

# 2021 E/M Coding Changes Impact Oncology Reimbursement and Compensation Models: Are You Prepared?

Here's What You Need to Know

## What this Means for Providers

### Top-line overview of new 2021 coding changes:

- 60 percent of E/M codes are changing.
- 99201 is deleted, making 99202 the lowest office-based service.
- Scoring an encounter focuses on time and medical decision-making, not history and exams. And time may be solely used in lieu of medical decision-making.
- "2021 time" allows the sum of total time for the encounter, including non face-to-face duties. Time can include counseling, encounter time, placing orders/referrals, prepping to see the patient, coordinating care post-encounter, and even documenting the encounter.

## What's Good About These Changes?

### CMS rules usher in enhancements to provider experience, including:

- Reducing documentation overload.
- Providing physicians more time with patients.
- Eliminating history and physical exam as elements of code selection.
- Allowing physicians to choose documentation based on total time or medical decision-making.
- Moving medical decision-making criteria away from adding up tasks to focusing on tasks that affect management of a patient's condition.

## What Does This Mean for Provider Reimbursement and Compensation?

	NON-FACILITY <sup>1</sup>	FACILITY <sup>1</sup>
<b>Based on Medicare level of service coding statistics, new coding changes are expected to have little impact to reimbursement.</b>		
Medical Oncology	<b>-1.7%</b>	<b>-1.9%</b>
Radiation Oncology	<b>-0.4%</b>	<b>-0.6%</b>

<sup>1</sup> Assumes CMS service mix for 99202-99205.

### For any providers compensated under wRVU models, these arrangements require reevaluation and amendment to align with coding changes.

The most significant impact is expected for hematology/oncology practices with wRVUs estimated to increase 15-20%. Although radiation oncology and surgery are expected to be less impacted (+/-10%), adjustment to wRVU compensation-based models will also be required.

## What Providers Need to Do Now



Designate administrative and clinic leads and a work group to support 2021 E/M coding transition initiatives.



Contact private payors to determine whether they will implement the changes and ask about educational resources for what guidelines they may implement.



Define all systems that need to be updated, such as templates, training, communication plans, EHR, productivity reporting, and compliance plans, among others.



Develop a 2021 E/M transition plan and checklist to guide identified initiatives, including industry-wide best practice educational materials and resources.



Engage oncology consultancy and valuation firms to review physician contracts and facilitate changes to wRVU payment rates and terms.



Monitor transition plan progress and implement performance improvement activities, as needed.

Source: Centers for Medicare & Medicaid Services (CMS); Chartis Oncology Solutions analysis

## We can help. Contact us for more information:



Kelley D. Simpson  
Director and Practice Leader  
Chartis Oncology Solutions  
[ksimpson@chartis.com](mailto:ksimpson@chartis.com)



Beth A. Price  
Director and Practice Leader  
Chartis Oncology Solutions  
[bprice@chartis.com](mailto:bprice@chartis.com)

## About The Chartis Group

Chartis provides comprehensive advisory services and analytics to the healthcare industry. With an unparalleled depth of expertise in strategic planning, performance excellence, informatics and technology, digital, health analytics and clinical quality, we are guiding hundreds of leading academic medical centers, integrated delivery networks, children's hospitals, medical groups and healthcare service organizations as they navigate next. For more information, visit [www.chartis.com](http://www.chartis.com).

Atlanta | Boston | Chicago | Minneapolis | New York | San Francisco

© 2020 The Chartis Group, LLC. All rights reserved. This content draws on the research and experience of Chartis consultants and other sources. It is for general information purposes only and should not be used as a substitute for consultation with professional advisors.

