

Getting Ready for 2021

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November 2020

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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!

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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"

CPT/RUC* Workgroup on E/M

Guiding Principles:

- 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)
- To ensure that payment for E/M is resource-based and that there is no direct goal for payment redistribution between specialties – use MDM criteria and the use of educational/audit tools

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

*RUC – Relative Value Update Committee

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Time – 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)

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 in counting time – awaiting Physician Fee Schedule Final Rule

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		
Patient Office or Other Outpatient Services	Code(s)	
Patient Office or Other Outpatient Services	Code(s) Not reported separately	
Patient Office or Other Outpatient Services (use with 99215)		
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	

CPT 2021 Professional

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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

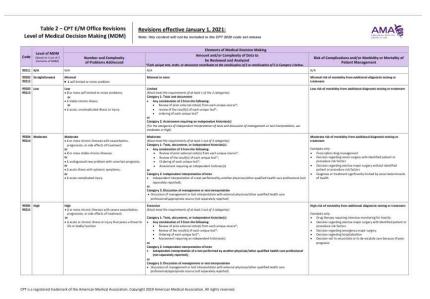
In 2021, these will only be used with psychotherapy, consultations, home visits, domiciliary visits, and care planning for cognitive impairment.

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

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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

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

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Social Determinants of Health (SDH)

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

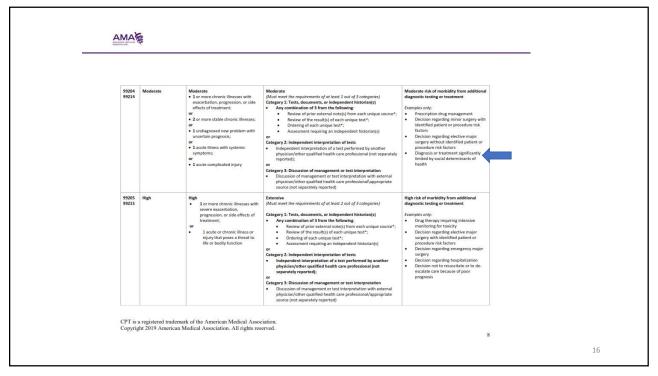
Will be a factor in Medical Decision-Making for new 2021 Office Visit Coding Guidelines

Examples of SDH Codes

- Z55.2 Failed examinations in school
- Z55.3 Underachievement in school
- Z55.4 Educational maladjustment and discord with teachers and classmates
- 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
- Z60.3 Acculturation difficulty
- Z62.0 Inadequate parental supervision and control
- Z62.1 Parental overprotection
- 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

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

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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: ????

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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
- Low: 2 tests ordered, reviewed 99213
- 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 99214/99215

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

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Making the Leap to 99205/99215

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

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

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Resources

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



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