

Badger Health and Associates, LLC

Presents:



2026 CMS/ITU Outreach and Education Indian Health Services – California Area

You Should Know: 2026 Evaluation and Management Guideline Updates: Your Documentation Matters

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Agenda

- Review 2026 Evaluation and Management (E/M) updates
 - Prolonged Services
 - Telehealth
 - Discuss Key changes
 - 288 new CPT codes, 84 deletions, and 46 revisions, with significant overhauls in vascular, laboratory, and remote monitoring services.
 - Focus on Medical Decision Making (MDM) and Time
- †
- Questions

Objectives

- **Discuss the importance of documentation**
- **State MDM key components**
- **Review Each MDM Level**
- **Support claims billed**
- **Improved documentation quality**
- **Review Prolonged Services**
- **Discuss telehealth Services extension**

You Should Know!!

Key changes include

288 new CPT codes

84 deletions

and 46 revisions, with significant overhauls in vascular, laboratory, and remote monitoring services

Purpose of Documentation

Key Points:

- **Regulatory Compliance – Proper adheres to federal and state regulations, minimizing the risk of fines, penalties, and claw backs from payors and the government**
- **Reimbursement Accuracy – Detailed records support the appropriate billing of services, ensuring that physicians are fairly compensated for their work.**

General Principles of E/M Documentation

- The medical record should be complete and legible
- Your documentation of each patient encounter should include
 - Reason for the encounter and relevant history, physical examination
 - findings, and prior diagnostic test results
 - Assessment, clinical impression, or diagnosis
 - Medical plan of care

Selecting a Level of Office E/M Services

- Select the appropriate level of E/M services based on the following:
 - 1. The level of the MDM as defined for each service, or
 - 2. The total time for E/M services performed on the date of the encounter.

You Should Know!!

Key 2026 E/M and CPT Updates

MDM element: Number and complexity of problems addressed

MDM element: Amount and complexity of data to be reviewed and analyzed

MDM element: Risk of complications and/or morbidity or mortality of patient management

Additional E/M questions

Selecting Based on Medical Decision Making

- Starting on January 1st, 2021, providers may select the level of office and outpatient Evaluation and Management (E/M) services based on either Time or Medical Decision Making. Medical decision making is currently part of the Evaluation and Management selection components.
- the Key Elements of Medical Decision Making associated with codes 99202-99215 will consist of three components:
 - 1) Problem: The number and complexity of problems addressed
 - 2) Data: Amount and/or complexity of data to be reviewed and analyzed
 - 3) Risk: Risk of complications and or morbidity or mortality of patient management. In order to
- select a level of an E/M service, two of the three elements of medical decision making must be met or exceeded.

Selecting Based on Medical Decision Making

- **Four levels of decision making:**
- **Straightforward medical decision making:** Codes 99202 and 99212 include one self-limited or minor problem:
 - minimal or no data and minimal risk
- **Low complexity medical decision making:** Codes 99203 and 99213 include two or more self-limited or minor problems, one stable chronic illness, or one acute uncomplicated illness or injury.
- **Moderate complexity medical decision making:** Codes 99204 and 99214 include two or more stable chronic illnesses, one or more chronic illnesses with exacerbation, progression, or side effects of treatment, one undiagnosed new problem with uncertain prognosis, one acute illness with systemic symptoms, or one acute complicated injury.
- **High complexity medical decision making:** Codes 99205 and 99215 include one or more chronic illnesses with a severe exacerbation, progression, or side effects of treatment, or one acute or chronic illness or injury that poses a threat to life or bodily function.

Understanding Independent Interpretation in E/M Coding: Three Essential Requirements

- Independent Interpretation into three essential requirements to ensure compliance and appropriate coding:
 - **Personal Review of the Test**
 - **Documentation of the Provider's Own Interpretation**
 - **Demonstration of Impact on Patient Care Based on AMA's Definition of "Analyzed"**

Personal Review of the Test

- **personally reviewed** the diagnostic test
 - Lab Results
 - Imaging
 - EKGs
 - Other

Demonstration of Impact on Patient Care Based on AMA's Definition of "Analyzed"

- According to the AMA, for data to be considered analyzed, the provider must demonstrate how it impacted the episode of care. In this instance how their independent interpretation influenced the patient's episode of care.
- **Clinical Relevance:** Explain how the findings affect the patient's condition.
- **Treatment Decisions:** Detail any changes or confirmations in the treatment plan based on the interpretation.
- **Patient Outcomes:** Highlight potential implications for the patient's health outcomes.

Documentation of the Provider's Own Interpretation

- After personally reviewing the test, the provider must **document their own interpretation** in the patient's medical record.
- **Best practices for documentation to ensure the key elements are addressed would be to include:**
- **Findings:** Specific observations noted during the review.
- **Assessment:** The provider's professional judgment regarding these findings.
- **Conclusion:** How these findings influence the patient's diagnosis or treatment plan.

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