

TOP DO'S AND DON'TS OF 2021 E&M FOR ORTHOPEDIC PROVIDERS

DON'T BE AFRAID TO BILL FOR TIME

In instances where the patient care was above the code that you can bill based on documentation alone remember that time is your friend. Any activities that you personally complete to care for a patient (no longer limited to face-to-face time) can be added up to a total time which could take a level 3 patient chart to a level 4. Including a statement in your Medical Decision Making (MDM) section that lists all activities that were completed in this time will be able to show why you selected a higher level. These can include care coordination, counseling a family member on the patient's condition, interpreting results, ordering tests or medication, chart review for preparation before you see a patient, or communicating with other health care professionals.

DO SIMPLIFY YOUR TEMPLATES.

With the new changes, your documentation does not need to have a specific number of elements in any section other than the MDM. This means that your templates might be out of date. Review the History of present illness (HPI), ROS (Review of Systems), PE (Physical Exam), and history sections, a good rule is that if the information is not relevant to the patient complaint or diagnosis you no longer have to put it in the chart. This will avoid your charts from looking generic and prevent any instances of "chart cloning". Now is the perfect time to review these and also look at possibly adding a few new ones for patients that you bill for time.

DON'T FORGET TO SUMMARIZE.

The MDM section is your new best friend. Utilize this section to summarize why the patient is there, what you found during their visit, what could be causing the chief complaint, and what the plan is to treat their chief complaint or diagnosis. Thinking in this chronological manner could help you capture the MDM elements you need in your documentation to cover the level you are wishing to use.

DO USE THE PROLONGED SERVICE CODES.

If you have already selected to bill for a level 5 chart based on time but spent greater than 75 minutes for a new patient or more than 55 minutes for an established patient, you may use this additional code. This comes in handy when you encounter super complex patients that need extended care or counseling based on their condition.

DON'T FORGET ABOUT THE PATIENT'S SOCIAL DETERMINANTS OF HEALTH (SDOH)

If your patient has an SDOH including homelessness, poor income status, or literacy deficits that would affect the patient's ability to follow the plan of care that you outlined then add this as a diagnosis and put it in their MDM. This shows an additional complexity of the care that the patient is receiving and could get you another MDM element to reach a higher level of billing.

DO HAVE THE AMA'S 2021 E&M REVISION CHARTS ON HAND.

Print and have handy the MDM Level Revisions, as well as the Time Spent graphs so that you can quickly review and select which level is appropriate. Providers get set in their ways of documenting codes; these changes put the last version on its head. Be prepared and have these handy so that you can mentally review the chart and ensure you documented all the MDM elements necessary to hit the level of care you selected.