



# Getting Ready for 2021

Kim Huey, MJ, CHC, CPC,  
CCS-P, PCS, CPCO, COC

for

Oregon Office  
of Rural Health

December 9, 2020

# 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”

# 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

# 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)
<b>History and Examination</b>	<ul style="list-style-type: none"> <li>As medically appropriate. Not used in code selection</li> </ul>	<ul style="list-style-type: none"> <li>Use Key Components (History, Examination, MDM)</li> </ul>
<b>Medical Decision Making (MDM)</b>	<ul style="list-style-type: none"> <li>May use MDM or total time on the date of the encounter</li> </ul>	<ul style="list-style-type: none"> <li>Use Key Component (History, Examination, MDM)</li> </ul>
<b>Time</b>	<ul style="list-style-type: none"> <li>May use MDM or total time on the date of the encounter</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul> <p><i>Time is <b>not</b> a descriptive component for E/M levels of emergency department services</i></p>
<b>MDM Elements</b>	<ul style="list-style-type: none"> <li>Number and complexity of problems addressed at the encounter</li> <li>Amount and/or complexity of data to be reviewed and analyzed</li> <li>Risk of complications and/or morbidity or mortality of patient management</li> </ul>	<ul style="list-style-type: none"> <li>Number of diagnoses or management options</li> <li>Amount and/or complexity of data to be reviewed</li> <li>Risk of complications and/or morbidity or mortality</li> </ul>

# 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

- 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.

<b>► Total Duration of New Patient Office or Other Outpatient Services (use with 99205)</b>	
	<b>Code(s)</b>
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

  

<b>Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)</b>	
	<b>Code(s)</b>
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

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

**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 <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 99212	Straightforward	<b>Minimal</b> • 1 self-limited or minor problem	<b>Minimal or none</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
99203 99213	Low	<b>Low</b> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	<b>Limited</b> (Must meet the requirements of at least 1 of the 2 categories) <b>Category 1: Tests and documents</b> • 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 <b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	<b>Low risk of morbidity from additional diagnostic testing or treatment</b>
99204 99214	Moderate	<b>Moderate</b> • 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	<b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • 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 <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>Moderate risk of morbidity from additional diagnostic testing or treatment</b>  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	<b>High</b> • 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	<b>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • 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 <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>High risk of morbidity from additional diagnostic testing or treatment</b>  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 <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>
99211	N/A	N/A
99202 99212	Straightforward	Minimal or none
99203 99213	Low	<p><b>Limited</b> (Must meet the requirements of at least 1 of the 2 categories)</p> <p><b>Category 1: Tests and documents</b></p> <ul style="list-style-type: none"> <li>Any combination of 2 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>review of the result(s) of each unique test*;</li> <li>ordering of each unique test*</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</p>
99204 99214	Moderate	<p><b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories)</p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>Any combination of 3 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>
99205 99215	High	<p><b>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories)</p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>Any combination of 3 from the following: <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>

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

# 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"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health</li> </ul>
99205 99215	High	High risk of morbidity from additional diagnostic testing or treatment  Examples only: <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> <li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization</li> <li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

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

# 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



<p>99204 99214</p>	<p>Moderate</p>	<p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 2 or more stable chronic illnesses;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 undiagnosed new problem with uncertain prognosis;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute illness with systemic symptoms;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute complicated injury</li> </ul>	<p><b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	<p><b>Moderate risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health</li> </ul>
<p>99205 99215</p>	<p>High</p>	<p><b>High</b></p> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<p><b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	<p><b>High risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> <li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization</li> <li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>



# 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
- Straightforward: 1 test ordered, reviewed – 99202/99212
- 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
- Straightforward: No credit for tests billed by physician/office
- Moderate: Prescription drug management - 99214

# 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

# 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

# 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

# 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>



Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC

205/621-0966

[Kim@kimthecoder.com](mailto:Kim@kimthecoder.com)

[Facebook.com/KimtheCoder](https://www.facebook.com/KimtheCoder)