

Compliance Today – August 2023



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The new 2021 and 2023 Evaluation and Management Documentation Guidelines—Hidden obstacles

by Ida Landry

Have you seen your professional coders these past three years with their heads down, brows furrowed, reading some guidelines, or listening to some webinar? It's been a tough three years for the healthcare community sector. Not only have they had to learn all the nuances of the different payers' COVID-19 and telehealth requirements, but on January 1, 2021, and January 1, 2023, the American Medical Association (AMA), with the Centers for Medicare & Medicaid Services' (CMS) blessing, changed the documentation requirements to the evaluation and management (E&M) office visit codes (2021) and then the inpatient, outpatient, and consultation codes (2023). Those are a lot of changes to learn, grasp, and instill.

How was the AMA able to change E&M guidelines that have been the industry standard since 1995 and 1997? It began with CMS' Physician Fee Schedule July 2018 proposed rule acknowledging numerous comments regarding E&M documentation guidance's redundancies and outdated relevancy.^[1] Although the medical community was excited to see CMS' desire for change, the proposal did not go far enough to alleviate the industry's frustration of "note bloat" and had financial reduction potential. The AMA knew that if they had any chance of influencing a shift in the documentation burden plaguing healthcare, mobilizing a new E&M documentation alternative suggestion was paramount.^[2] Only having a few months to submit their proposal, a workgroup was formed to formulate a comprehensive substitution. The workgroup consisted of 12 members of Current Procedural Terminology editorial panel members and Resource-Based Relative Value Scale update committee members.

Seven open calls—each with over 300 people participating from a variety of healthcare sectors—and one in-person meeting occurred. Five surveys were conducted, with the responses influencing many of the E&M documentation change decisions. Resourced with the industries' change requests, the workgroup worked to construct new E&M documentation requirements while keeping with some of the core elements of the 1995^[3] and 1997^[4] E&M Documentation Guidelines. They developed the following four principles to give credence to the documentation and guideline change request to:

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