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for Oregon Office of Rural Health

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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!

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How did we get here?

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

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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
- 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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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	 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

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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

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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 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.

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)
Patient Office or Other Outpatient Services	Code(s) Not reported separately
Patient Office or Other Outpatient Services (use with 99215)	7 70 70
Patient Office or Other Outpatient Services (use with 99215)	Not reported separately
Patient Office or Other Outpatient Services (use with 99215) less than 55 minutes 55-69 minutes	Not reported separately 99215 X 1 and 99417 X 1

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Current Prolonged Services Codes

Office and Other Outpatient

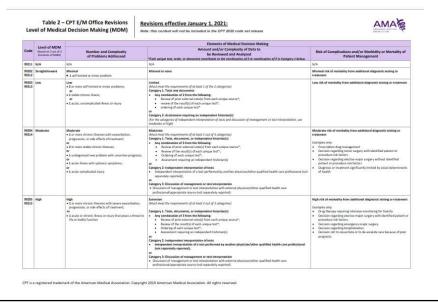
- Face-to-Face When the face-to-face time exceeds the norm for that code by 30 minutes or more
 - +99354 first hour
 - +99355 each additional 30 minutes

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

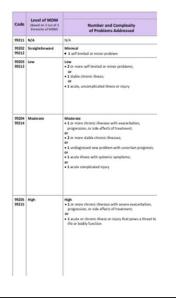
- 99358 Prolonged E&M service before and/or after direct patient care, first hour
- +99359 each additional 30 minutes

2021 Medical Decision-Making



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Number and Complexity of Problems Addressed



- 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

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



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

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



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

Intensive monitoring - not less than quarterly. May be by a lab test, a physiologic test or imaging - monitoring by history or examination does not qualify. The monitoring 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

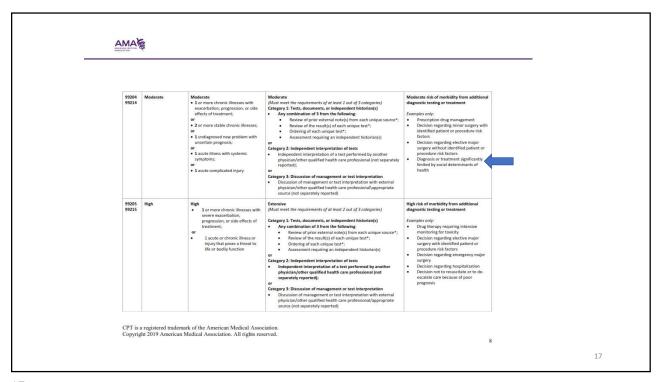
Will be a factor in Medical Decision-Making for new 2021 Office Visit Coding Guidelines

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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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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

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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
- Straightforward: 1 test ordered, reviewed 99202/99212
- Low: (No examples given.) 99203/99213

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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

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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
- Straightforward: No credit for tests billed by physician/office
- Moderate: Prescription drug management 99214

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Example –

Patient previously diagnosed with asthma presents with acute exacerbation

Detailed History, Detailed Examination

- Current Guidelines 99214
- 2021 Guidelines 99214/99215

Medical Decision-Making

- Moderate/High?: Chronic illness with mild exacerbation 99214 or chronic illness with severe exacerbation – 99215
- High: Recommendation to admit, but patient 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

Expanded Problem-Focused History, Expanded Problem-Focused Examination

- Current 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 –

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

- Current 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 –

63yo female seen in follow-up for COPD and emphysema. Respiratory status is relatively stable. She is still short of breath with activity, but all-in-all her pulmonary disease has not changed significantly since her last visit. She does have occasional cough and a small amount of sputum production. No fever or chills. No chest pains. Continue current meds. I did suggest that she would not use her oxygen when she is simply sitting, watching television or reading. I have recommended that she use it with activity and at night. Follow-up in three months or sooner if need be.

Detailed History, Detailed Examination

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Example - Coding

- Current Guidelines 99214
- 2021 Guidelines 99213/99214?

Medical Decision Making

- Low: 1 stable chronic illness 99213
 - (Is this really stable? Is this patient at treatment goal? Should this be chronic illness with exacerbation, progression or side effects of treatment?)
- Straightforward: No data 99212
- Moderate: Prescription drug management 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

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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 hox
- 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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