Getting Ready for 2021

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2021 approaching fast!

Office Visit coding will change in 2021

- Visits will be 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!

How did we get here?

- 1992 – Evaluation and Management Coding introduced
- 1995 and 1997 Documentation Guidelines
- Electronic Medical Records and Meaningful Use
  - “Note Bloat”

Concerns with electronic records and overcoding

The Center for Public Integrity –

September 2012

"coding levels may be accelerating in part because of increased use of electronic health records…."

"easy to create detailed patient files with just a few clicks"

"longer and more complex visits are easier to document"

Congressional response in October 4, 2012 letter to HHS Secretary Sebelius

"…your EHR incentive program appears to be doing more harm than good."

It’s a New World

Paper Records: Not documented, not done.

Electronic Records: You documented it, but did you really do it?

2019 Proposed Rule → Final Rule

- Virtual check-in - 2019
- Remote evaluation of pre-recorded information – 2019
- RHCs and FQHCs, relaxation of regs to allow virtual check-in - 2019
- Focus off history and exam – 2019
- Options for billing based on time or medical decision-making - 2021
- No longer have to prove that the patient is homebound - 2019
- Physicians in same group practice and same specialty could now bill multiple E&Ms the same day - recognizing that physicians have different areas of expertise, even though they have the same specialty designation – no action

2019 Proposed Rule → Final Rule

- For established patients, physicians would not re-document previous information - 2019
- Likewise, physicians would not have to re-document info documented by others - 2019
- 50% reduction in E&M same day as office procedure – NO!
- Add-on code for primary care - 2021
- Add-on code non-procedure-based specialties – 2021
- New codes for Podiatry visits – no action
- New G-code for prolonged services - shorter length of time - 2021
- Same payment for office visit levels 2-5 – changed to 2-4 – subsequently dropped!

CPT/RUC Workgroup on E/M

Guiding Principles:

1. To decrease the administrative burden of documentation and coding
2. To decrease the need for audits
3. To decrease unnecessary documentation in the medical record that is not needed for patient care
4. To ensure that payment for E/M is resource-based and that there is no direct goal for payment redistribution between specialties.

Initial work on office/outpatient E/M with plan to submit code change proposal for 2021.

AMA CPT Symposium 2020

Guiding Principles: Reduce Burden

PRINCIPLE	ACTIONS
Decrease administrative burden	Remove scoring by History and Examination Code the way physicians/other qualified health care professional (QHP) think
Decrease needs for audits	More detail in CPT codes to promote payer consistency if audits are performed and to promote coding consistency
To decrease unnecessary documentation that is not needed for patient care in the medical record	Eliminate History and Examination scoring Promote higher-level activities of MDM
To ensure that payment for E/M is resource based and has no direct goal for payment redistribution between specialties	Use current MDM criteria (CMS and educational/audit tools to reduce likelihood of change in patterns)

AMA CPT Symposium 2020

Overview of Major E/M Revisions for 2021: Office or Other Outpatient Services Compared to Other E/M Codes

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	• As medically appropriate. Not used in code selection	• Use Key Components (History, Examination, MDM)
Medical Decision Making (MDM)	• May use MDM or total time on the date of the encounter	• Use Key Component (History, Examination, MDM)
Time	• May use MDM or total time on the date of the encounter	• 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. *Time is **not** a descriptive component for E/M levels of emergency department services*
MDM Elements	• 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	• Number of diagnoses or management options • Amount and/or complexity of data to be reviewed • Risk of complications and/or morbidity or mortality

AMA

Time – Now 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

	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

New Prolonged Services Codes

- Current Prolonged Services Codes 99354-99355 require a minimum of 30 minutes beyond the base code to be reported
- 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)

►Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	Code(s)
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99417 X 1
90-104 minutes	99205 X 1 and 99417 X 2
105 minutes or more	99205 X 1 and 99417 X 3 or more for each additional 15 minutes
Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	**Code(s)**
less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99417 X 1
70-84 minutes	99215 X 1 and 99417 X 2
85 minutes or more	99215 X 1 and 99417 X 3 or more for each additional 15 minutes◄

CPT 2021 Professional

Current 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

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

Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release

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	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203
99213
	Low	**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	**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

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

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

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.

Two notable changes:

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

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	**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
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			• 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

Example

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

- Current 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

23yo patient comes in with complaint of sprained ankle 5 days ago. Was unable to go to work due to pain with standing. Better now and states that he just needs note to return to work. Ankle still slightly swollen and bruised. Xray confirms no fracture – normal ankle. Advised to rest, ice, elevate and return to work in 2 days. Note given.

Expanded Problem-Focused History and Examination

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

Medical Decision-Making

- Low: Acute uncomplicated illness or injury – 99203/99213
- Low: 1 test ordered, reviewed – 99203/99213
- Low: (No examples given.) 99203/99213

Example

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 current medications.

Detailed History, Detailed Examination

- Current 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

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

- Current 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

17yo is seen in the office for evaluation of an eating disorder. She is avoiding and restricting her eating. Her vitals are normal, but her weight is down 15 pounds since last checked. She is seeing a psychologist weekly. Her exam otherwise is within normal limits. Labs are sent out and will not be available until the next day. 35 minutes spent in the visit. She is scheduled to come back for her next check in 2 weeks.

Detailed History, Detailed Examination

- Current Guidelines – 99214
- 2021 Guidelines – 99214 based on time or MDM

Medical Decision-Making

- Moderate: Chronic illness with exacerbation - 99214
- Low/Moderate?: How many unique tests ordered? – 2 = 99213; 3+ = 99214
- Moderate: ????

Example

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

- Current Guidelines – 99214
- 2021 Guidelines – 99214

Medical Decision-Making

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

Example

7yo patient previously diagnosed with asthma presents with acute exacerbation

Detailed History, Detailed Examination

- Current Guidelines – 99214
- 2021 Guidelines –

Medical Decision-Making

- Moderate/High?: Chronic illness with mild exacerbation – 99214 or chronic illness with severe exacerbation – 99215
- High: Recommendation to admit patient, but parent declines, wanting to wait “to give breathing treatments a chance” - 99215

Example

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

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

Established Problem-Focused History, Established Problem-Focused Examination

- Current Guidelines – 99213
- 2021 Guidelines – 99214

Medical Decision-Making

- Moderate: Two or more stable chronic conditions - 99214
- Moderate: Credit given for each test ordered/reviewed: lipid panel, thyroid panel, CBC - 99214
- Moderate: Prescription Drug Management - 99214

Example

40yo female referred to General Surgeon for evaluation of breast lump

Detailed History, Detailed Examination

- Current Guidelines – 99203
- 2021 Guidelines – 99204

Medical Decision-Making

- Moderate - Undiagnosed New Problem with Uncertain Prognosis 99204
- Moderate: Review of Mammogram and Ultrasound , Personal Review of Images - 99204
- Moderate: Elective Major Surgery without Identified Risk Factors 99204

Example

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

- Current Guidelines – 99203
- 2021 Guidelines – 99204

Medical Decision-Making

- High: Chronic illness with severe exacerbation, progression, or side effects of treatment - 99205
- Moderate: Review of lumbar spine xray and DEXA scan, plus review of images of xrays - 99204
- Moderate: Physician notes significant risk for patient to continue to live alone – Social Determinants of Health - 99204

Example

Patient presents to Electrophysiologist for initial evaluation for abnormal monitor that had been ordered by her PCP for dizziness and occasional heart fluttering. Physician performs a detailed history and physical examination and orders BMP, TSH, Free T4, and cardiac MRI. BP medication is decreased.

- Current Guidelines – 99203 (due to detailed history/examination)
- 2021 Guidelines – 99204

Medical Decision-Making

- Moderate: Undiagnosed new problem with uncertain prognosis - 99204
- Moderate: Order/review of labs and MRI - 99204
- Moderate: Prescription Drug Management - 99204

Example

77y patient seen in followup after fall from ladder, treated in hospital for fractured ribs and abdominal contusion. Still with some chest wall pain. Physician documented expanded problem-focused history and examination. Ordered and reviewed CXR. Resume Tramadol as taken previous to accident for chronic pain, prescribed Robaxin. Return to Pain Mgmt physician. No further followup needed.

- Current Guidelines – 99213
- 2021 Guidelines – 99213/99214

Medical Decision-Making

- Low: Stable chronic illness - 99213
- Moderate: CXR ordered and reviewed - 99214
- Moderate: Prescription drug management - 99214

Example

Patient seen in Urology office for initial visit for hematuria and pelvic pain. Physician documents detailed history and examination and orders UA, culture, CT scan with plans to proceed with cystoscopy pending results. Additionally notes that patient has spina bifida, is wheelchair dependent, and has decreased sensation in the pelvic area.

- Current Guidelines – 99203
- 2021 Guidelines – 99204

Medical Decision-Making

- Moderate: Undiagnosed new problem with uncertain prognosis - 99204
- Moderate: Order and review of labs and CT scan - 99204
- Moderate: Decision regarding minor surgery with identified risk factors - 99204

Example

Patient is referred to the cardiothoracic surgeon by his cardiologist, who has diagnosed aortic stenosis based on labs, echocardiogram, and CT scan. Physician performs detailed history and examination and reviews records from patient's cardiologist, including independent review and interpretation of the echo and CT scan. Condition is noted to be severe and surgery is considered urgent; however, patient is on Coumadin, and discussion is needed with cardiologist to determine timing of procedure.

- Current Guidelines – 99203 (due to detailed history and examination)
- 2021 Guidelines – 99205

Medical Decision-Making

- High: One or more chronic illness with severe exacerbation - 99205
- High: Review of diagnostic testing (3+ unique tests), independent interpretation of tests, discussion of management - 99205
- High: Decision regarding surgery with identified risk factors - 99205

Example

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 followup. 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

- Current 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

Example

54yo patient with poorly controlled diabetes seen for ulcer on toe after playing basketball in poorly fitted shoes. Xray ordered by PCP suggests osteomyelitis. Toe is significantly deformed, and amputation is suggested – advised patient this should have little to no functional impact. CBC, CMP, sed rate, CRP, and A1C ordered. Discussed with PCP. Continue oral antibiotics. Discussion with patient regarding uncontrolled diabetes.

Comprehensive History, Detailed Examination

- Current Guidelines – 99203
- 2021 Guidelines – 99204/99205

Medical Decision-Making

- Moderate: Acute complicated injury OR Chronic illness with exacerbation - 99204
- High: 5 unique tests ordered and reviewed, Discussion with PCP - 99205
- Moderate or High?: Prescription drug management OR Decision regarding elective surgery with identified risk factors – 99204/99205

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

Getting Ready for 2021

- Review documentation now with an eye to 2021 as well as current guidelines
- Work with physicians to have them 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 your 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

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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