Medicare E/M Documentation Changes in Effect as of January 1, 2020

In the 2020 Medicare Physician Fee Schedule Final Rule, the Centers for Medicare and Medicaid Services (CMS) finalized sweeping changes for documenting and paying for Evaluation and Management (E/M) codes, with the bulk of the changes coming in 2021. For 2020, CMS has kept in place the current coding rules and payment structure for E/M office/outpatient visits. AUGS members should continue to use either the 1995 or 1997 versions of the E/M guidelines to document new or established patient visits billed to Medicare. However, CMS had previously implemented some changes effective January 1, 2019, intended to ease documentation requirements for physicians as part of the CMS Patients over Paperwork initiative. Below are three key changes in effect now that AUGS members should know when documenting Medicare E/M services (the changes now apply to physicians, PAs, and APRNs who furnish and bill for their professional services).

Elimination of the requirement for the billing practitioner to re-record elements of history and physical exam when there is evidence that the information has been reviewed and updated.

- For E/M office visits for new and established patients, you do not need to re-enter information in the medical record about the patient’s chief complaint and history that was previously entered by ancillary staff or the beneficiary. Instead, you can indicate in the medical record that the information has been reviewed and verified.

- For established patient E/M office visits, focus the documentation of history and exam on what has changed since the last visit or on pertinent items that have not changed. You still need to review and update the previous information but do not need to re-document the defined list of required elements if there is evidence that it has already been done.

- When describing any new review of systems (ROS) and/or past family social history (PFSH) information or making a note that there was no change in the information, you should list the date and location of the earlier ROS and/or PFSH in the notes for that date of service. To document that you have reviewed the information, a notation should be included that supplements or confirms the information recorded by others as indicated in CMS’s Evaluation and Management Documentation Guidelines.

- Although re-recording certain elements is no longer necessary, you need to provide evidence the information was reviewed, make any necessary updates, and indicate the work in the patient’s medical record for that date of service.

- The key documentation guidelines you need to remember when reviewing and updating the ROS and PFSH include: describe any new ROS and/or PFSH information, or note the information has not changed and note the date and location of the earlier ROS and/or PFSH.

Elimination of the requirement to document medical necessity of furnishing visits in the home rather than office.

- Physicians making home visits are no longer required to prove explicit medical necessity for why the beneficiary receives care at home and not in a medical office. CMS further states that patients do not need to be confined to their homes to get this service. Home visits are submitted with CPT codes 99341-99350.
Elimination of the requirement that the teaching physician must re-document the documentation and findings entered by the medical student into the medical record.

- When providing services at a teaching hospital, physicians are no longer required to redocument elements of the history or exam captured by medical students and residents. Physicians are still required to perform key elements of the exam and review the students’ medical decision-making and correct any errors. Physicians must make sure to sign and date any documentation the medical student provides and attest that he or she has reviewed and verified the note as the attending physician.

**Bigger Changes Ahead for E/M Codes in 2021**

Stay tuned for more information on some of the biggest changes to E/M coding that will be coming in 2021, when a revision of the office/outpatient visit codes will permit physicians to choose the level of service based on either medical decision making or time (not just face-to-face time) alone. AUGS will be providing its members with information and education to begin to prepare for these changes in 2021. For more information, please contact info@augs.org