



Up to date as of December 16, 2020

The AMA held its annual CPT and RBRVS 2021 Annual Symposium on November 17 - 20, 2020. During that meeting the AMA speakers clarified several topics that were discussed during KZA's E/M 2021 education sessions; one of those points requires correction to your KZA teaching materials.

Take out your KZA audit tool to review the following information.

CORRECTION

1. Ordering a test **INCLUDES** reviewing the test results. You cannot take a data point for reviewing the results of a test ordered by you or one of your same specialty partners at the time of the order OR on a subsequent visit. **It is included.**

Example 1:

A female patient with multiple swollen joints comes for an initial visit and you are concerned about rheumatoid arthritis. You order a **sed rate, CRP** and **rheumatoid factor**. These are three unique tests. Looking at your audit tool in the data column, this would give you "moderate" for data because you achieved category 1 by ordering three unique tests (1 of the 3 categories is required for moderate data).

When this patient comes for follow-up, reviewing the test results with the patient **is included in the order**. There is no additional credit for reviewing the test results as it is included in the test order.

2. If the results from lab or any other test resulted in you ordering additional testing to be done before the next visit, and you place that order in between visits, you would take a data point for reviewing the results on the follow-up visit because you were never credited for ordering the test.

Example 2:

A 58 year old black male non-smoker sent by primary care complains of two month history of low back pain. The note from the primary care physician is reviewed revealing no trauma, but symptoms increased following a golf game. There is no previous lab work that is relevant to this visit. X-ray images from the primary care doctor (three views of the low back) are reviewed by you on your initial visit and you identify a



questionable sclerotic lesion at the body of L3 which you document. This is confirmed by the x-ray report from radiology that you reviewed and confirmed. You order a total body bone scan.

Looking at your audit tool in the data column, you would take **one data point for reviewing the note** of the primary care doctor, **one data point for reviewing the report** of the back X-ray, and **one point for ordering** the bone scan on that visit. This would give you **category 1** under moderate for data because you have three data elements. You would also take credit for **category 2 independent interpretation** of a test performed by another physician for your independent review of the x-ray images of the low back. The combination of 2 of 3 categories would give you **extensive for the data** element on this visit.

Remember:

- None of these tests were separately reported by you.
- Ordering the bone scan includes looking at the bone scan test results.
- There may have been lab work in the records of the primary care doctor, but it is not relevant to your MDM, so no credit is taken.

The bone scan results come back **between visits** with multiple lesions in the spine and pelvis consistent with metastatic disease. You are concerned about metastatic prostate cancer; you call the patient and order a CXR and PSA to be done before the follow up visit. The test order was made between visits, so no order was credited for data. Take credit for reviewing the PSA and CXR results (two unique tests) on the follow-up visit, as no data was credited for the test order. Again, reviewing the results of the bone scan is included in the order from the previous visit. This would give you category 1 under “limited” for data for the review of 2 unique tests during the follow up visit.

ORDER CREDIT PROVES CONFUSING FOR IN-HOUSE TESTS

During the Q&A session for the symposium the AMA stated that they WOULD NOT give credit for ordering a test that is billed by the physician or a partner. We are seeking clarification on this point and will communicate any new information we receive via KZAlert email.



POINTS OF EMPHASIS FROM YOUR KZA EDUCATION

- When you bill separately for an x-ray (eg. reported globally) you cannot take MDM credit for independent interpretation of the x-ray. This is considered double-dipping.
- Independent interpretation credit is given one time on the date of the visit no matter how many images you review independently.
- When **MDM** is used for code selection, discussion of patient management (category 3 under data), the discussion **does not** have to take place on the same day as the face to face encounter. It **must be linked to the MDM** for the visit where the data credit is taken and be done in close proximity to the date of the face to face encounter. The note should be updated to include the information from the discussion.
- When **time** is used for code selection, all work must be done **on the same date** as the face to face encounter. All discussions must take place on the same date as the face to face encounter to count the time.
- An interpreter **is not** an “independent historian” but the additional time required for the visit due to using an interpreter during the face to face encounter can count if you are using time to select the level of service.
- Referring a patient and sending information to the consulting provider **does not** count as a “discussion of patient management” for the purpose of data reviewed and analyzed.

**For more information about updated E/M Guidelines, please
visit our Alumni Resource Center:**

<https://www.karenezupko.com/em-alumni>