 4th Q clarified correct coding for critical limb ischemia/chronic limb-threatening ischemia. Coding clinic defined critical limb ischemia as “A severe form of atherosclerosis of the extremities with rest pain, ulceration, and/or gangrene.” Codes in the I70 category which include atherosclerosis of the extremities with rest pain, ulceration, or gangrene have an inclusion term for critical limb ischemia. If critical limb ischemia is documented without further specificity, then it is coded to atherosclerosis of the extremities with rest pain.

New codes with coding examples were provided for other specified Immunodeficiencies which include the following: due to conditions classified elsewhere (chromosomal abnormalities, diabetes mellitus, malignant neoplasms), due to drugs and external causes, and other immunodeficiencies. See below for CC scenarios:

- A patient with SLE presented to the ED for cellulitis of two fingers on her right hand. She was admitted for IV antibiotics due to having an immunocompromised state because of the immunosuppressant medications she is taking for her SLE. In this scenario, it would be appropriate to code D84.821, Immunodeficiency due to drugs.
- A patient with Multiple Myeloma is seen for ear pain and cold symptoms due to acute otitis media of the left ear and acute viral bronchitis. The provider documented that the patient is immunosuppressed due to current long-term chemotherapy. D84.821, Immunodeficiency due to drugs would be the correct code to use in this scenario.

CUSTOM CLIENT REPORTING

Jennifer Diamond, Administration, HR & Finance



As your partner in revenue and compliance enhancement, we look to provide tools and improved processes to ensure we are providing you the best services. We know that in today's economy utilizing data to enhance revenue is the most efficient avenue. MARSI's Admin Experts have worked diligently with clients this year to provide reporting within our existing parameters.

We have seen the need for more in-depth, customized reporting tailored to specific client needs and requests. We have onboarded a Data Analyst to our team and are looking forward to providing Custom Reports. This data will allow the client to customize reports and data to fit their needs and reporting requirements.

A Note from Dr. Husty

Obviously, we all know that 2020 was just one heck of a year. I had been predicting that 2020 was going to be MARSI's year. What I didn't know was that it was going to be a bigger year for the world.

Yes, we took a downturn in business, and thankfully the Federal government helped us to keep everyone employed. I want to thank everyone for agreeing to limit hours until we got back on track.

Even before Thanksgiving, I realized there is an awful lot to be thankful for. Sometimes it is hard to see with all the mess going on, but actually, we are very blessed.

I need to point out that I have been even more grateful for the quality of our relationships with our clients. We are so close it actually does not feel like a client/vendor thing anymore. We are woven into a number of systems, and we are all appreciative of that relationship. I honestly feel that this is what MARSI has strived many decades for, and we now are seeing the fruits of that labor.

So although we always hope for a happy and better New Year, this New Year's wish has a little more impact as years past, but interestingly I really feel that we all did pretty well during this difficult year, not that I won't be sad to see it go.

Thanks to everyone at MARSI and to everyone we work with, and have a very Happy New Year!!

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