

New E/M Rules for Office Visits, Part 1: The Medically Relevant Patient History

If you have been using the office-based evaluation and management (E/M) codes, you'll know that the history component involves an onerous series of steps—but not for much longer!

Almost gone are the days of obtaining and documenting a review of 10 or more body systems *plus* a past medical history, family history, and social history *plus* a chief complaint *plus* a minimum of four elements to the history of the present illness.

Big changes coming. Beginning Jan. 1, 2021, Medicare is streamlining the requirements for patient history when using office-based E/M codes 99202-99215. The history will need to be *medically appropriate*, which means that you need to document only information that will be medically relevant for the physician. What's relevant? This will vary depending on the nature of the patient encounter.

This month and next month, Savvy Coder provides some typical examples seen daily in ophthalmic practices.

Get ready with technician training. While this change to the documentation requirements is great news, technicians will need some help. In addition to giving them the AAOE's new resources (see "Train Your Staff"), ophthalmologists should walk their technicians through the types of information that are needed for a medically relevant history.

Who can obtain and document the history? Any part of the chief complaint or history that is recorded in the medical record by ancillary staff or the beneficiary (patient) does not need to be documented again by the billing practitioner. Instead, that person may review the information, update or supplement it as needed, and indicate in the record that he or she has done so.

Cataract Example

When patients are referred for cataract surgery, John T. McCallister, MD, asks that his technicians capture these details of their blurred vision.

- Laterality: Is the blurriness in the right eye, left eye, or both?
- Onset: Gradual or sudden?
- Duration: When did the blurred vision start?
- Effect on daily life: What activities are affected? Specifically ask about driving, working, reading, using a computer or device, watching television, and doing crafts or other activities.
- Glare or halos: Is the patient bothered by glare or halos? If so, during daytime and/or nighttime? In the rain? In certain indoor lighting conditions?
- Surgical history: Any history of refractive surgery? If so, what type of refractive surgery, when, how many times, and can we get past records?
- Injury: Any history of trauma or other injury?

Train Your Staff

Conquering New E/M Documentation Guidelines for Ophthalmology is now available. It combines a narrated online tutorial with an accompanying workbook. Review the step-by-step instructions, clinical examples, and worksheets, and then pass the exam section to earn an electronic certificate of completion.

To buy this coding product, visit aao.org/codingproducts.

- Eye disorders: Any concurrent eye disorders (e.g., blepharitis, diabetic retinopathy, dry eye syndrome, epiretinal membrane, epithelial basement membrane dystrophy, glaucoma, lattice degeneration, macular dystrophy, pseudoexfoliation syndrome, retinal tear or detachment, uveitis, etc.)?
- Medications: Taking, or have previously taken, any prostate or bladder medications? Any blood thinners?
- Family history: Any family members with eye issues?
- Allergies: Any medication allergies? Latex allergies?
- Anesthesia: Any adverse reactions to anesthesia?
- Noncovered services: What has the patient heard regarding premium IOLs and femtosecond lasers?

Dr. McCallister is a comprehensive ophthalmologist at Northern Virginia Ophthalmology Associates, which has offices near Alexandria and D.C.

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Cornea Example

There are many potential indications for a corneal transplant, such as scarring, endothelial failure, dystrophy, infection, and trauma. That said, David B. Glasser, MD, considers the following as medically relevant:

- Chief complaint: What is the primary problem for which you seek consultation and possible surgery? What are the vision problems? Describe any pain or discomfort.
- Laterality: Right eye, left eye, or both? If both, which is worse?
- Duration: When did it start/how long has it been going on?
- Cause: Do you think anything in particular caused it?
- Onset: Did it come on suddenly or gradually?
- Stability: Is it getting better or worse or has it been stable? If stable, for how long has it been stable?
- Associations: Does anything in particular make the symptoms better or worse?
- Effect on daily life: What activities does it affect? Driving, reading, any specifics?
- Surgical history: Any past eye surgery? What was the surgery and when did it take place?
- Medications: Any systemic or topical medications?

Dr. Glasser is the Academy Secretary for Federal Affairs.

Glaucoma Example

Under the new rules, Emily P. Jones, MD, will be asking her technicians to document the following elements for a typical glaucoma patient:

- Surgical history: Any history of prior eye surgeries?
- Family history: Is there a strong family history of glaucoma with glaucoma surgeries or vision loss at an early age?
- Medical history: Examples of pertinent histories include:
 - A stroke resulting in homonymous visual field defects.
 - A history of poorly controlled diabetes with renal disease, limb amputations, hospitalizations.
 - A distant history of trauma to one eye.

What About MIPS Reporting?

Are you participating in the Merit-Based Incentive Payment System (MIPS) this year? Depending on which quality measures you select, your technicians may need to add extra questions to their history-taking checklist. For example, this would currently be the case if you selected any of the following:

- Measure 110: Preventive Care and Screening: Influenza Immunization
- Measure 111: Pneumonia Vaccination Status for Older Adults
- Measure 130: Documentation of Current Medications in the Medical Record
- Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Measure 238: Use of High-Risk Medications in the Elderly
- Measure 402: Tobacco Use and Help With Quitting Among Adolescents

Many of these quality measures are likely to still be available for reporting during the 2021 MIPS performance year. For detailed descriptions of them, visit aao.org/medicare/quality.

- Medications: Examples of pertinent details include:
 - Any glaucoma medications that a patient took in the past but did not tolerate or did not respond to?
 - A history of asthma with use of inhalers that would make the patient a poor candidate for beta-blocker drops?
 - Long-term use of oral or inhaled steroids?
 - A history of exudative macular degeneration with intravitreal Avastin injections (which can lead to very elevated eye pressure).

Dr. Jones is a glaucoma specialist at the Devers Eye Center in Portland, Oregon.

Pediatric Example

Suppose a patient is referred by his pediatrician to your practice for strabismus?

- Robert S. Gold, MD, FAAP, would want to make sure that the following information is documented in the patient's record:
- Direction of misalignment: In, out, up, or down?
 - Duration: Days, months, or years?
 - Constant or intermittent strabismus?
 - Double vision?
 - Is it better or worse at certain times of day?
 - Family history of strabismus/amblyopia?
 - Eye history: Used glasses, patching, and/or undergone surgery?

- Pertinent information from past history, medical history, neurologic history, and genetic history (syndromes).

And what if you're examining an adult strabismus patient? In that case, Dr. Gold would want the technician to also document any history of diabetes, hypertension, vascular problems, trauma, neurologic issues, and medications.

Dr. Gold is a pediatric ophthalmologist at Eye Physicians of Central Florida, with offices in the Orlando metropolitan area.

The Eye Visit Codes

What about the history component for Eye visit codes 92002–92014? Whether the patient is new or established, and whether the exam is limited or comprehensive, the history documentation requirements for Eye visit codes will be the same in 2021 as they were in 2020.

Increased E/M Payments

Payments for office-based E/M codes—but not for Eye visit codes—are slated for a “significant” increase on Jan. 1, 2021. The Centers for Medicare & Medicaid Services (CMS) will announce the size of those increases in November, when it publishes the 2021 Medicare Physician Fee Schedule. Unfortunately, unless Congress intervenes to amend CMS’ budget-neutrality mandate, these increases in E/M payments could result in cuts to other codes (see page 49).