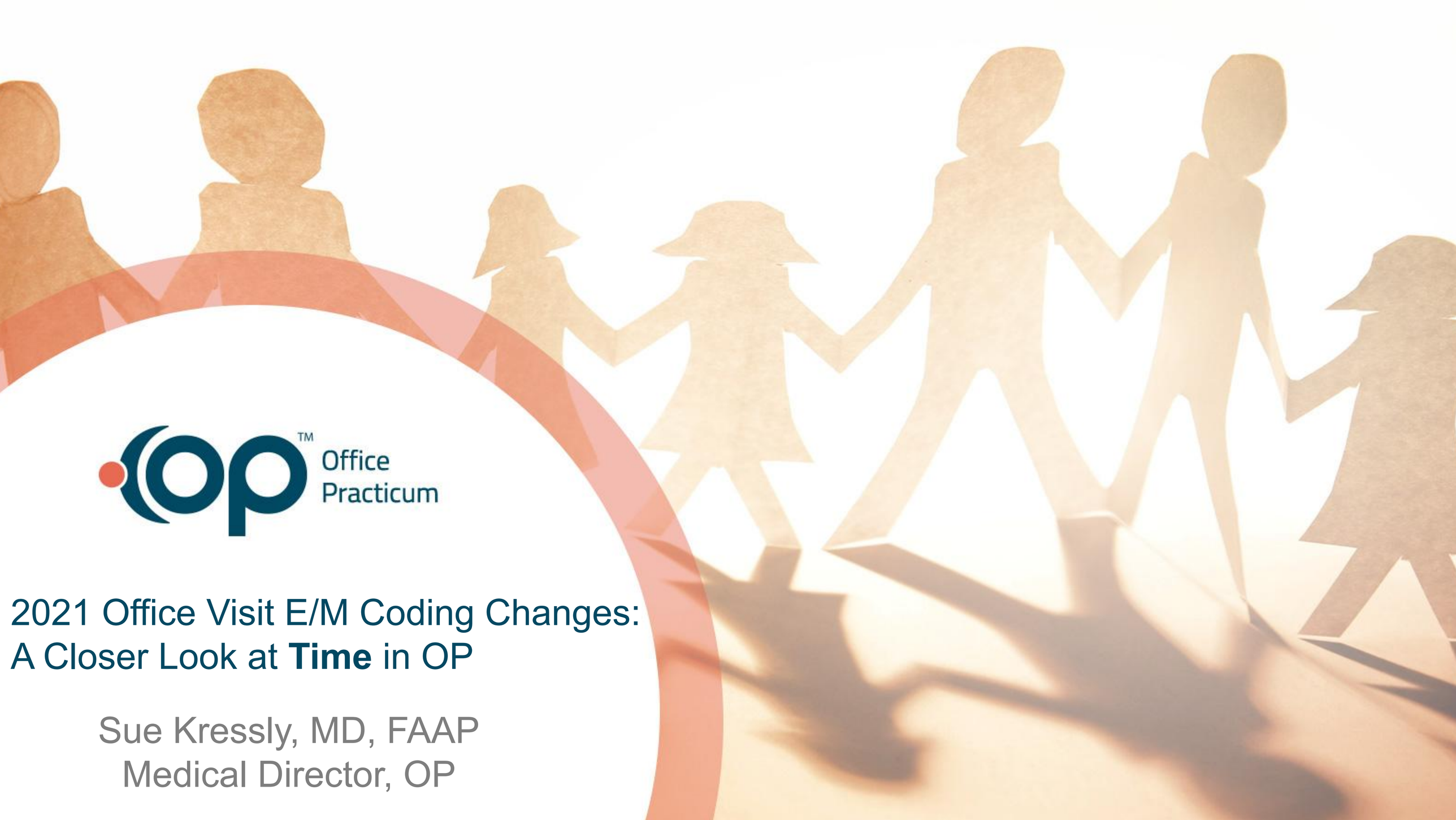

2021 Office Visit E/M Coding Changes: A Closer Look at **Time** in OP

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Medical Director, OP

Agenda

- Brief review of the CPT codes with time descriptions
- Deeper dive of time tracking functionality in OP
- Discuss what time tracking OP ***can*** help you with
- Discuss what time tracking OP ***cannot*** help you with
- Overview of visible changes in OP that will be coming your way
- Outline planned additions for early 2021

Sue Kressly Disclaimer

- I am not a certified coder
- I am have no legal credentials
- I do not work for AMA or the AAP
- The information that you are about to see is my personal interpretation of educational materials that are available in the public domain
- There are nuances about coding, documentation and audits that are yet unknown since we are entering uncharted territory
- I do not have a crystal ball
- ***It is the legal responsibility of each provider who sees patients to educate themselves to the fullest extent possible, and choose the most appropriate code that represents the work which they performed***

OP Disclaimer

- We are headed into uncharted waters, and details about what “can count” and what “shouldn’t count” is evolving.
- OP built these tools based on what was believed to be accurate based on subject matter expertise at the time.
- OP expects there will be modifications/changes to this functionality as more is learned from both the industry and our practices.
- All coding recommendations are “suggested” based on information that can be tracked in OP.

CPT Code Definitions: Established Patients

- **99212: 10-19** minutes of total time is spent on the date of the encounter
- **99213: 20-29** minutes of total time is spent on the date of the encounter
- **99214: 30-39** minutes of total time is spent on the date of the encounter
- **99215: 40-54** minutes of total time is spent on the date of the encounter

CPT Code Definitions: New Patients

- ~~**99201**~~**: Has been deleted**
- **99202: 15-29** minutes of total time is spent on the date of the encounter
- **99203: 30-44** minutes of total time is spent on the date of the encounter
- **99204: 45-59** minutes of total time is spent on the date of the encounter
- **99205: 60-74** minutes of total time is spent on the date of the encounter

Time: What Counts?

- Provider time
- Spent the same calendar day as the office visit (00:01am -11:59 pm)
- Clinical time

Time: What Does NOT Count?

- Clinical staff time
- Time spent the day previous or the next day *(only on the date of the face-to-face encounter or virtual face-to-face/Telehealth)*
- Time spent doing work that you are billing for separately with its own CPT codes
  - Time spent reviewing Vanderbilts
  - Time spent performing a procedure you bill for separately (cauterization of an umbilical granuloma, reduction of a subluxed radial head)
- Time of a “non-qualified” other healthcare professional that you supervise
- Time the provider spends doing non-clinical work
  - Scheduling an appointment
  - Processing payment

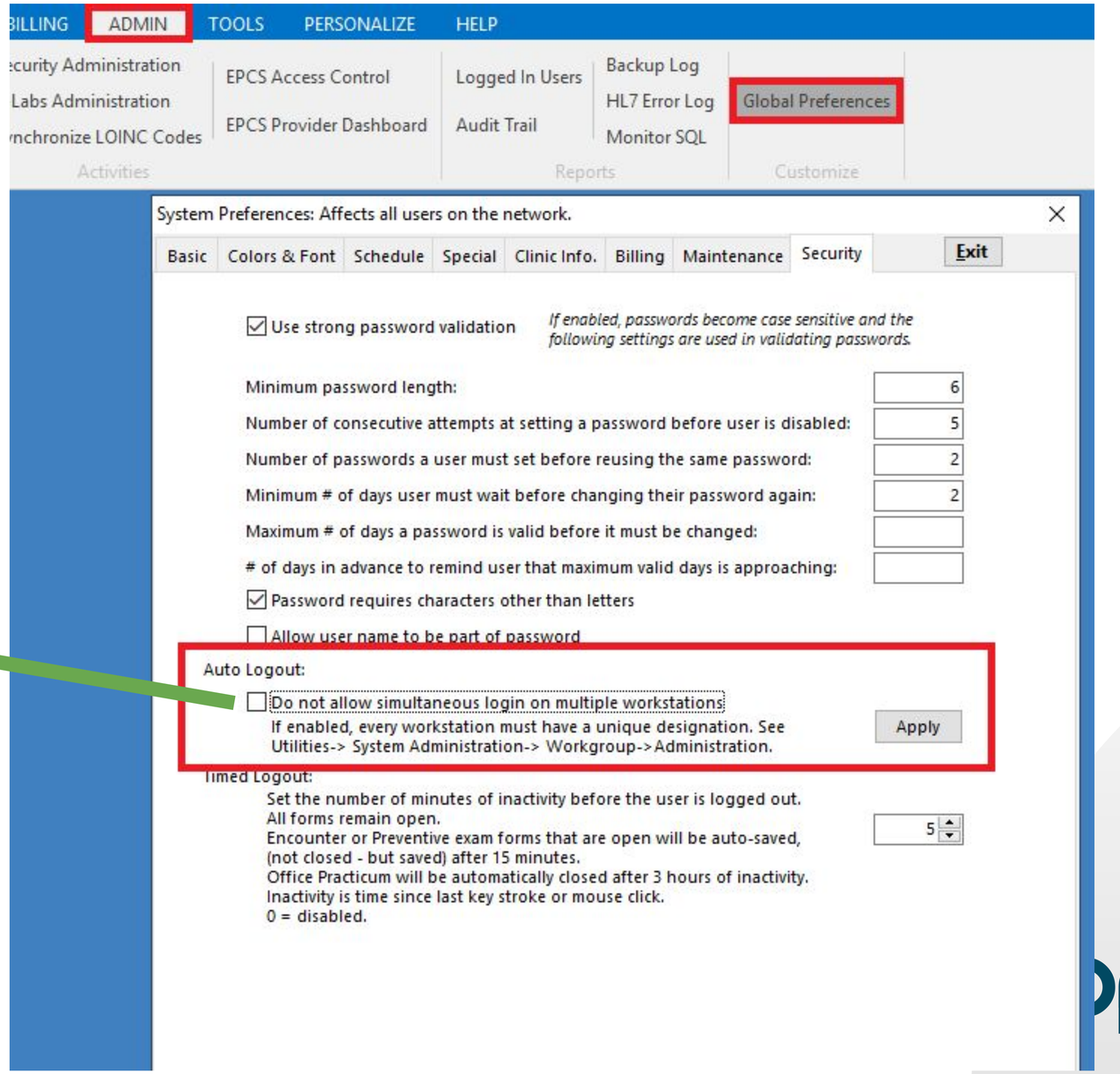
HOW is OP Keeping Track?

- Patient does ***not*** need to have an appointment in the calendar for the day (prior OP communication set that expectation, it is no longer required)
- Calculates time that a ***provider*** when **logged in** to OP spends on specific sections inside OP with the **focused** patient
- Practice does NOT have a preference where you can log into more than one device at the same time

Time Tracking Assistance: What Your OP Should Look Like

Do **NOT** have this box unchecked or OP cannot track your time appropriately. OP **cannot** keep track of your time if you are logged in to more than one device.

Do **check this box** in order for OP to track your time appropriately.

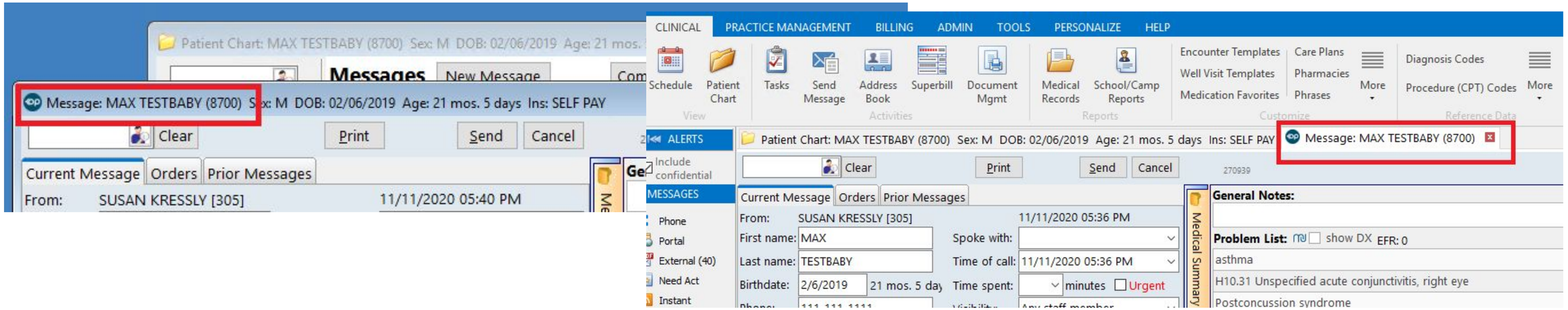


Starting Checklist

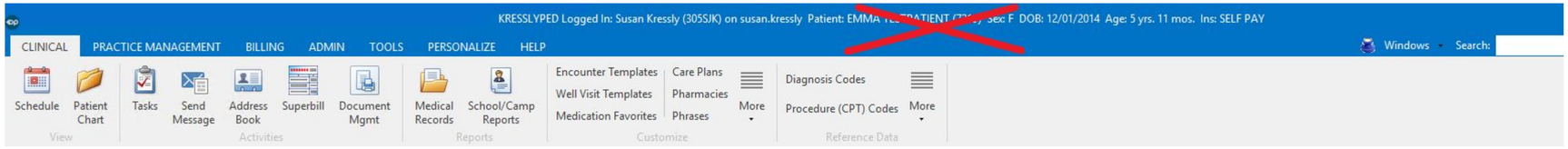
- Provider is logged into OP ✔
- Global preference is checked to not allow simultaneous logins ✔

OP Will “Follow” the Provider Wherever They Go

- Uses the focused/highlighted patient on the OP form



- Does not use the highlighted patient on the top ribbon



- Specific forms will be tracked because likely reflect “clinical work”

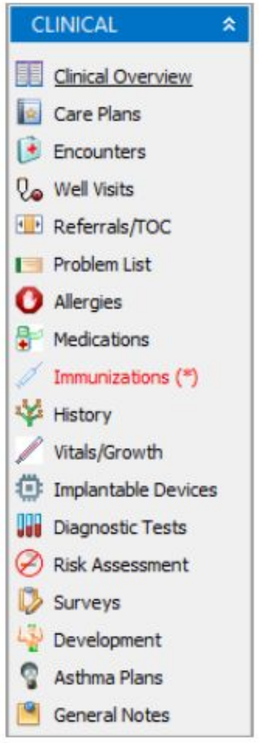
Forms in OP Which Will Be Tracked

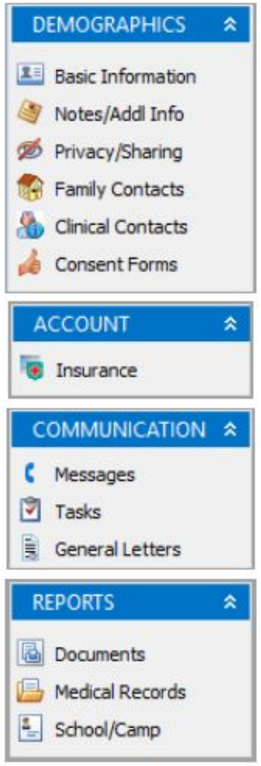
What Is and Is Not Tracked for Time

Tracked in the Encounter

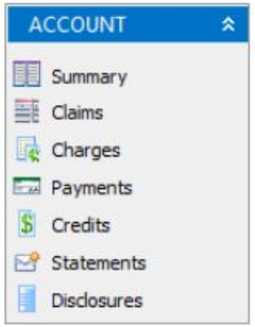
Note: All sections are time-tracked.

Tracked in the Patient Chart





Not Tracked in the Patient Chart



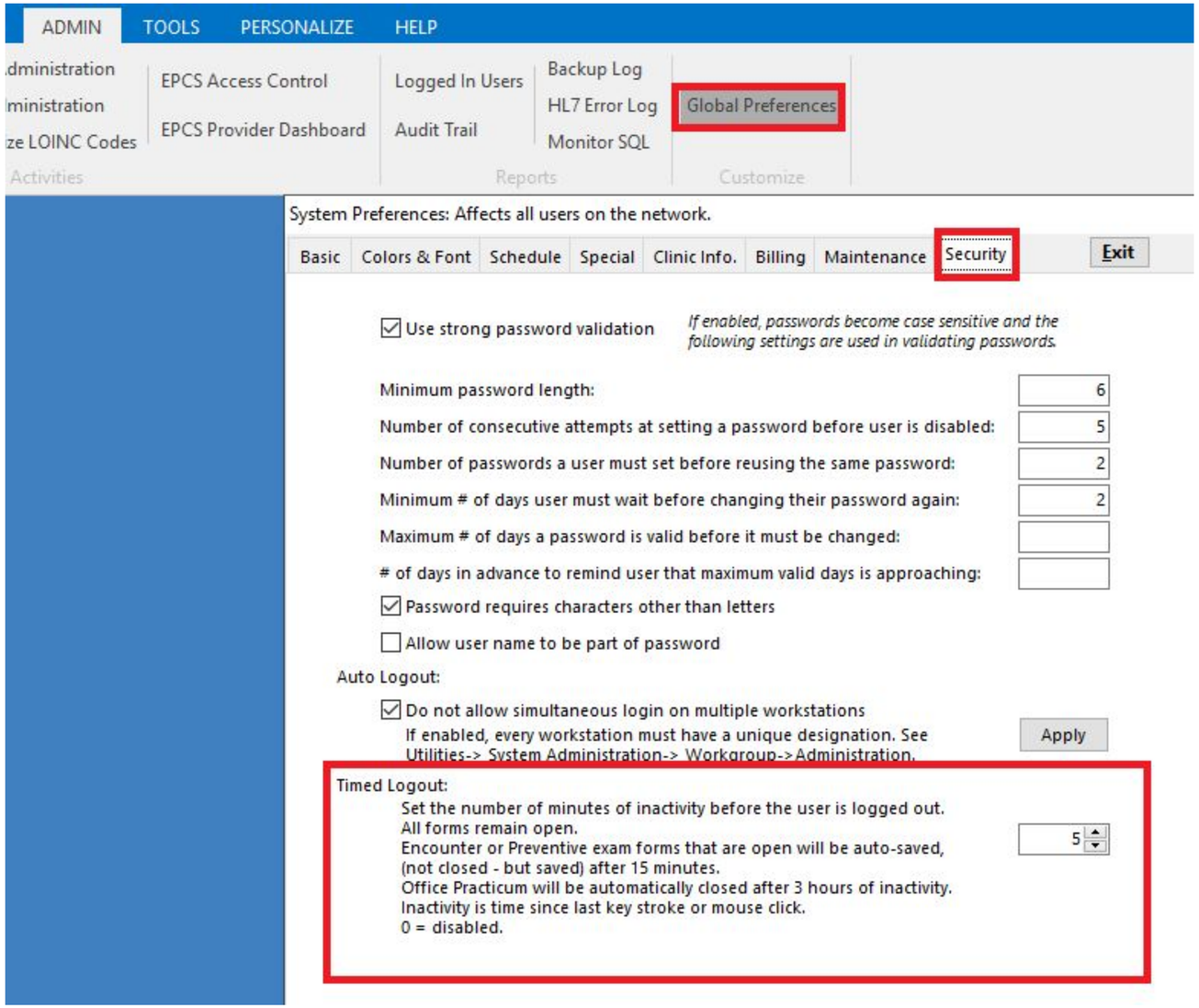
- **Schedule** (Calendar or Tracking)*
- **Message Center***
- **Clinical Work window***
- **Billing Center***

**While these areas can be used to navigate to a Patient Chart, the act of viewing these windows does not trigger time-tracking. It is not until you actually go to the Patient Chart that time-tracking begins.*

What About Logouts?

- OP ***cannot*** track your time when you are not logged in to OP on the computer (for example, reviewing paper records, phone time)
- OP will be ***inaccurate and overcount*** your time if you are logged in, and a patient is focused but you walk away from your computer
- Be aware of what your timed logout preference is: if you are with the patient and the computer auto-logs you out, time will be ***undercounted***

Where is My Timed Logout Preference?

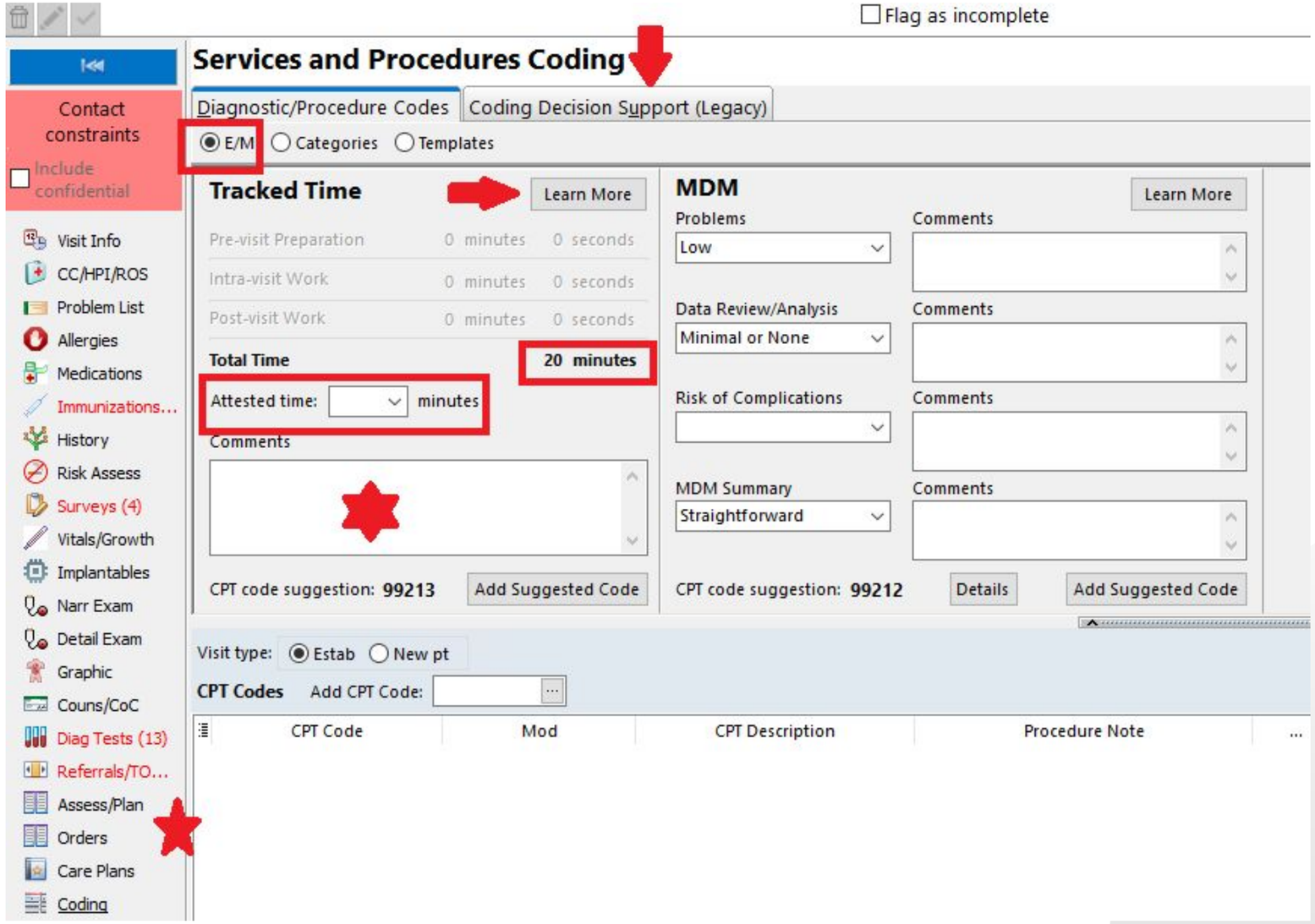


Time Tracking is **Guidance Only**!

- OP Time tracking is meant to assist you and offer guidance
- OP Time tracking ***should not be taken as absolutely accurate***
- OP uses time tracking to offer coding ***recommendations***
- OP Time tracking should be used to “sanity check” the approximate time you believe you spent
- OP currently is only tracking time for the ***rendering*** provider
- ***It is the responsibility of the provider who did the work to adjust the time and choose the most appropriate code based on the clinical work performed***

Reviewing the New Coding Tab in OP

- New tab Assess/Plan
- Order tab separate
- Defaults to new E/M radio button
- ***Use Legacy*** until 1/1/21
- Learn More: takes you to resources on OP Help
- Total time for reference
- PROVIDER enters their attested time
- Comments show on note summary



OP Time Tracking “Buckets”

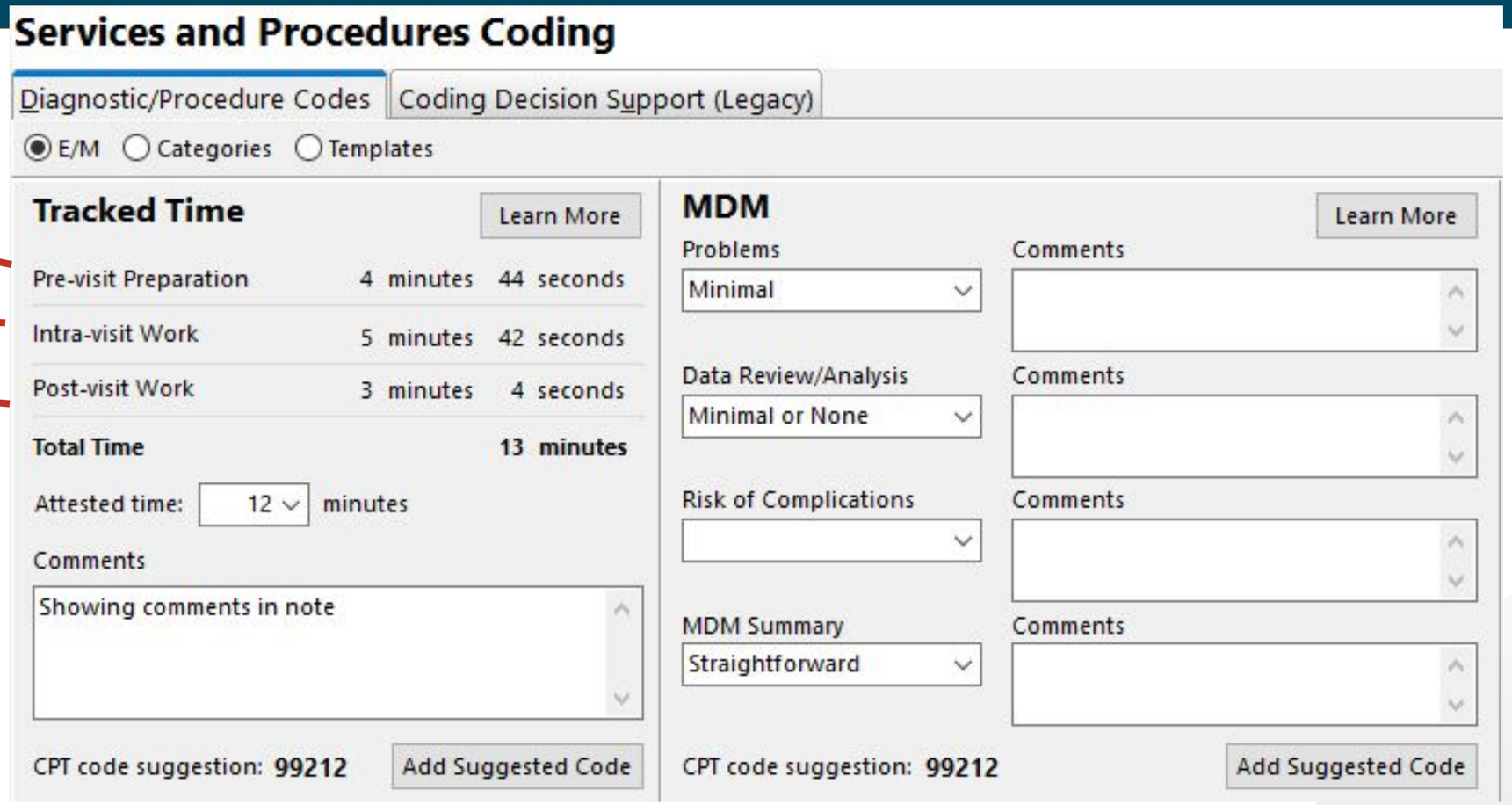
- In order to help providers “sanity check” their total time, OP will divide tracked time into the following 3 buckets:
  - Pre-visit preparation: clinical time the provider spends before the beginning of the visit (starting at 00:01 am)
  - Intra-visit work: clinical time the ***rendering*** provider spends during the course of the visit
  - Post-visit work: clinical time the provider spends after the completion of the visit (up to and including 11:59 pm)

OP Time Tracking “Buckets”

- Time can only be broken into “buckets”
  - When preferences are set for intra-visit and post-visit appointment stages
- If preferences are not set, or the patient does not have an appointment in the schedule, OP will only track ***total*** time

OP Time “Buckets”

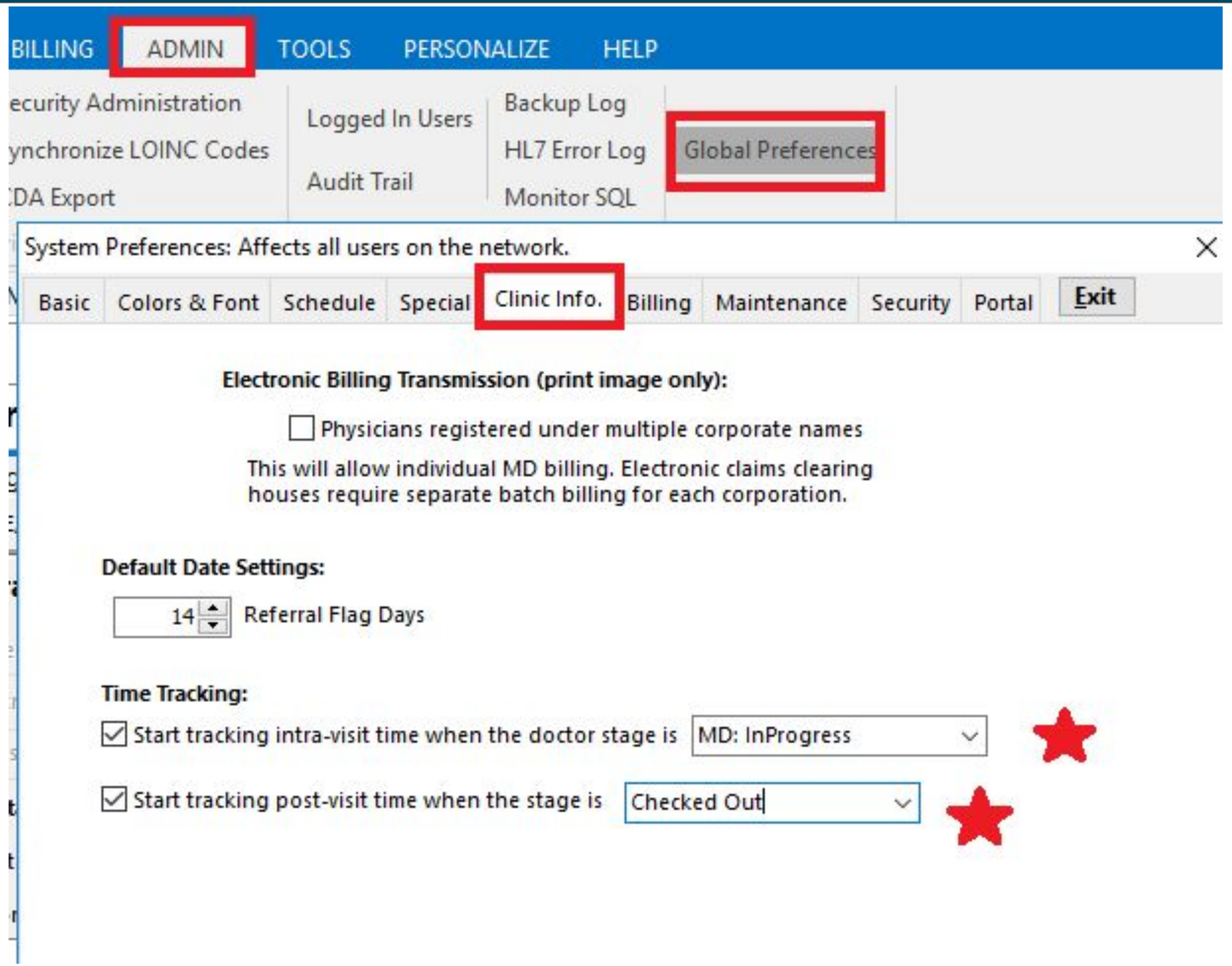
- Pre-Visit Preparation
- Intra-Visit Work
- Post-Visit Work



How Does OP Sort By Buckets?

- A global practice preference setting will allow the practice to determine a specific visit stage that indicates “start intra-visit counting here”
  - This MUST be one of your ***provider*** stages in OP
- A second global practice preference can be set to determine the end of the intra-visit work
  - This can be a provider stage
  - This does not have to be a provider stage
  - Practice may want to create a new OP stage to indicate provider is finished with visit

Practice Preferences



What Happens if We Don’t Set Preferences?

- If you don’t set any preferences: everything will be tracked in the total bucket
- Does this matter?
  - Makes it more difficult to sanity check your time spent
  - Does not have any implication on total time (which is what you are attesting to)
  - Does not get sent to payers
- If you don’t set up a “stop” time for intra-visit work, there will be no “post-visit” bucket time
- OP will only fill the “buckets” which you delineate by setting preferences

What Does it Mean to “Attest” to Time?

- The provider is acknowledging that they are choosing a CPT code that reflects the total amount of time they actually spent that “counts” according to the AMA rules
- OP only ***suggests*** the code
- The rendering provider who did the work, must attest to its accuracy (not the biller who was not in the room). It is the rendering provider’s legal responsibility.
- If the provider does not fill in the “attested time” but chooses the “Add Suggested Code” button in Tracked Time, OP will auto-fill the attested time with the value in the tracked total time field

What About Extra Unanticipated Time?

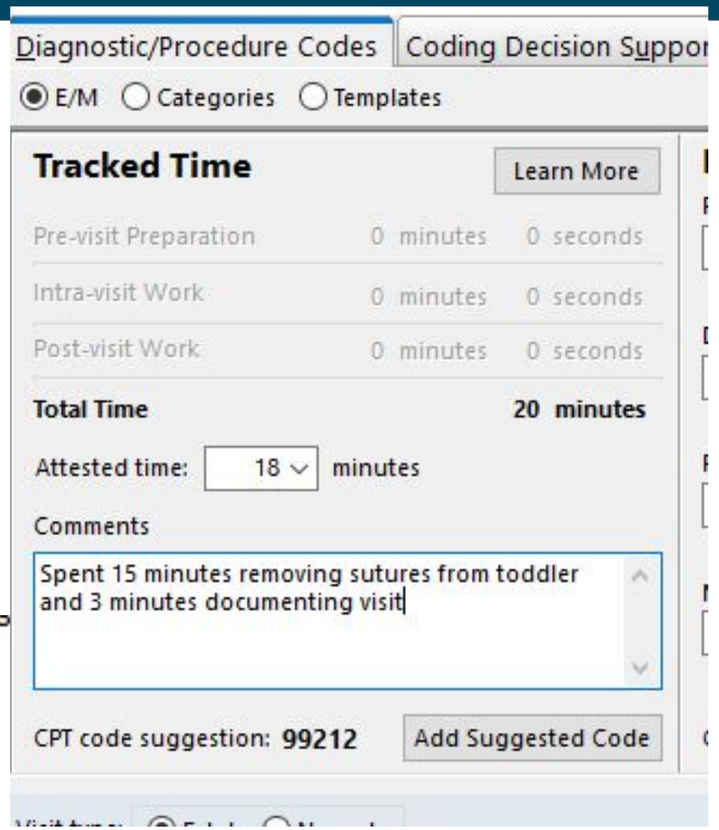
- If you choose a CPT code and finalize your note:
  - Any additional time spent afterward will not be counted or reflected in your note
  - Best practice is to document the extra time as an addendum and inform your biller of the additional time so the CPT can be adjusted if appropriate
- What if my note is *not* finalized?
  - OP will recalculate any additional clinical time a provider spends
  - You can return to your note and use the recalculation to choose an updated CPT coding level if appropriate

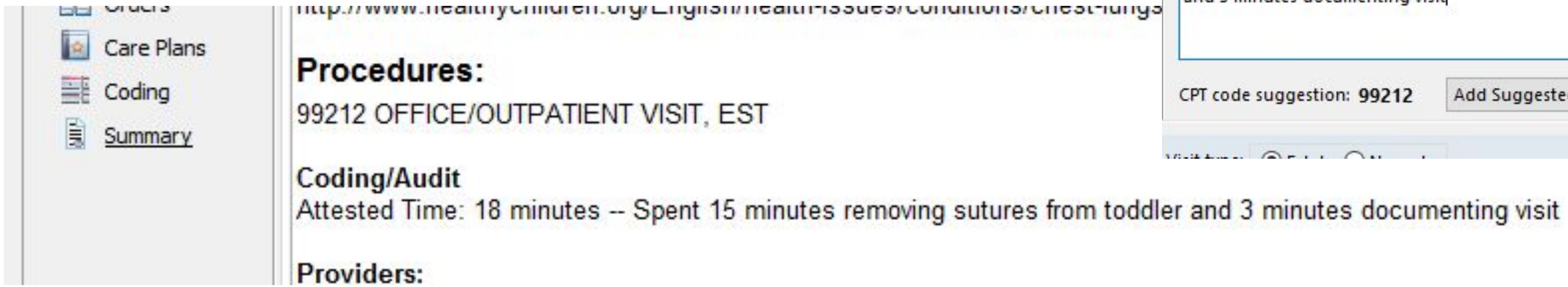
What Gets Documented in the Note?

- It’s always great to leave no doubt for auditors
- Consider language such as “I attest the total time spent by the provider doing clinical work including previsit, intravisit and postvisit work was x minutes.”
- May also want to put additional details in the note somewhere such as “spent 15 minutes preparing for visit reviewing old records as well as ER report from visit on 11/1/20”
- Coding details/attestation will be part of the audit note (which is what you should supply to payers in an audit)
- Can choose to add coding details to encounter summary note

What Happens to those “Comments” I Make?

- Displays in ***audit note summary*** if you write a comment
- **Also** displays in standard note summary ***if*** you include it in your note criteria

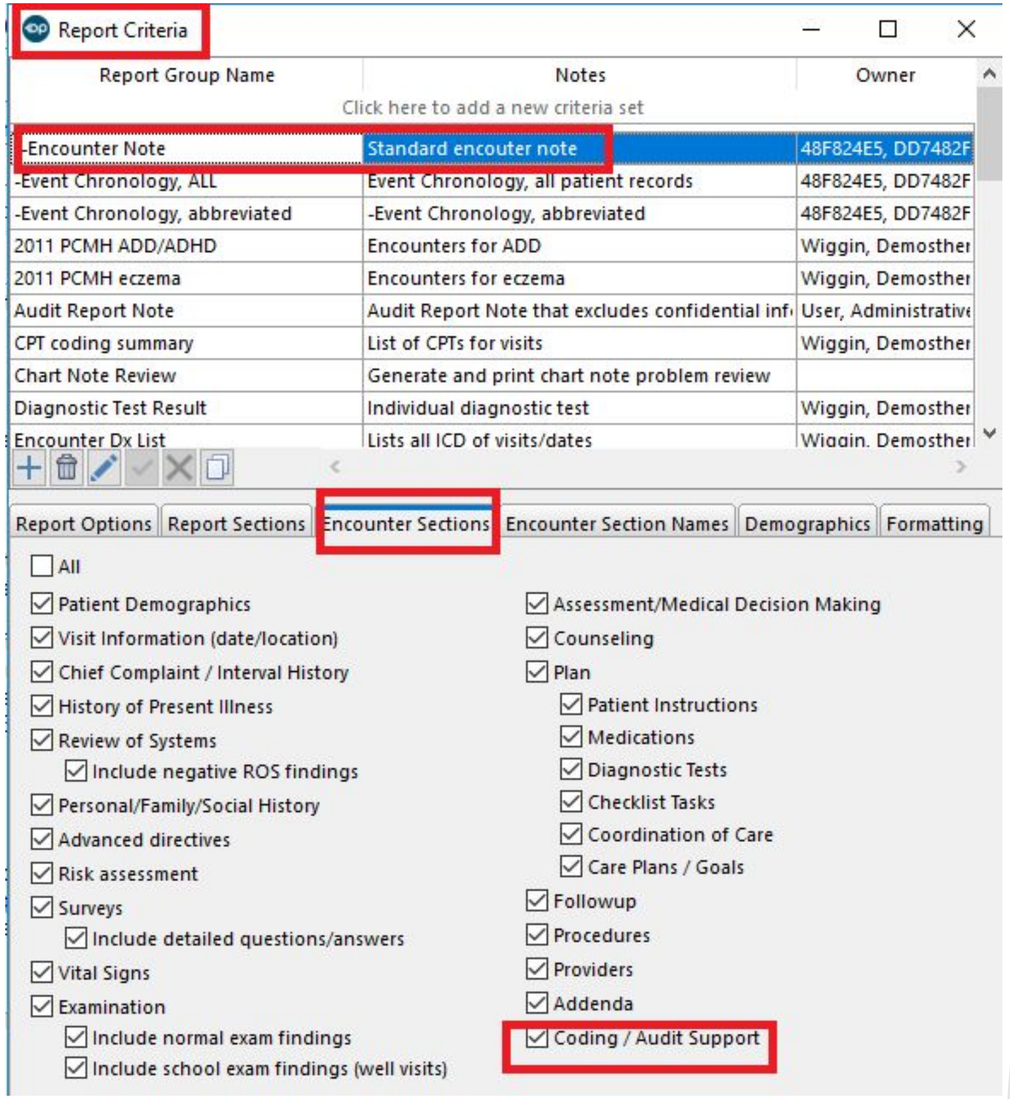




Including Coding Audit info in Summary Notes

- Optional preference
- Will be available to all

  (including external entities who receive/read notes)



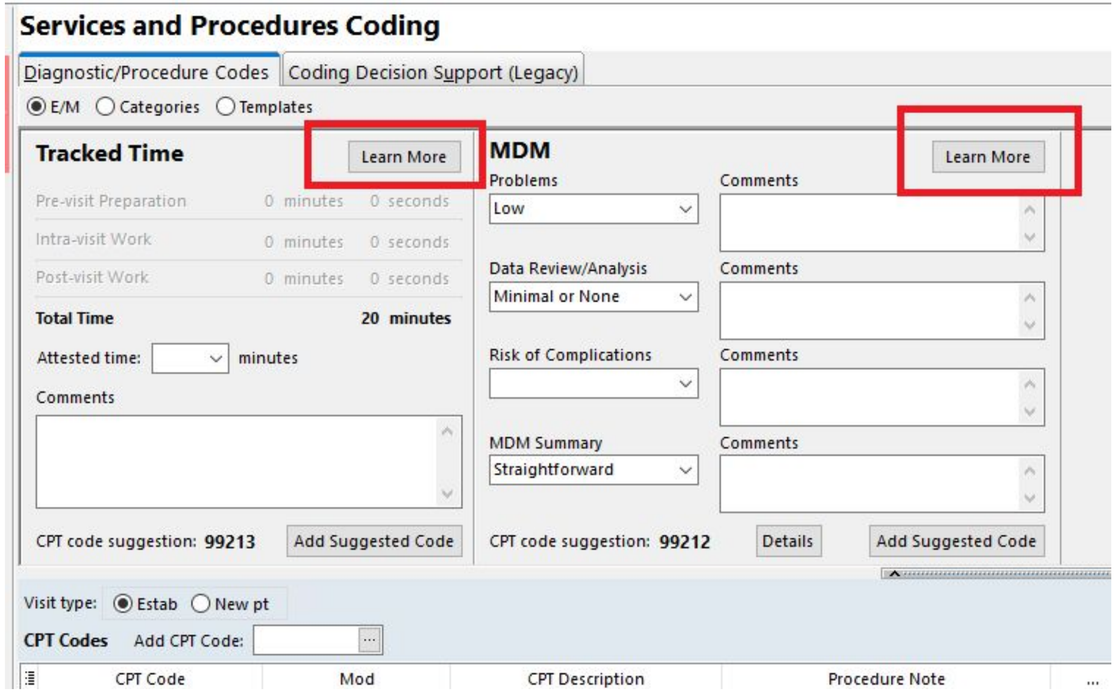
What About Scribes?

- Scribes are not providers, so their time will not be tracked
- If the provider is logged in and doing pre-visit, intra-visit or post-visit work that time will be counted
- The scribe can help track intra-visit work and document such in the comments on the E/M coding tab and make appropriate adjustments to the calculated time
- OP considering future enhancements to support Scribes

What Changes May Be Headed our Way?

- OP may remove the time you spend on the coding tab (it’s not clinical work, but it is documentation??)
- More details about where OP tracked your time
- Tracking time for other people (not just rendering providers) and other purposes (such as care coordination, etc.) not just for office visit E/M coding
- Consideration for practice specific wording about “attested time” in note
- Scribe role support

Learn More



- Will take you to OP Help Center
- Will give you additional resources
- Will display known discrepancies between what OP's calculator is computing and current SME understanding/AMA updated guidance

Resources

- AMA Guidance
- AAP Guidance including
  - Summary of Time Changes
  - New Prolonged Service Code
  - FAQs (updated frequently)
  - Coding Newsletter (subscription required but well worth it!)
  - Coding for Pediatrics 2021 Edition (purchase but a must have!)
  - Pediatric Evaluation and Management: Coding Quick Reference Card 2021 ($21.95 for non members, $16.95 for AAP Members)
- Section on Administration and Practice Management AAP FAQs: http://bit.ly/faq2021cpt (and while you are there, join SOAPM!)

For your time & attention