



2021 Evaluation and Management Guideline Updates

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Sandy Giangreco Brown, BS, RHIT, CHC, CCS, CCS-P, CPC, CPC-I, COBGC, COC, PCS
Director of Coding & Revenue Integrity

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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!



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



Building Relationships with Patients

- +G2211 - Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)

Not restricted by specialty – for those physicians who will provide ongoing care

**CONGRESS DELAYED FOR 3 YEARS
AS PART OF CONSOLIDATED APPROPRIATIONS ACT**



Office Visits versus Other Sites of Service

Component(s) for Code Selection	Office or Other Outpatient Services	Other E/M Services (Hospital Observation, Hospital Inpatient, Consultations, Emergency Department, Nursing Facility, Domiciliary, Rest Home or Custodial Care, Home)
History and Examination	<ul style="list-style-type: none"> As medically appropriate. Not used in code selection 	<ul style="list-style-type: none"> Use Key Components (History, Examination, MDM)
Medical Decision Making (MDM)	<ul style="list-style-type: none"> May use MDM or total time on the date of the encounter 	<ul style="list-style-type: none"> Use Key Component (History, Examination, MDM)
Time	<ul style="list-style-type: none"> May use MDM or total time on the date of the encounter 	<ul style="list-style-type: none"> May use face-to-face or time at the bedside and on the patient's floor or unit when counseling and/or coordination of care dominates. <p><i>Time is not a descriptive component for E/M levels of emergency department services</i></p>
MDM Elements	<ul style="list-style-type: none"> Number and complexity of problems addressed at the encounter Amount and/or complexity of data to be reviewed and analyzed Risk of complications and/or morbidity or mortality of patient management 	<ul style="list-style-type: none"> Number of diagnoses or management options Amount and/or complexity of data to be reviewed Risk of complications and/or morbidity or mortality



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



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)



2021 AMA Times for Office Visit Codes

New Patients	Time	Estab Patients	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.



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.



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

99205	AMA/Commercial	
60-74	<u>99205</u>	<u>99417</u>
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	<u>99205</u>	<u>G2212</u>
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	<u>99215</u>	<u>99417</u>
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	<u>99215</u>	<u>G2212</u>
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



Create Opportunities

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



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)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	
			Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 15-29 min 99212 10-19 min	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 30-44 min 99213 20-29 min	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	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 45-59 min 99214 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 • 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 60-74 min 99215 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	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.
 • **99212**- 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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Create Opportunities



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



AMA Clarifications

- A problem that is not at treatment goal is not “stable”
- 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***



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

Code	Level of MODM (Based on 2 out of 3 Elements of MODM)	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	<p>Limited (Must meet the requirements of at least 1 of the 2 categories)</p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> Any combination of 2 from the following: <ul style="list-style-type: none"> Review of prior external note(s) from each unique source*; review of the result(s) of each unique test*; ordering of each unique test* <p>or</p> <p>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)</p>
99204 99214	Moderate	<p>Moderate (Must meet the requirements of at least 1 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
99205 99215	High	<p>Extensive (Must meet the requirements of at least 2 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> 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

Credit not given if test performed and billed in-house on date of service

Categories:

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



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 a test not ordered is still counted as Data



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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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



AMA Clarifications

- Complexity is not additive, but Risk can be
- Prescription Drug Management
 - does not require a change in dosage, addition of a new med
 - any prescription discussed in management of the patient qualifies
- Minor versus major surgery is the physician's determination
- Intensive monitoring for High complexity
 - not less than quarterly if long-term
 - may be short-term
 - by a lab test, a physiologic test or imaging - monitoring by history or examination does not qualify
 - affects the level of medical decision making in an encounter in which it is considered in the management of the patient.



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



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



99204 99214	Moderate	<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> • 2 or more stable chronic illnesses; <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis; <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms; <p>or</p> <ul style="list-style-type: none"> • 1 acute complicated injury 	<p>Moderate (Must meet the requirements of at least 1 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> • 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	<p>High</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p>Extensive (Must meet the requirements of at least 2 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> • 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 – Primary Care

27yo male seen in office for rash. States that he thinks he got into some poison ivy while working in his backyard. Steroid injection administered, Medrol Dosepak prescribed, advised to use OTC Benadryl.

Expanded Problem-Focused History and Examination

- Previous Guidelines – 99202/99213
- 2021 Guidelines – 99203/99213

Medical Decision-Making

- Low: Acute uncomplicated illness or injury – 99203/99213
- Straightforward: No data to review – 99202/99212
- Moderate: Prescription drug management – 99204/99214



Example - Pediatrics

12yo is seen in the office for ADHD and anxiety follow up. Child is on Adderall and sertraline. They are working with a psychologist every other week. 15 minutes spent in the visit. No changes to Previous medications.

Detailed History, Detailed Examination

- Previous Guidelines – 99213/99214
- 2021 Guidelines – 99212 based on time, 99214 on MDM

Medical Decision-Making

- Moderate: Two stable chronic illnesses - 99214
- Straightforward: No data reviewed - 99212
- Moderate: Prescription drug management - 99214



Example - Pediatrics

2yo seen in the office for fever and a rash. Also with cough and runny nose for 3 days. Not sleeping well. No previous ear infections. On exam found to have an ear infection and oral antibiotics prescribed. The rash is a contact dermatitis and recommended treatment with OTC hydrocortisone. 15 minutes spent in the visit.

Detailed History, Detailed Examination

- Previous Guidelines – 99213/99214
- 2021 Guidelines – 99212 based on time, 99213/99214 on MDM

Medical Decision-Making

- Low/Moderate: Acute, uncomplicated illness or injury – 99213 OR Acute illness with systemic symptoms - 99214
- Straightforward: No data reviewed - 99212
- Moderate: Prescription drug management - 99214



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



Example - Neurosurgery

70yo female evaluated by Neurosurgeon for back pain determined to be caused by herniated lumbar disks and pathological compression fractures due to osteoporosis

Detailed History, Detailed Examination

- Previous Guidelines – 99203
- 2021 Guidelines – 99204

Medical Decision-Making

- High: Chronic illness with exacerbation, progression, or side effects of treatment - 99204
- Moderate: Review of lumbar spine x-ray and DEXA scan, plus independent interpretation of images of x-rays - 99204
- Moderate: Physician notes significant risk for patient to continue to live alone – Social Determinants of Health - 99204



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
- Straightforward: No data credit as this MD billed lab
- Moderate: Prescription Drug Management - 99214



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



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
- Straightforward: No credit for tests billed by office – 99212
- Moderate: Prescription drug management - 99214



Example – OB-GYN #2

41yo patient presents for annual exam. Also wishes to discuss irregular periods. Her last pap smear was 17 years ago. She states that she sometimes has 2-3 periods a month that may last 3 days at a time and other times she may have only 1 period but she will bleed for 30 consecutive days. She describes her periods as very heavy and painful. HCG, ultrasound performed in-house. TSH, CBC sent out. Discussed heavy menstrual bleeding and multiple abnormalities. Discussed evaluating medical causes such as TSH. Discussed possible intrauterine causes such as fibroids, adenomyosis, anovulation, endometrial hyperplasia, etc. She will return in 2 weeks to discuss results.

Annual Exam – no additional history or examination performed.



Example – OB-GYN #2 - Coding

- Current Guidelines – 99396, 99213
- 2021 Guidelines – 99396, 99214

Medical Decision Making

- Moderate: Chronic illness with exacerbation – 99214
- Low: TSH, CBC sent out - 99213
- Moderate?: - 99214



Example - Dermatology

71yo male seen for history of squamous cell carcinoma L wrist, tick bite left deltoid, multiple scaly lesions on the hands, and tan benign-appearing papules on the legs. Biopsy performed on 2 small lesions on the wrist, liquid nitrogen to actinic keratoses on hand, reassurance on tick bite, advised to monitor nevi and return to office for any change. Sun protection emphasized. Patient is on multiple medications, including aspirin and Plavix.

Detailed History, Detailed Examination

- Previous Guidelines – 99214
- 2021 Guidelines – 99214

Medical Decision Making

- Moderate – chronic illness with exacerbation (for actinic keratoses) OR undiagnosed new problem with uncertain prognosis (for biopsy) - 99214
- Straightforward – No data
- Moderate – Minor surgery with identified risk factors - 99214



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



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.



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



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



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>
- <https://services.aap.org/en/practice-management/2021-office-based-em-changes/faqs-2021-office-based-em-changes/>





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Sandy Giangreco Brown, BS, RHIT,
CHC, CCS, CCS-P, CPC, CPC-I,
COBGC, COC, PCS

sandy.giangrecobrown@claconnect.com

Director of Coding & Revenue Integrity

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