

Orthopaedic Provider Coding Trends after 2021 Changes to the Current Procedural Terminology Evaluation and Management Coding Guidelines

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INTRODUCTION:

In 2021 the Centers for Medicare and Medicaid Services (CMS) implemented a significant alteration to the Current Procedural Terminology (CPT) Evaluation and Management (E&M) coding guidelines. A greater focus was placed on medical decision making, while eliminating extraneous portions of the physical examination and history. At the tertiary referral institution of study, a surgeon-led training session was provided to all orthopaedic clinical providers in December 2020 on the E&M guideline changes. The goal of this study was to determine changes in orthopaedic coding at a large private practice group in the Mid-South between December 2020 and January 2021, and if the changes were maintained at 2 years.

METHODS:

All outpatient encounters at the institution of study in the months of December 2020, January 2021, December 2021, and January 2023 were grouped by provider and E&M code level. The codes used for established patients were: 99211, 99212, 99213, 99214, and 99215, ordered from low to high complexity visits. The codes used for new patients were: 99201, 99202, 99203, 99204, and 99205 also in order of complexity from low to high.

RESULTS:

For both new and established patients, there was a statistically significant difference ($p < 0.001$) for all coding levels, when comparing December 2020 to January 2021 (Figure 1 and 2). Specifically for new patients in this time period, there was a significantly higher number of level 4 visits (16.30% increased to 54.91%, respectively) and 5 visits (0.71% increased to 8.82%, respectively) (Figure 1). Furthermore, for established patients, there was a significantly higher number of level 4 visits (28.36% increased to 41.91%) and level 5 visits (1.21% increased to 6.36%) (Figure 2). When comparing code levels 2 years after the E&M guideline changes, there were no statistically significant difference for all code levels in new patient encounters (Figure 3) from January of 2023 compared to January 2021. For established patients, there was a statistically significant difference in level 3 visits, while the remaining were not found to have a difference (Figure 4).

DISCUSSION AND CONCLUSION:

Our study demonstrated that there was a statistically significant increase in coding levels for both new and established patients since the E&M guideline change. Additionally, the significant increase was found to be maintained at the 2-year mark. The E&M guideline changes have placed a greater focus on medical decision making, which is imperative to understand to apply appropriate coding level. This study illustrates the effects of the new E&M guideline changes to a tertiary referral orthopaedic practice, but more work must be done to determine if the changes are sustained with multicenter studies.

