

What Happens When E&M Guidelines Change

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Medical coders, billers, auditors, and other healthcare business professionals started Day 2 of AAPC's Regional Conference in New York City getting the scoop on the proposed changes to evaluation and management (E/M) services coding and guidelines.

E/M Guidelines Changes Are About Time

The main reasons for the changes:

- ⇒ Burdensome
- ⇒ Electronic health record (EHR) misuse
- ⇒ Upcoding

Patient behaviors have also changed over the years. Patients aren't visiting their doctors regularly anymore, which may account for the uptick of E/M code levels, she explained. Patients who see their physician only once per year require a much more detailed visit than those who see their physician every three to six months.

Prepare for Changes to E/M Coding

There are several things providers should be doing to prepare for the inevitable changes, and they involve the entire staff.

Preparation Tips:

- ⇒ Make sure your EHR is updated when the changes go into effect.
- ⇒ Review your practice workflow – both clinical and business.
- ⇒ Train physicians on new documentation requirements for E/M services.
- ⇒ Receive training on new coding guidelines.
- ⇒ Update your practice's internal policy for clarification of the new guidelines.

It was recommended coders become very familiar with pathophysiology, as risk adjustment coding will demand a thorough understanding of body systems and causal effects of diseases.