Top Five Things You Need to Prepare for 2021 Outpatient E/M Changes

*Note- these changes apply only to Office and Outpatient visits.

The effective date of changes to outpatient E/M codes and documentation guidelines is January 1, 2021. To prepare, the AAN recommends that you check with your EHR vendors for their readiness, review your practice protocols, and model the new codes and determine any financial implications to the practice. Also, make sure your practice's physicians and APP's have reviewed the available education materials offered by the AAN.

1. **Educate Physicians and other Qualified Healthcare Professionals on documentation changes**. 2021 changes eliminate history and physical as elements for code selection, and providers will be allowed to choose whether documentation is based on Medical Decision Making (MDM) or Total Time. This is an opportunity for physicians to match the documentation in the patient record to the complexity of the patient.

2. **Contact your EHR vendor**. Documentation changes will require revisions to your EHR templates. When billing is based on time, the medical record will need to reflect the total time on the date of service (including non-face-to-face time). You should start now to make the required changes to support documentation requirements.

3. **Educate Billing and Coding staff.** Provide education on changes to the Medical Decision Making (MDM) table to ensure correct code selection based on documentation in the medical record.

4. **Evaluate workflow.** Documentation requirements may require process changes in the office regarding how information is captured and when physicians will enter total time in the medical record (if billing is based on time). Review current allotted times for each level of new and established patient visits and assess if this might change in 2021 (e.g. should office visit lengths be matched to the time associated with the code levels?).

5. **Model the changes**. Anticipate changes in coding to determine the impact to practice reimbursement. Examine current total times spent per encounter on the day of service and the typical level of complexity for your patient population to anticipate any changes in the level of billing. Make note of how many patients each provider should be seeing with the new emphasis on MDM and total time