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. The AAFP has created this checklist to assist you in evaluating the impact of the changes on your employment contract and your practice workflows, and to guide your preparations.

MAY THROUGH JUNE 2020

☐ Determine who is leading the organization’s educational efforts regarding the upcoming changes.

☐ Physician involvement in implementing the changes is important. If your organization has a team dedicated to preparing staff, consider joining the team.

☐ Inquire about what training will be provided to staff.

☐ Ensure adequate training will be provided for the overall changes in documentation guidelines, as well as for any electronic health record (EHR)-related changes.

☐ Identify training dates and adjust your work schedule accordingly.

JULY THROUGH AUGUST 2020

☐ Review employment contract and negotiate updates as appropriate.

- Medicare is increasing the relative value units (RVUs) of E/M services (CPT 99202-99205 and 99212-99215). The increased values should be reflected in physician contracts and compensation.

- The AAFP will provide additional resources to assist you in these conversations.

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

OCTOBER THROUGH DECEMBER 2020
☐ Contact your medical malpractice administrator to understand how E/M documentation guideline changes will impact your malpractice insurance.

NOVEMBER THROUGH DECEMBER 2020
☐ Verify that the training and education for you and your teams has been adequate and everyone understands how the changes impact their work.
☐ Verify that all EHR and practice management system issues have been addressed.
☐ 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.

JANUARY THROUGH MARCH 2021
☐ Ask for an internal audit of your first-quarter charts to include:
   • Documentation
   • Coding and billing
☐ Inquire about any trends or changes in your revenue and denials.
   ☐ Review productivity dashboards/reports.
☐ Request additional training, if needed.