



Part B Insider (Multispecialty) Coding Alert

Evaluation and Management: Prep Now for These 2019 E/M Policy Changes

CMS staggers E/M updates from 2019 through 2021, relates MPFS.

If you guessed the feds would follow through on promises to revamp E/M documentation, coding, and payment ?" you were right. Instead of getting hit with a complete overhaul in January, CMS decided to give Part B providers more time to ramp up and review.

Background: Back in July, CMS dropped some bombshells in its Medicare Physician Fee Schedule (MPFS) CY 2019 proposed rule. The release offered up a virtual manifesto of E/M changes that aimed to reshape the way the bread-and-butter codes will be documented and paid in the future. However, due to overwhelming stakeholder feedback ?" much of it negative ?" the agency resolved to implement the E/M updates over the course of two years, with only a few subtle modifications for CY 2019, according to the MPFS final rule released on Nov. 1 and set for publication on Nov. 23 in the Federal Register.

Review the 2,378-page final rule at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24170.pdf>.

"Today's rule finalizes dramatic improvements for clinicians and patients and reflects extensive input from the medical community," said CMS Administrator **Seema Verma** in a release on the MPFS. "Addressing clinician burnout is critical to keeping doctors in the workforce to meet the growing needs of America's seniors."

Verma maintained that the policies would decrease provider "burnout" and improve patient care. Plus, "it also delays even more significant changes to give clinicians the time they need for implementation and provides time for us to continue to work with the medical community on this effort," she said of the final rule.

Now: Why the turnaround? Despite positive reviews from providers about E/M visit reforms, practices commenting on the rule remained worried about acting on the changes so quickly, suggested the MPFS. In fact, most were in favor of streamlining documentation requirements that often bump up denials. The aggressive implementation pace that CMS suggested in the proposal ?" especially regarding the payment change ?" however, caused stakeholders to question how they could have their practices and systems up-and-running for a 2019 rollout.

"Commenters largely objected to our proposal to eliminate payment differences for office/outpatient E/M visit levels 2 through 5 based on the level of visit complexity," the MPFS noted. The general consensus was that most would see significant pay cuts under the change, and many suggested the agency "implement the proposed documentation reduction without the coding/payment policies, or that these policies could be adopted on separate time frames," the final rule indicated.

Get Ready for These E/M Changes in 2019

Next year and continuing into 2020, practices should follow the 1995 or 1997 E/M documentation guidelines when reporting E/M office/outpatient visits they bill to Medicare. However, in the final rule, CMS does update some policies that will go into effect on Jan. 1, 2019. It is critical that your staff know both the current requirements and what's new.

Review these revised policies in the MPFS final rule for 2019:

- **Update home visit decision-making.** Comments poured in from practitioners that they should be able to make the decision on whether to treat patients at home or in the office ?" without excessive documentation to prove the medical

necessity for venue. CMS agreed and is nixing the requirement. These services fall under CPT® codes 99341 to 99350, the MPFS noted.

- **Accept staff notes.** Instead of re-entering "chief complaint and history" data that "ancillary staff" already updated, physicians can plow ahead with E/M office/outpatient visits for both established and new patients, suggested the MPFS fact sheet.
- **Focus on patient changes.** Documenting new issues for established patients for office/outpatient visits is vital for quality care, and CMS will now allow providers to focus on that rather than information already in the medical record, especially if there's evidence the physician reviewed the details, the agency said. "Practitioners should still review prior data, update as necessary, and indicate in the medical record that they have done so," reminds the fact sheet.
- **Cut down on duplicates.** The agency wants to simplify documentation for teaching physicians by removing "potentially duplicative requirements for notations," particularly if residents or other medical staff have already uploaded their notes, the MPFS indicated.

Even the small rollbacks in 2019 will make a difference for providers struggling with too much administration. "There is little doubt that efforts to reduce regulatory burdens and simplify the documentation requirements for E/M visits will be welcomed by physicians and hospitals," says attorney **Benjamin Fee, Esq.**, of **Dorsey and Whitney LLP** in the Des Moines, Iowa office.

Resource: Find the MPFS CY fact sheet at

www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year.
