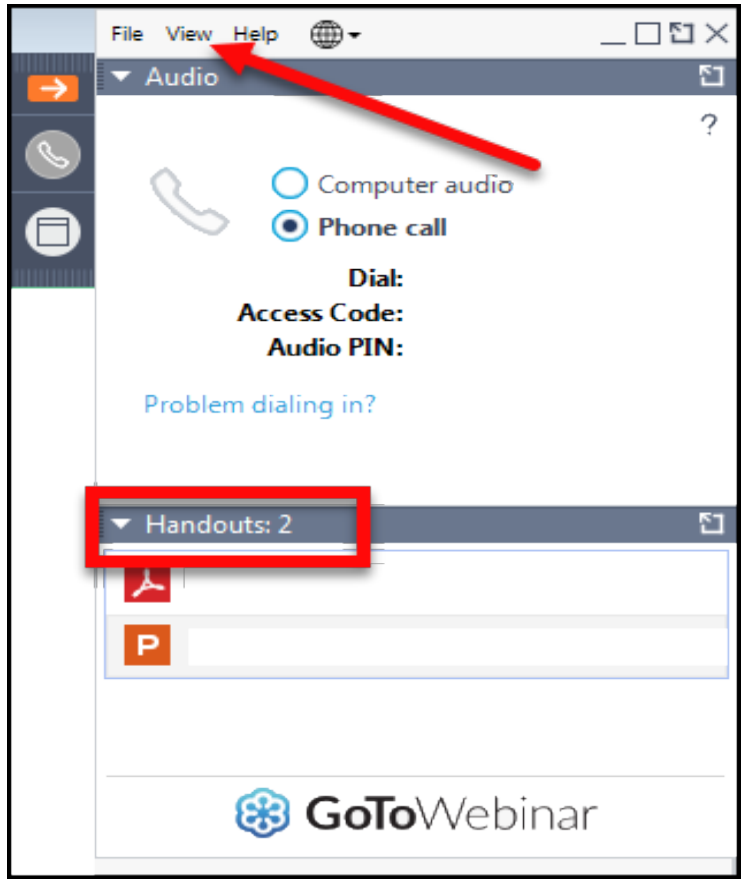
WELCOME TO THE EVALUATION AND MANAGEMENT WEBINAR STARTS AT 3:00 P.M. CT AND 1:00 P.M. PT

- Presentation PDF
  - Select View > Handouts
  - Adobe Acrobat required
  - Located right-side navigation panel menu
- CEU and PDF handouts emailed to **logged-in** attendee one day after event
  - Attendee responsible to remain in attendance to earn CEU



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Healthcare Solutions

Delivering solutions that put people first.

Noridian Healthcare Solutions, LLC

EVALUATION AND MANAGEMENT UPDATES

Part B Provider Outreach and Education
February 2022

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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- Noridian Medicare website
- CMS website

ACRONYMS

CMS Acronyms - Complete Listing

Acronyms	Description
AMA	American Medical Association
E/M	Evaluation and Management
EHR	Electronic Health Records
MDM	Medical Decision Making
QHP	Qualified Health Professional
SDOH	Social Determinants of Health

WEBINAR PROTOCOL

- Lines muted upon entry
- Must be logged into GOTOWEB to receive Continuing Education Unit (CEU)
  - Attend entire webinar
- Webinar questions
  - Keep questions to previous or current slide and scenarios not addressed
  - Verbal questions at conclusion using raise or lower hand feature
  - Unrelated questions
    - Call Customer Service in your jurisdiction
- Webinar may be recorded
  - High-demand webinars available on website for future viewing
  - Participants' names and voices during Q & A may be included

AGENDA

- 2022 E/M Changes
- 2021 E/M Guidelines
  - AMA Errata and Technical Corrections
- Resources and Reminders

2022 E/M CHANGES

2022 E/M CHANGES: SPLIT OR SHARED VISITS

- Split or shared E/M visits
  - Provided in facility setting by physician and Non-Physician Practitioner (NPP) in same group
  - Requires modifier FS
  - Provider performing substantive portion submits service
    - Can be history, exam, decision making, or more than half the time
  - New or established patients, initial or subsequent visits, or prolonged services
  - Documentation must identify both individuals performing visit
    - Provider performing substantive portion and billing service must sign and date

2022 E/M CHANGES: CRITICAL CARE SERVICES

- CMS adopted CPT critical care guidelines
- If medically necessary, critical care may be provided concurrently to same patient by providers in different specialties
- Can be split or shared visits
- May be paid on same day as other E/M visit by same provider or another in same group of same specialty
  - E/M documentation must support patient not critical prior to receiving critical care services
  - Modifier 25 necessary on critical care code
- Critical care unrelated to global surgical period may be separately paid
  - Requires full attention of provider
  - Unrelated to specific anatomic injury or general surgical procedure performed
  - New modifier FT required

TEACHING PHYSICIAN

- Teaching physician E/M only includes the portion of service present with resident
  - Primary care exception – MDM used to select E/M level
- Billing under time – only time spent by teaching physician present with resident
  - Time spent in qualifying activities

2021 E/M GUIDELINES

AMA Clarifications

2021 E/M OFFICE GUIDELINE CHANGES

- Guideline changes for E/M visits 99202-99215
- 2021 CPT Errata and Technical Corrections
  - March 9
  - June 7
  - September 3
- Technical Corrections - Revisions to clarify or correct unforeseen or unintended issues
- Errata – Revisions to correct editorial errors

2021 ERRATA AND TECHNICAL CORRECTIONS (CPT)

- (E) Denotes error or exclusion in current edition of published CPT codes
- (T) Technical clarifications
- AMA clarifications
  - Analysis defined
  - Unique Test
  - Discussion
  - Surgery - minor or major, elective or emergency, risk factors

REVISED CLARIFICATIONS

- Medical decision making (MDM) revised in following ways:
  - Clarifying when reporting test considered, but not selected after shared decision making
  - Providing definition of “Analyzed” for reporting tests in data column
  - Clarifying definition of “unique” test
  - Clarifying what is meant by “discussion” between physicians, and other qualified health care professionals and patients
  - Providing definition of surgery categories
- Clarification for activities not counted when reporting time as key criterion for code level selection

DEFINES ANALYZED

- Analyzed: The process of using the data as part of the MDM. The data element itself may not be subject to analysis (eg, glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed.
- Example: Encounter includes order for monthly prothrombin times counts for one prothrombin time ordered and reviewed. Additional future results, if analyzed in subsequent encounter, may be counted as single test in that subsequent encounter.
- Any service for which the professional component is separately reported by the physician or other QHP reporting E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

DEFINES UNIQUE TEST(S)

- Unique: A unique test is defined by the CPT code set. When multiple results of the same unique test (eg, serial blood glucose values) are compared during an E/M service, count it as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT codes.
- Example, CBC with differential would incorporate the set of hemoglobin, CBC without differential, and platelet count.
- A unique source is defined as a physician or qualified heath care professional in a distinct group or different specialty or subspecialty, or a unique entity. Review of all materials from any unique source counts as one element toward MDM.

SERVICES REPORTED SEPARATELY: REPORTING A TEST

- Clarifying when reporting test considered, but not selected after decision making
- Ordering and actual performance and/or interpretation of diagnostic tests and studies during a patient encounter are not included in determining levels of E/M services when professional interpretation of those tests or studies are reported separately by physician or other QHP reporting the E/M service.
- Tests not requiring separate interpretation (tests that are results only) and analyzed as part of MDM do not count as independent interpretation, may be counted as ordered or reviewed for selecting MDM level.
- Ordering a test may include those considered, but not selected after shared decision making. Example: patient may request diagnostic imaging not necessary for their condition and discussion of lack of benefit may be required. Alternatively, a test may normally be performed, but due to risk for a specific patient, not ordered. These considerations must be documented.

TEST RESULTS ONLY

- Previous guidance:
  - Not reported as data in MDM if test can be reported under an existing CPT code by any physician or QHP of same group and specialty
- Clarification - count one item towards ordered or reviewed data
  - If test doesn’t require separate interpretation (test only results)
  - Analyzed as part of MDM

DATA REVIEW

- For purposes of data reviewed and analyzed, pulse oximetry is not a test
  - Reviewed same as taking vital signs such as weight, BP, etc.

SUBSEQUENT ENCOUNTER

- Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter.
- Any service for which the professional component is separately reported by the physician or other QHP reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

INDEPENDENT INTERPRETATION

- External physician or other QHP not in same group practice or is different specialty or subspecialty. Includes licensed professionals practicing independently. Individual may also be facility or organizational provider, from a hospital, nursing facility, or home health care agency.
- Independent interpretation of a test which there is a CPT code, and interpretation or report is customary. Does not apply when physician or other QHP is reporting the service or previously reported the service for the patient. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test.

DISCUSSION

- Discussion requires an interactive exchange. The exchange must be direct and not through intermediaries (clinical staff or trainees). Sending chart notes or written exchanges that are within progress notes does not qualify as an interactive exchange. The discussion does not need to be on the date of the encounter, but it is counted only once and only when it is used in the decision making of the encounter. It may be asynchronous (does not need to be in person), but it must be initiated and completed within a short time period (within a day or two)
- Per Dr. Levy (AMA) :“The discussion must be documented as being within the decision-making process of the encounter”

TIME BASED BILLING

- 2021 E/M office guidelines allow time-based billing for new and established levels based on total time on day of patient encounter. Total time means time spent in care of the patient, such as:
  - Preparing for specific patient (test or history review, orders, exam)
  - Discussion with other provider or care coordination
  - Documentation
- May not count time spent on:
  - Performing other services reported separately
  - Travel
  - Teaching not limited to discussion required for management of a specific patient

"DOUBLE DIPPING"

- Defined as counting time toward E/M level that was already reported by the physician or QHP or member of same group and specialty for reported procedure.
- Concept applies in all aspects: time, test, documentation, each service billed may only be counted once, individually documented, etc.

NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED AT ENCOUNTER

- Presenting symptoms likely to represent highly morbid condition may “drive” MDM even when the ultimate diagnosis is not highly morbid. The evaluation and/or treatment should be consistent with the likely nature of the condition.
- Final diagnosis for condition does not, in and of itself, determine the complexity or risk
  - Extensive evaluation may be required to reach conclusion that signs, or symptoms do not represent highly morbid condition
- Term “risk” as used in these definitions relates to risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of the management.

SURGERY MINOR OR MAJOR

- Surgery (minor or major, elective, emergency, procedure or patient risk)
  - Surgery–Minor or Major: classification of surgery into minor or major based on common meaning of such terms when used by trained clinicians, similar to use of term “risk.” These terms are not defined by a surgical package classification.
  - Surgery–Elective or Emergency: Elective procedures and emergent or urgent procedures describe timing of a procedure when timing is related to the patient’s condition. An elective procedure is typically planned in advanced (scheduled for weeks later), while an emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization. Both elective and emergent procedures may be minor or major procedures.
  - Surgery–Risk Factors, Patient or Procedure: Risk factors are those that are relevant to the patient and procedure. Evidence-based risk calculators may be used, but are not required, in assessing patient and procedure risk.

SUMMARY

- E/M updates for 2022
  - Split or shared visits
  - Critical care
- E/M guideline changes from 2021
  - Clarifications from 2022 CPT and 2021 AMA Errata
- Tie back to the learning objectives
  - Ask participants to indicate in chat if the objectives were met
  - How can participants engage with speaker
- Leave enough time at end to encourage engagement and questions

RESOURCES AND REMINDERS

CMS RESOURCES

- MM12543 CMS IOM for Critical Care, Split or Shared, Teaching Physicians, Physician Assistants
- MM12550 - CMS IOM Critical Care Services
- CMS IOM 100.04, Chapter 12, Sections 30.6, 100.1, 110.4

RESOURCES

- CPT 2022 Professional Edition
- American Medical Association
- AMA Code and Guideline Changes
  - Updated March 9, 2021
- AMA CPT Corrections Errata September 3, 2021

COGNITIVE ASSESSMENT AND CARE PLAN (CACP) OVERVIEW

- Increase patient awareness with signs of cognitive impairment
  - Previous visit to assess patient thoroughly (AWV or E/M)
  - Improves detection, diagnosis, care planning and coordination for patients/caregivers with Alzheimer's disease and related dementias (ADRD)
- CPT 99483 (effective January 1, 2021)
  - Reimbursement for comprehensive clinical visit resulting in written care plan
  - May perform in-person or via Telehealth
  - Billed once every 180 days (six months)
    - Per single physician or qualified health professional (QHP)
- Noridian website: Browse by Specialty, under Mental Health, Behavioral Health Integration (BHI), CMS CACP
  - Noridian's CACP Webpage
- Cognitive Assessment and Care Plan Services
  - CMS Change Request (CR) 12247 Article

DUPLICATE CLAIMS AND CORRESPONDENCE REMINDERS

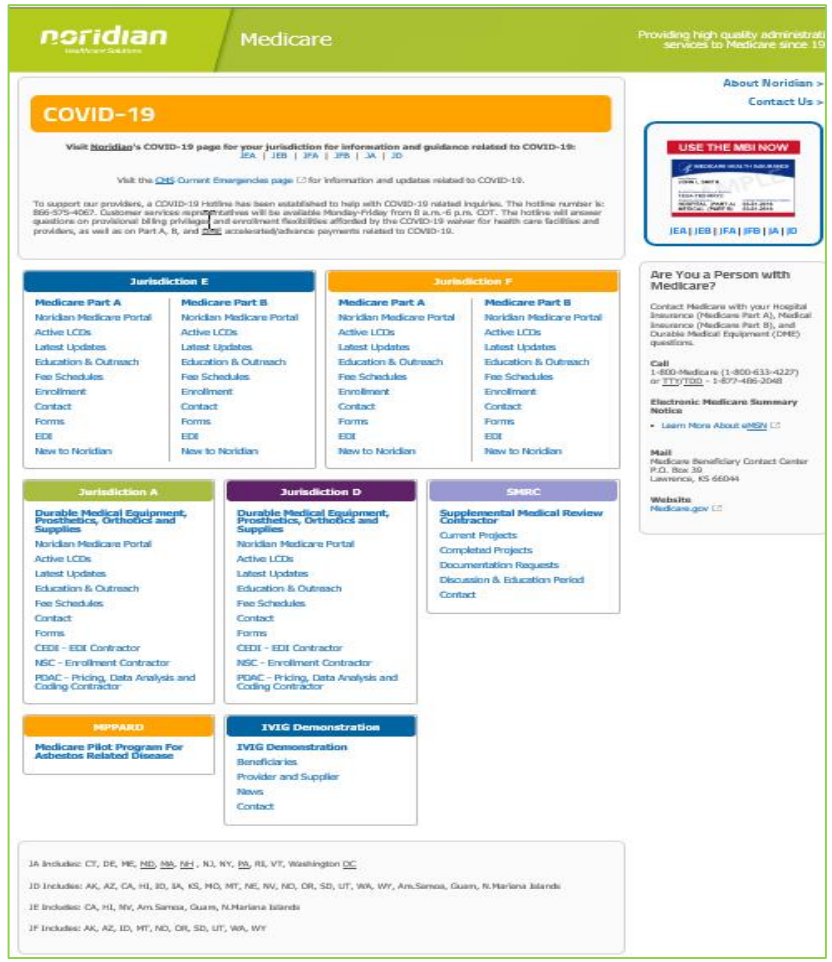
- Medicare contractors cannot override or bypass exact duplicate claim edits
  - Wait for remittance advice before correcting claim, rebilling or appealing
  - Ask clearinghouse or vendor to only auto-rebill after 30 days
  - Use repeat modifier (76, 77, or 91) for multiple procedures/labs
  - Utilize Noridian Medicare Portal (NMP) for claim status
- Noridian has 45 days to respond to correspondence and 60 days for claims
  - Do not keep sending inquiries or claims for same issue or question
  - Check claim status via NMP
- CMS Internet Only Manual (IOM) Publication 100-04 Chapter 1, Section 120 "Detection of Duplicate Claims"

CUSTOMER SERVICE – PEAK CALL TIMES

- Noridian committed to excellent provider customer service
- Part B provider contact center (PCC) seeing increased call wait times between **11am – 2pm** Central or **9am – Noon** Pacific
- PCC open to assist between 8am – 6pm Central
  - Consider calling outside of time span for faster service
- Utilize Noridian Medicare Portal (NMP) for patient eligibility and claim status or Interactive Voice Response (IVR)
- Outsourcing billing and/or revenue cycles?
  - Make them aware of checking NMP/IVR first
    - Out of U.S. outsourcing companies can not have access to NMP

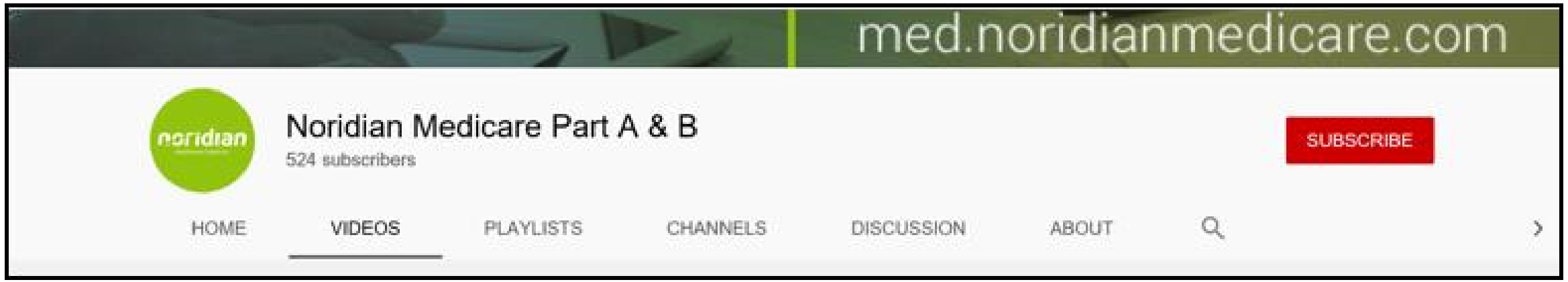
NORIDIAN WEBSITE

- Noridian Medicare Homepage
  - COVID-19, JE, JF (A/B), JA, JD (DME), SMRC, MPPARD, IVIG Demo
- Select Jurisdiction E/F; Medicare Part A/B
  - Browse By Topic
  - Browse By Specialty
  - Fees & News
  - Policies
  - Medical Review
  - Education & Outreach
  - Enrollment
  - Forms



TUTORIAL RECORDINGS

- Available through Noridian website
  - Education and Outreach
    - Education on Demand Tutorials
- Noridian YouTube playlists

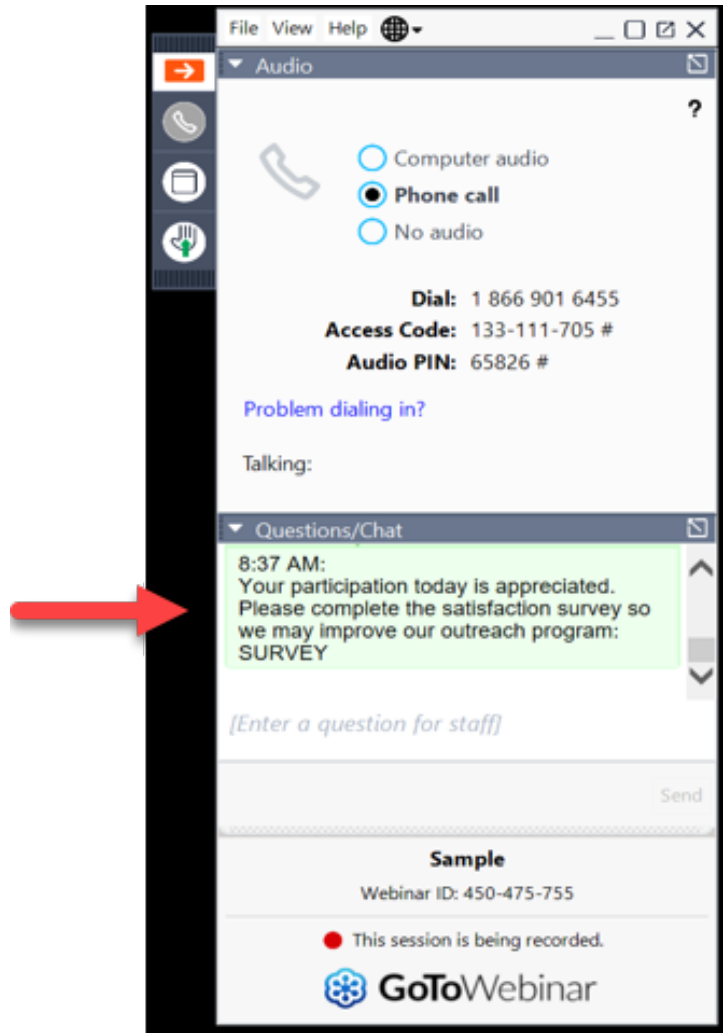


ALL MAC CUSTOMER EXPERIENCE (MCE) SURVEY

- Includes all Medicare Administrative Contractors (MACs)
- POE Survey
  - Webinars (3 Chances!)
    - Via CHAT after Resources presented
    - Via Automated Email 1 Hour After Event
    - Via Email with CEU within 1 Day of Event
  - POE Webpages
    - Schedule of Event, ACT
  - YouTube
    - Education on Demand
  - Individual Education
- Noridian Website Survey
  - Entire Site Feedback including Search, Policies and Content
- Noridian Medicare Portal (NMP) Survey
  - Functionality, availability, registrations, recommendations
- Expanding! (i.e., Appeals, Enrollment)
- Results
  - Drive Change
  - Identify Best Practices
  - Every Result Reviewed
  - Articles Share our Progress

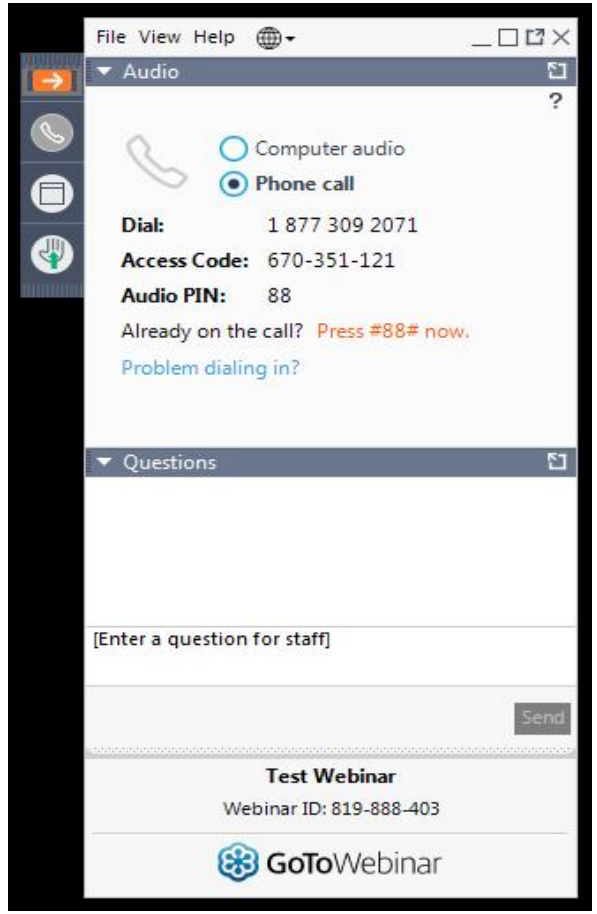
SURVEY LINK

- Survey posted into Questions/Chat field
  - Participation appreciated
  - All comments reviewed
  - Helps improve education



ASKING QUESTIONS

- Verbal questions
  - Hand with green arrow - ask question
  - Hand with red arrow - put hand down after question asked
- Written questions
  - Type into Questions field
  - Click “Send”
- Ask same question only once
  - Either verbally or written



THANK YOU!

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CLOSING REMINDERS

- Keep questions to slides provided
  - Ask either written or verbal
  - No scenarios
- Take Satisfaction Survey
  - Share your satisfaction and recommendations
- CEU PDF
  - Must attend entire webinar
  - Logged-in to receive CEUs
    - Telephone-only ineligible
  - Emailed to logged-in attendee within one business day
  - No password or index number needed for AAPC
  - Not reissued for past events