The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) coordinated fundamental changes in the methodology to document and select CPT levels for office visit evaluation and management (E/M) services. The documentation changes will go into effect starting January 1, 2021. They will shift from the 1995 and 1997 E/M documentation guidelines to a new methodology based on either total time (combined face-to-face and non-face-to-face time on a single date of service) or medical decision making alone. In addition, the patient history and physical exam elements will be eliminated as components of E/M level code selection.

These fundamental changes are in response to a call from physicians and medical organizations to simplify CPT code selection and a renewed focus to make documentation standards clinically relevant. They are intended to reduce administrative burden and increase the amount of time physicians spend caring for patients.

The American Academy of Family Physicians (AAFP) has championed and supported the move to reduce administrative burden in primary care. We will continue to provide support to our members as we move through implementation. In our first step to inform members within the solo/independent physician practice community, the AAFP has created this checklist to assist in evaluating and preparing your practice. Follow the checklist below during the upcoming months to help guide your practice through the documentation changes.

**APRIL 2020**

- Assign a project lead—one with the ability to interpret and anticipate the training needs of each staff member in your practice.
- Evaluate the project lead’s current workload and assess whether they will have time to lead the project. Using a team approach to lead the project may be appropriate depending on the practice’s size.
- Identify a “Physician Champion” to work with the project lead or team leadership group.
- Provide the project lead or team with the authority to delegate duties and reassign staff.
- Consider hiring an external consultant if the practice does not have the capacity to assign a project lead or team from its existing staff.

**MAY THROUGH JUNE 2020**

- Contact vendors to discuss their capability to implement the new documentation standards. Conversations with vendors can help you understand what training(s) they plan to offer, and the types and costs of potential updates or upgrades. The AAFP will provide additional resources to assist you in these conversations.

  * Vendors to contact include:
    - Electronic health record (EHR) vendors
    - Practice management/billing system vendors

- If the practice lacks a subject matter expert, contact coding and billing support to assist with vendor and payer discussions, as well as additional training and implementation support.
- Schedule training and preparation time.
  - Gauge the amount of dedicated time needed to train staff (vendors may help in determining a timeframe).
  - Adjust physician and staff calendars in anticipation of training schedule.

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2021 Office Visit Evaluation and Management Documentation Changes
A Checklist for Solo and Independent Physicians (continued)

JULY THROUGH AUGUST 2020

☐ Review commercial payer contracts for what will be outdated documentation requirements and fee schedule updates, and amend as necessary. The AAFP will provide additional resources to assist you in these conversations.

☐ Review and update practice protocols and workflows, including the practice’s compliance plan.

☐ Assess your practice’s need for short-term coding and billing support to help with staff training.

☐ Conduct financial analysis to include possible claims processing and payment lag, software and hardware upgrade expenses, and training downtime.
  ☐ Review current level of reserves and assess if they could cover practice expenses for an extended period (e.g., 90 days).
  ☐ Obtain a line of credit, if appropriate.

AUGUST 2020

☐ Outline a training schedule for staff and physicians.
  ☐ Identify training needs by staff role.
  ☐ Set a timeline for completion of any updates and/or upgrades.

SEPTEMBER THROUGH OCTOBER 2020

☐ Begin physician and staff training.

  ☐ Distribute new practice protocols, workflows, and compliance guidelines to staff.

OCTOBER THROUGH DECEMBER 2020

☐ Contact your medical malpractice administrator to understand how E/M documentation guideline changes will impact your malpractice insurance.

NOVEMBER 2020

☐ Verify with vendors that your EHR and practice management systems are updated and ready for implementation on January 1, 2021, including a troubleshooting plan.

☐ Verify that your staff is aware of and prepared for fee schedule changes.

☐ Inform your staff about ways to address patient questions related to changes in their bills.

DECEMBER 2020 THROUGH MARCH 2021

☐ Meet with your staff to confirm their training/education needs have been met and all EHR and practice management system issues have been addressed.

☐ Prepare your practice to guard against potential fraud and abuse. The False Claims Act and other federal and state fraud and abuse laws are unchanged.
  ☐ Ensure documentation supports the services rendered and guard against coding errors, including inadvertent overcoding or undercoding.

☐ Confirm that protocols and compliance guidelines are being followed.

☐ Track and trend any changes in your revenue and denials.
  ☐ Engage with payers, as needed.

☐ Conduct an audit of your first-quarter results to include:
  • Documentation
  • Coding and billing

☐ Contact external coding and billing support if deficiencies are identified in training, documentation, billing, or payment/denials.