Training Session Handouts

More 2021 E/M Coding Changes, Backdated to Jan 1.

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Office Visit Coding and Documentation Changes for 2021

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Office Visit coding changed January 1!

- Visits are now coded based on either Time or Medical Decision-Making
- 99201 deleted
- Medically appropriate History and Examination must still be documented
- New code for prolonged services of 15-30 minutes

No change to other Evaluation and Management codes…yet!

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CPT/RUC* Workgroup on E/M

Guiding Principles:

1. To decrease the administrative burden of documentation and coding – Remove scoring by History and Examination – Code the way physicians and other qualified health care professionals think
2. To decrease the need for audits – more detail in CPT codes to promote payer consistency if audits are performed and to promote coding consistency
3. To decrease unnecessary documentation in the medical record that is not needed for patient care – promote higher-level activities of Medical Decision Making (MDM)
4. To ensure that payment for E/M is resource-based and that there is no direct goal for payment redistribution between specialties – use MDM criteria and the use of educational/audit tools

Start with office and other outpatient codes – eventually include all categories of E/M

*RUC – Relative Value Update Committee

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Time – Previously and in 2021

2020 –

- Evaluation and Management services can be coded based on time only if visit is dominated by counseling and coordination of care – and only face-to-face time counts
- For Medicare, during Public Health Emergency, telehealth visits may be coded based on time even if not dominated by counseling and coordination of care

2021 –

- Office visits level will be determined either by time or by revised Medical Decision-Making criteria
- Time is not just face-to-face time

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2021 - Time - What Counts?

- preparing to see the patient (eg, review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (not separately reported)

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2021 Time – What Does Not Count?

- clinical staff time

NOT COUNTED – as clarified in 3/9/2021 Technical Corrections

- time spent performing separately reported services
- travel time
- teaching that is general and not limited to discussion that is required for the management of a specific patient

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2021 AMA Times for Office Visit Codes

	Time		Time
		99211	Not specified
99202	15-29	99212	10-19
99203	30-44	99213	20-29
99204	45-59	99214	30-39
99205	60-74	99215	40-54

- Clinical staff time DOES NOT count!
- Only one person per minute – if two providers see patient at same time, only one would be counted for each minute.

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New Prolonged Services Codes

- 99417 - Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)
- Difference between AMA and CMS on counting time – CMS requires top of range be met before counting begins for 15 minutes of prolonged services, creating new code G2212.

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2021 Prolonged Office/Outpt E/M Visit Reporting Guidelines By Time

99205	AMA/Commercial	
60-74	99205	99417
60-74 Min	1	0
75-89 Min	1	1
90-104 Min	1	2
105-120 Min	1	3
121-135 Min	1	4
Ea addl 15 Min		+1

99205	Medicare	
60-74	99205	G2212
60 - 74 Min	1	0
75 - 88 Min	1	0
89 - 103 Min	1	1
104 -118 Min	1	2
119 -133 Min	1	3
Ea addl 15 Min		+1

99215	AMA/Commercial	
40-54	99215	99417
40 - 54 Min	1	0
55 - 69 Min	1	1
70 - 84 Min	1	2
85 - 100 Min	1	3
Ea addl 15 Min		+1

99215	Medicare	
40-54	99215	G2212
40- 54 Min	1	0
55 - 68 Min	1	0
69 - 83 Min	1	1
84 - 98 Min	1	2
99 - 113 Min	1	3
Ea addl 15 Min		+1

Chart courtesy of Kassouf and Company

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Previous Prolonged Services Codes

Office and Other Outpatient

- Face-to-Face - When the face-to-face time exceeds the norm for that code by 30 minutes or more
  - +99354 – first hour
  - +99355 – each additional 30 minutes

  In 2021, these will only be used with psychotherapy, consultations, home visits, domiciliary visits, and care planning for cognitive impairment.

Non Face-to-Face – not on same day, but related to a face-to-face visit

- 99358 – Prolonged E&M service before and/or after direct patient care, first hour
- +99359 – each additional 30 minutes

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2021 Medical Decision-Making

E/M Office Level of Medical Decision Making (MDM) and TIME **Effective January 1, 2021**

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making: Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed (*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*)	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward 15-29 min 10-19 min	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	Low 30-44 min 20-29 min	**Low** • **2** or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** ▪ Review of prior external note(s) from each unique source*; ▪ Review of the result(s) of each unique test*; ▪ Ordering of each unique test* or **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate 45-59 min 30-39 min	**Moderate** • **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or Independent historian(s)** • **Any combination of 3 from the following:** ▪ Review of prior external note(s) from each unique source*; ▪ Review of the result(s) of each unique test*; ▪ Ordering of each unique test*; ▪ Assessment requiring an independent historian(s) or **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High 60-74 min 40-54 min	**High** • **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or Independent historian(s)** • **Any combination of 3 from the following:** ▪ Review of prior external note(s) from each unique source*; ▪ Review of the result(s) of each unique test*; ▪ Ordering of each unique test*; ▪ Assessment requiring an independent historian(s) or **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** or **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

PROLONGED SERVICES *Used only when billing based upon time. Used only with level 5*
+99417- Prolonged office or other outpatient evaluation and management service(s) beyond the **minimum** required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time.
+G2212- Prolonged office or other outpatient evaluation and management service(s) beyond the **maximum** required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (Medicare)

Adopted from AMA Table Levels of MDM

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Number and Complexity of Problems *Addressed*

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
99211	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem
99203 99213	Low	**Low** • **2** or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury
99204 99214	Moderate	**Moderate** • **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury
99205 99215	High	**High** • **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function

- To receive credit in this category, the problem must be addressed:
  - Management
  - Diagnostic studies ordered
  - Consideration of further treatment even if declined by patient
- Listing a diagnosis without documentation of “management” does not count – prescription, ordering of diagnostic tests, counseling
- Notation that condition is managed by another provider or referral without further workup or consideration of treatment does not qualify
- A problem that is not at treatment goal is not “stable”

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AMA Clarifications

- Risk from the condition is captured here under Complexity – risk of treatment is captured under Risk.
- Presenting symptoms may drive the Complexity even when the ultimate diagnosis is not highly morbid.
- A systemic symptom in an otherwise minor illness will be coded to acute, uncomplicated (Low) rather than acute illness with systemic symptoms (Moderate)
- 3+ stable chronic illnesses does not elevate Complexity to High – per AMA, Complexity is not additive
- Acute or chronic illness that poses a threat to life or bodily function ***in the near term without treatment***

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Amount and/or Complexity of Data to be Reviewed and Analyzed

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.
99211	N/A	N/A
99202 99212	Straightforward	Minimal or none
99203 99213	Low	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
99204 99214	Moderate	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
99205 99215	High	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

Separate credit given for multiple tests or review of prior external notes from multiple sources

Categories:

- Order diagnostic test, review of results, review of external notes, independent historian
- Independent interpretation of tests
- Discussion of interpretation or management

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AMA Clarifications

- Tests that do not have a professional component (such as labs) are counted as Data even if practice is billing for the test
- Credit for independent historian is given when the patient is unable to give their own history
- Discussion of management for Category 3 can be same group if different specialty
- Discussion of management does not have to occur on the same day but should occur within 1-2 days
- Discussion of a test not ordered is still counted as Data

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Risk of Complications and/or Morbidity or Mortality of Patient Management

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A
99202 99212	Straightforward	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High risk of morbidity from additional diagnostic testing or treatment *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Similar to Table of Risk in previous guidelines – Risk of Diagnostic Studies and Management Options combined into one column.

Lack of examples is intentional: "clinician judgment within patient context"

Two notable changes:

- Decision ***regarding*** surgery
- Identified ***patient or procedure risk*** factors

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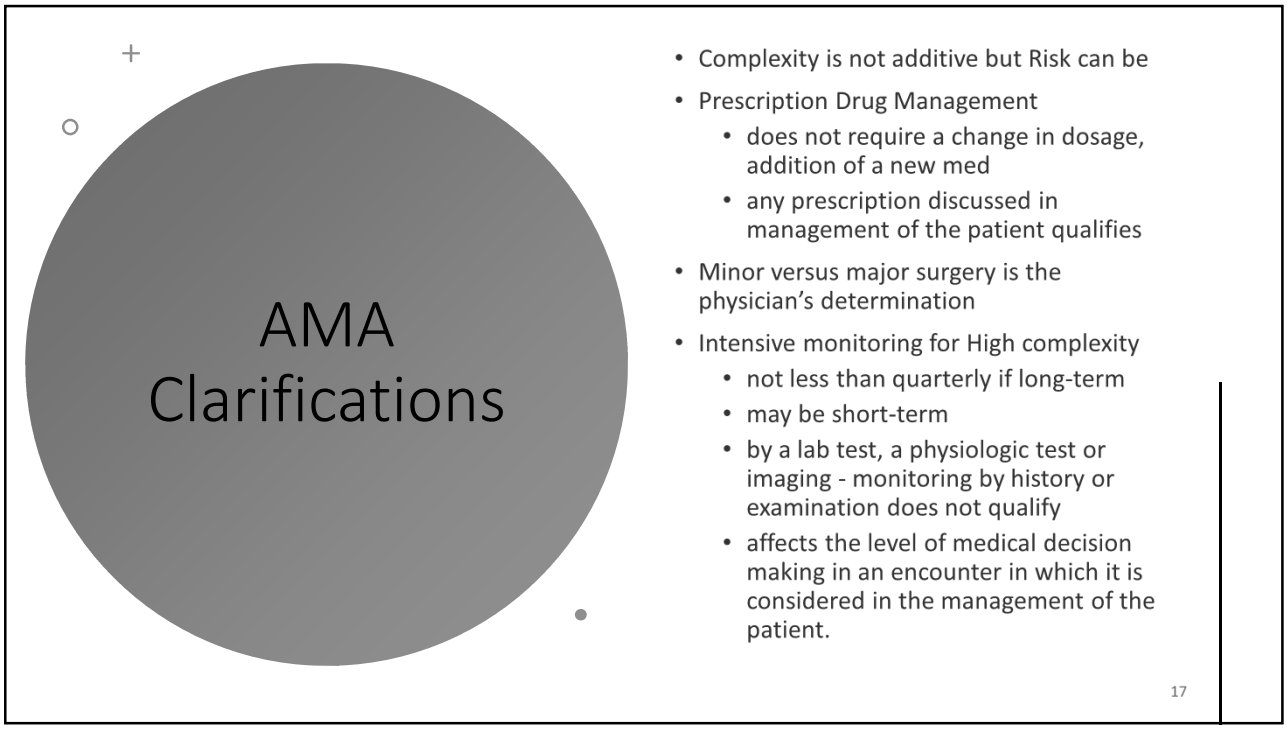

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Social Determinants of Health (SDH)

- Potential health hazards related to socioeconomic and psychosocial circumstances
- May be coded from other than treating physician documentation
- Never coded primary

Will be a factor in Medical Decision-Making for new 2021 Office Visit Coding Guidelines

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Examples of SDH Codes

- Z55.0 – Illiteracy and low-level literacy
- Z59.0 – Homelessness
- Z59.1 – Inadequate housing
- Z59.4 – Lack of adequate food and safe drinking water
- Z59.5 – Extreme poverty
- Z59.7 – Insufficient social insurance and welfare support
- Z60.2 - Problems related to living alone
- Z60.3 – Acculturation difficulty
- Z62.21 – Child in welfare custody
- Z63.31 - Absence of family member due to military deployment
- Z63.72 – Alcoholism and drug addiction in family

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99204 **99214**	**Moderate**	**Moderate** • **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** • **2** or more stable chronic illnesses; **or** • **1** undiagnosed new problem with uncertain prognosis; **or** • **1** acute illness with systemic symptoms; **or** • **1** acute complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 **99215**	**High**	**High** • **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; **or** • 1 acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following:** ◦ Review of prior external note(s) from each unique source*; ◦ Review of the result(s) of each unique test*; ◦ Ordering of each unique test*; ◦ Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** • **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);** **or** **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

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Example - Pediatrics

5yo seen in the office for a sore throat and fever. Rapid test for COVID is negative and rapid test for strep is positive. Antibiotics prescribed. Physician in the room 15 minutes, broken up before and after the lab testing. Patient in room for 25 minutes.

Detailed History, Detailed Examination

- Previous Guidelines – 99214
- 2021 Guidelines – 99214

Medical Decision-Making

- Moderate: Acute illness with systemic symptoms - 99214
- Low: 2 tests ordered/reviewed - 99213
- Moderate: Prescription drug management - 99214

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Example – Internal Medicine

58yo male seen by Internal Medicine physician for management of hypertension, hypothyroidism, hyperlipidemia

Diagnostic testing (labs) are reviewed, prescriptions are issued for each problem

Expanded Problem-Focused History, Expanded Problem-Focused Examination

- Previous Guidelines – 99213
- 2021 Guidelines – 99214

Medical Decision-Making

- Moderate: Two or more stable chronic conditions - 99214
- Moderate: 3 tests ordered, reviewed – 99214
- Moderate: Prescription Drug Management - 99214

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Example – General Surgery - #1

62yo female with a family history of breast cancer in a great maternal aunt. "We have seen her on multiple occasions, and she has had multiple biopsies, as well as a nipple duct exploration of her right breast. She is now seeing some bloody discharge from her left breast and a recent ultrasound showed 2 separate areas which were somewhat worrisome. In the left breast, at the 8 o'clock position there is a dilated duct with debris and also at the 12 o'clock position, 2 cm from nipple there is an 8 x 6 x 8 mm abnormality. Both of these areas need to be biopsied and would like to do so with an ultrasound-guided attempt. Ultimately, she may need a nipple duct exploration because of the bloody discharge.

Risks and benefits of surgery have been discussed in detail with the patient and she is agreeable to the biopsy. Both areas in her left breast are nonpalpable."

Detailed History, Detailed Examination

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Example – General Surgery #1 - Coding

- Previous Guidelines – 99214
- 2021 Guidelines – 99213/99214

Medical Decision Making

- Moderate: Undiagnosed new problem with uncertain prognosis – 99214
- Moderate?: Did physician view the images from the ultrasound or just review the report?
- Low: Decision regarding minor surgery with no identified risk factors

"Risks and benefits have been discussed"– but what were they? Must be identified to support level of service

Also consider time – what was the total time the surgeon spent, including time reviewing history and diagnostics?

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Example – General Surgery #2

Patient is here for evaluation of left inguinal hernia. She is still doing peritoneal dialysis. She has noticed a bulge when she fills her peritoneum. I have discussed with the patient that we need to repair this hernia. She will need to be off of peritoneal dialysis for a few weeks while this heals. I have discussed with her the risks, benefits, and alternatives of laparoscopic versus open repair of left inguinal hernia with mesh. She voices her understanding to the above, and she wishes to proceed.

Detailed History, Detailed Examination

- Previous Guidelines – 99214
- 2021 Guidelines - 99214

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Example – General Surgery #2 - Coding

- Previous Guidelines – 99214
- 2021 Guidelines - 99214

Medical Decision Making

- Moderate: Chronic illness with exacerbation – 99214
- Straightforward: No data
- High: Decision regarding major surgery with identified risk factors - 99215

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Example – Infectious Disease

Patient seen in hospital in consultation for cervical spinal abscess post laminectomy and fusion. Discharged on IV Vancomycin and Zosyn. Now seen in office for follow-up. Complaining of "waves of pain". Inflammatory markers rising. Further workup indicated: cervical and thoracic MRI ordered, Quantiferon TB gold ordered. Discussion with neurosurgeon

Detailed History, Detailed Examination

- Previous Guidelines – 99214
- 2021 Guidelines – 99214/99215

Medical Decision-Making

- Moderate or High?: Undiagnosed problem with uncertain prognosis OR Acute or chronic illness that poses a threat to life or bodily function – 99214/99215
- High: 3 unique tests ordered and reviewed, Discussion with surgeon - 99215
- Moderate or High?: Did discussion with surgeon include further surgery? – 99214/99215

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Example – Endocrinology

19yo male seen for follow-up of type 1 DM. His glycemia is much improved, the download shows most of his sugars running 180-220. He feels well, no real complaints. His A1C is the best he has ever had. He is happy with insulin pump, will increase the basal rate, leave the other settings as they are.

Comprehensive History, Comprehensive Examination

- Previous Guidelines – 99214 (billed as 99213)
- 2021 Guidelines – 99214

Medical Decision-Making

- Moderate: 1 chronic illness with exacerbation, progression, side effects of treatment (per the AMA, not at treatment goal is NOT stable) – 99214
- Low: 2 tests ordered/reviewed - 99213
- Moderate: Prescription Drug Management - 99214

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Example – Ophthalmology

85yo female seen in initial visit for cataracts, hypertensive retinopathy, and dry eyes. Conditions appear to be stable, prescribed Xiidra, continue Previous meds for hypertension. BP slightly elevated in office today – encouraged to follow-up with PCP and maintain good control of BP.

Detailed History, Comprehensive Examination

- Previous Guidelines – 99203
- 2021 Guidelines – 99204

Medical Decision-Making

- Moderate: 2 or more stable chronic conditions - 99204
- Straightforward: No data – 99202
- Moderate: Prescription Drug Management - 99204

NOTE: Ophthalmologists may continue to code 92002-92014 as appropriate – no change in guidelines for those codes

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Example – Orthopaedics

25yo female seen – reports that at least 5 times her knee has buckled and given out, most recently yesterday while in the shower. X-rays taken in ED yesterday – read as normal by MD in office today. Exam shows possible left knee medical meniscal tear. MRI ordered. She will follow-up after results. Gentle therapy and Ultram ordered.

Expanded Problem-Focused History, Expanded Problem-Focused Examination

- Previous Guidelines – 99202
- 2021 Guidelines – 99204

Medical Decision-Making

- Moderate: 1 undiagnosed new problem with uncertain prognosis - 99204
- Moderate: Independent interpretation of test – 99204
- Moderate: Prescription drug management - 99204

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Rheumatology

24yo male seen in initial consultation for ankylosing spondylitis. Constant lower back pain and stiffness along with upper back and knee pain periodically. Symptoms have not changed much since initial diagnosed in 2016. MRI and T-spine Xray images reviewed today. Wean methotrexate, begin biologic. Patient also complains of dizziness – concerned that his mother has DM. Labs ordered. Will refer to ENT if labs normal. Will need ophthalmology follow-up. Total of 1 hour spent with patient today.

Comprehensive History, Comprehensive Examination

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Example – Rheumatology - Coding

- Previous Guidelines – 99204
- 2021 Guidelines – 99205 based on time, 99204/99205 based on MDM

  (add-on code may be supported if additional time spent in non-face-to-face activities)

Medical Decision-Making

- Moderate: 1 or more chronic illnesses with exacerbation, progression, side effects of treatment - 99204
- Moderate/High: Independent interpretation of test – 99204 plus Labs – what labs were ordered? If 3+ unique labs - 99205
- High: Drug therapy with intensive monitoring for toxicity - 99205

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Example – OB-GYN #1

30yo patient seen for vaginal discharge and itching. Examination is performed, including KOH and wet prep. Diagnosis is bacterial vaginitis, Rx Flagyl.

Detailed History, Detailed Examination

- Previous Guidelines – 99213
- 2021 Guidelines – 99213

Medical Decision Making

- Low: Acute, uncomplicated illness or injury – 99213
- Low: 2 tests ordered/reviewed - 99213
- Moderate: Prescription drug management - 99214

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Example OB-GYN #2

20yo patient presents today as an ER followup for heavy vaginal bleeding and pelvic pain, She states her menstrual cycles are usually normal. Last month her period lasted for 9 consecutive days which is what prompted her to go to the emergency room. The evaluated her with a CT scan but they did not do an ultrasound. She denies any bleeding disorders or thyroid disorders. She states that she typically has 5 day duration with normal flow. Ultrasound, HCG, and UA obtained in the office today. TSH sent out. Diangoses noted as heavy menstrual bleeding and UTI. Injection Rocephin given in office. Patient to return in 2 weeks to discuss results.

Expanded Problem-Focused History and Examination

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Example – OB-GYN #2 - Coding

- Current Guidelines – 99213
- 2021 Guidelines – 99214

Medical Decision Making

- Moderate: Chronic illness with exacerbation – 99214
- Moderate: 3 unique tests ordered/reviewed
- Moderate: Prescription drug management - 99214

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Making the Leap to 99205/99215

- Time or
- High Complexity Medical Decision-Making – 2 out of 3
  - Chronic illness(es) with severe exacerbation, progression, or side effects of treatment OR acute or chronic illness or injury that poses a threat to life or bodily function
  - Two out of Three:
    - At least 3 unique tests reviewed or a combination of tests reviewed, review of external notes, ordering of unique test, assessment of independent historian
    - Independent interpretation not separately billed
    - Discussion of management or test interpretation
  - High risk of morbidity from additional diagnostic testing or treatment

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To answer some common questions -

- Modifier 25 has not changed – you can still bill office visit with preventive medicine when treating a problem, and the documentation shows significant, separately identifiable work. What has changed is how you determine the ***level*** of the office visit.
- Similarly, the requirements for billing a separate office visit with procedure have not changed.

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Changing Documentation Requirements

- Work with physicians to document more of thought process in Assessment and Plan rather than just choose the diagnosis in drop-down box
- Look at ways to measure time spent in all activities involving care of the patient on the date of service
- Consider what is medically necessary for History and Examination – it won't affect the office visit coding, but will still be necessary for clinical reasons and medicolegal reasons
- Focus on Social Determinants of Health – diagnoses that may help support level of service
- And remember coding for other sites of service is not changing in 2021 – don't lose any ground you have gained in coding those services

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Coming in 2023

- Observation codes deleted – Inpatient guidelines will change
- Consultation codes will remain, except 99241, 99251 – guidelines will change
- Emergency Department guidelines will change
- Domiciliary codes deleted
- Home visit guidelines will change
- Annual Nursing Facility visit deleted

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Resources

- https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf
- https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf
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Questions?

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