



Billing for Outpatient/Office E/M Services

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What do you think of the office coding changes?

.....

I think it's a huge improvement

*I think it makes
things more
confusing*

Huh???

I really can't tell much difference





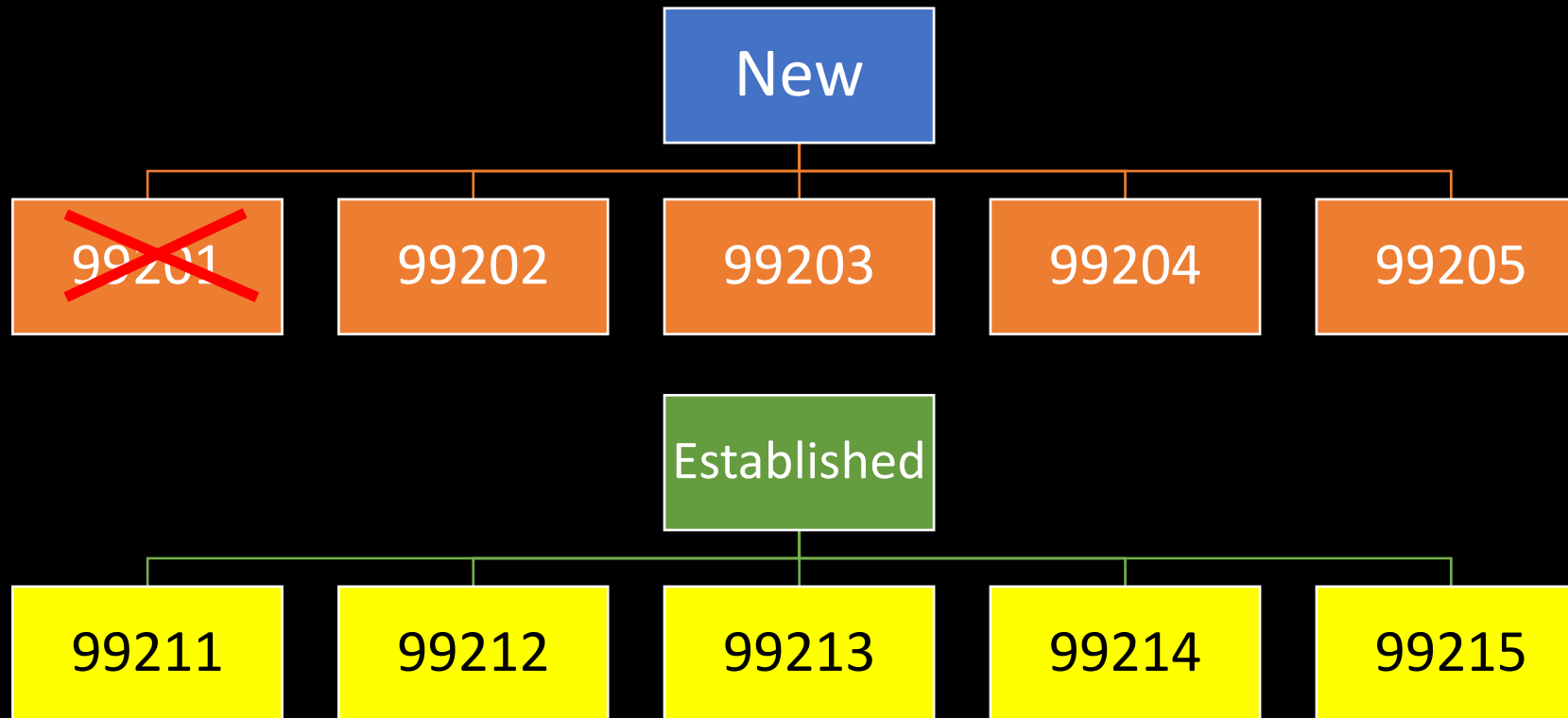
There were
three
big changes



Change #1



- **EFFECTIVE 1/1/2021**



Change #2



2020

CPT Code	Typical Time
99201	10 minutes
99202	20 minutes
99203	30 minutes
99204	45 minutes
99205	60 minutes
99211	5 minutes/NA
99212	10 minutes
99213	15 minutes
99214	25 minutes
99215	40 minutes



2021

CPT Code	Time
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
99205	60-75 minutes
99211	NA
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes



Change #3



THIS IS THE REALLY BIG CHANGE!!!



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Office or Other Outpatient Services



New Patient	99201	99202	99203	99204	99205
CC	Required				
HPI	Elements	≥ 4 elements OR ≥ 3 chronic or Inactive conditions	≥ 3 chronic or Inactive conditions	≥ 3 chronic or Inactive conditions	≥ 3 chronic or Inactive conditions
ROS	2-9 systems	10-14 systems	15-19 systems	20-24 systems	25+ systems
PFSH	3 elements	4-5 elements	6-7 elements	8-9 elements	10-11 elements
Level	Expanded PF	Comprehensive	Comprehensive	Comprehensive	Comprehensive
1995	1 System	2-4 systems	5-7 systems	8-11 systems	12+ systems
1997	1-5 elements	6-11 elements	12-15 elements	16-19 elements	20+ elements
Level	Expanded PF	Detailed	Comprehensive	Comprehensive	Comprehensive
MEDICAL DECISION MAKING					
Dx Mgmt Opt.	Minimal	Limited	Comprehensive	Comprehensive	Comprehensive
Data Reviewed	Minimal or None	Limited	Comprehensive	Comprehensive	Comprehensive
Risk	Low	Low	Low	Low	High
Level	SF	High	High	High	High
Face-to-face	10 min.	20 min.	45 min.	60 min.	60 min.

Office or Other Outpatient Services



Established Pt.	99211	99212	99213	99214	99215
CC	N/A				Required
HPI		Inactive conditions			elements OR ronic or conditions
ROS		1 system		2-9 systems	
PFSH		N/A		1 element	
Level		and PF		Detailed	
MEDICAL DECISION MAKING					
1995	N/A	1 system		5-7 systems	≥ 8
1997	N/A	1-5 elements		12 elements	Co
Level	N/A	PF	Exp		C
MEDICAL DECISION MAKING					
Dx Mgmt C		Minimal	Limited		
Data Reviewed		Minimal or None	Limited		
Risk					
Level	N				gh
Face-to-face	5 min. supervision				40 min.



An important point to remember...



- Remember that this applies **only** to office and outpatient E/M services
- It does not apply to...
 - Emergency room (99281-99285)
 - Inpatient/observation E/M services (99221-99223; 99231-99233; 99218-99220; 99224-99226; 99217; 99238-99239)
 - Consultations (99241-99245; 99251-99255)
 - Any other E/M services, such as preventive medicine, risk reduction/counseling services, etc.
- For now (more later)...

Assigning E/M codes based on Medical Decision Making



Level of Medical Decision Making	Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity or mortality
Straightforward (99202, 99212)	<u>Minimal</u> 1 self-limited or minor problem	Minimal or None	Minimal risk of morbidity or mortality from additional diagnostic testing or treatment
Low complexity (99203, 99213)	<u>Limited</u> 2 or more self-limited or minor problems OR 1 stable chronic illness OR 1 acute, uncomplicated illness or injury	Limited (1 of 2) 1. Tests and documents Any 2 of the following: <ul style="list-style-type: none"> Review of prior external notes from each unique source Review of the results of each unique test Order of each unique test 2. Assessment requiring independ. historian(s)	Low risk of morbidity or mortality from additional diagnostic testing or treatment
Moderate complexity (99204, 99214)	<u>Moderate</u> <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment, OR 2 or more stable chronic illness OR 1 undiagnosed new problem with uncertain prognosis, OR 1 acute illness with systemic symptoms, OR 1 acute complicated injury 	Moderate (1 of 3) 1. Tests and documents Any 3 of the following: <ul style="list-style-type: none"> Review of prior external notes from each unique source Review of the results of each unique test Ordering of each unique test Assessment requiring independent historian(s), OR 2. Independent interpretation of tests; OR 3. Discussion of management or test interpretation with external physician/other source)	Moderate risk of morbidity or mortality from additional diagnostic testing or treatment Examples: <ul style="list-style-type: none"> <i>Prescription drug management</i> <i>Decision regarding minor surgery with identified patient or procedure risk factors</i> <i>Decision regarding elective major surgery without identified patient or procedure risk factors</i> <i>Diagnosis or treatment significantly limited by social determinants of health.</i>
High complexity (99205, 99215)	<u>High</u> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment, OR 1 acute or chronic illness or injury that poses a threat to life or bodily function 	High (2 of 3) 1. Tests and documents Any 3 of the following: <ul style="list-style-type: none"> Review of prior external notes from each unique source Review of the results of each unique test Ordering of each unique test Assessment requiring independent historian(s), OR 2. Independent interpretation of tests; OR 3. Discussion of management or test interpretation with external physician/other source)	High risk of morbidity or mortality from additional diagnostic testing or treatment Examples: <ul style="list-style-type: none"> <i>Drug therapy requiring intensive monitoring for toxicity</i> <i>Decision regarding elective major surgery with identified patient or procedure risk factors</i> <i>Decision regarding emergency major surgery</i> <i>Decision regarding hospitalization</i> <i>Decision not to resuscitate or to de-escalate care because of poor prognosis</i>
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Analyzing the Key Component



Documentation of History and Exam should still occur



- The information should be...
 - Appropriate and pertinent to the patient encounter
 - Relevant and necessary for any other party participating in the patient's care
- “The extent of history and physical examination is not an element in selection of office or other outpatient services.”



MEDICAL DECISION MAKING!!!!



- Three elements
 - Number and type of diagnoses and management options
 - Amount and complexity of data reviewed
 - Risk of complication and morbidity & mortality
- These are unchanged from previous coding guidelines
- BUT...
 - These elements are now more clearly defined



The Levels Remain Unchanged



Level	New	Established
Straight-forward	99202	99212
Low	99203	99213
Moderate	99204	99214
High	99205	99215

Number and Complexity of Problems Addressed



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Level of Medical Decision Making	Number of diagnoses or management options	Definitions
Straightforward (99202, 99212)	<u>Minimal</u> 1 self-limited or minor problem	Pre-conceptual/genetic counseling “Worried well” Fully-cleared problem
Low complexity (99203, 99213)	<u>Limited</u> 2 or more self-limited or minor problems OR 1 stable chronic illness OR 1 acute, uncomplicated illness or injury	Chronic = expected duration of 1 year or until the death of the patient Acute = Recent or new short-term problem with low risk of morbidity
Moderate complexity (99204, 99214)	<u>Moderate</u> <ul style="list-style-type: none">• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment, OR• 2 or more stable chronic illness OR• 1 undiagnosed new problem with uncertain prognosis, OR• 1 acute illness with systemic symptoms, OR• 1 acute complicated injury	Undiagnosed new problem with uncertain prognosis = At least one differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment Acute, complicated = Recent or new short-term problem with high risk of morbidity
High complexity (99205, 99215)	<u>High</u> <ul style="list-style-type: none">• 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	Maternal OR fetal concern





An Important Point...



- These factors are not cumulative...
 - 1 stable chronic illness (low) +
 - 1 undiagnosed new problem with uncertain prognosis (moderate) +
 - 1 acute illness with systemic symptoms (moderate)

≠ a high number and complexity of problems



Number and Complexity of Problems Addressed



Minimal

- Preconceptual counseling
- Genetic counseling w/o known genetic issues
- Brief follow up visit for problem that is 100% resolved-no additional management

Low

- Pregnancy with chronic hypertension on medication (stable chronic)
- Gestational diabetes managed without medication (acute, uncomplicated illness)
- Morbid obesity (stable chronic)
- UTI, yeast infection, BV, etc. (acute, uncomplicated illness)



Number and Complexity of Problems Addressed



Moderate

- New fetal anomaly without final diagnosis (undiagnosed new problem w/uncertain prognosis)
- Chronic or gestational hypertension, worsening or uncontrolled (chronic illness with exacerbation, progression or side effects of treatment)
- Febrile patient with acute respiratory symptoms (Acute illness with systemic symptoms)
- BPP = 4/10 (acute, complicated illness)

High

- Significant fetal decelerations (threat to life or bodily function)
- Severe FGR now w/AEDF requiring urgent/immediate delivery (Chronic illness with severe exacerbation)
- Partial placenta previa @ 32 weeks with oligohydramnios and active labor (threat to life or bodily function)



So, how do we document that?

- The service was a(n) _____ problem.
 - Acute uncomplicated
 - Stable chronic
 - Chronic with exacerbation
 - Acute illness with threat to bodily function
 - Self-limited or minor
 - Undiagnosed new with uncertain prognosis
- Plus...appropriate detail



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

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Level of Medical Decision Making	Amount and/or Complexity of Data to be Reviewed and Analyzed	Definitions
Straightforward (99202, 99212)	Minimal or None	No test or 1 test
Low complexity (99203, 99213)	Limited (1 of 2) <ol style="list-style-type: none"> Tests and documents Any 2 of the following: <ul style="list-style-type: none"> Review of prior external notes from each unique source Review of the results of each unique test Order of each unique test Assessment requiring independ. historian(s) 	<p>Each unique test = Each billable CPT code</p> <p>If you order a test today, you can't count reviewing it during the next visit</p> <p>If you are going to interpret and bill for a test, you can't count it as reviewed or ordered</p>
Moderate complexity (99204, 99214)	Moderate (1 of 3) <ol style="list-style-type: none"> Tests and documents Any 3 of the following: <ul style="list-style-type: none"> Review of prior external notes from each unique source Review of the results of each unique test Ordering of each unique test Assessment requiring independent historian(s), OR Independent interpretation of tests; OR Discussion of management or test interpretation with external physician/other source) 	<p>Discussion with outside provider = an interactive exchange with someone outside your "group." It must be direct and not through intermediaries. Can be asynchronous, but must be initiated and completed in a short time period.</p>
High complexity (99205, 99215)	High (2 of 3) <ol style="list-style-type: none"> Tests and documents Any 3 of the following: <ul style="list-style-type: none"> Review of prior external notes from each unique source Review of the results of each unique test Ordering of each unique test Assessment requiring independent historian(s), OR Independent interpretation of tests; OR Discussion of management or test interpretation with external physician/other source) 	<p>Independent interpretation = someone else interpreted and billed for it (outside your "group"). Now, you are reviewing the images and documenting your own interpretation.</p>

Amount and Complexity of Data Reviewed or Addressed



Minimal

- None
- Less than “Low”
 - One external note
 - Review of one test
 - Ordering of one test

Low

- Order two labs
- **OR**
- Order one lab and obtain one independent history
- **OR**
- Order one lab and one imaging study

Number and Complexity of Data Reviewed or Addressed



Moderate

- Order three labs

OR

- Order two labs and obtain one independent history

OR

- Perform independent interpretation of test

OR

- Discuss care with external physician

High

- Order three labs and independently interpret one test

OR

- Order two labs and obtain one independent history and discuss care with an external physician

OR

- Perform independent interpretation of test and discuss management or test results with an external physician

So, how do we document that?

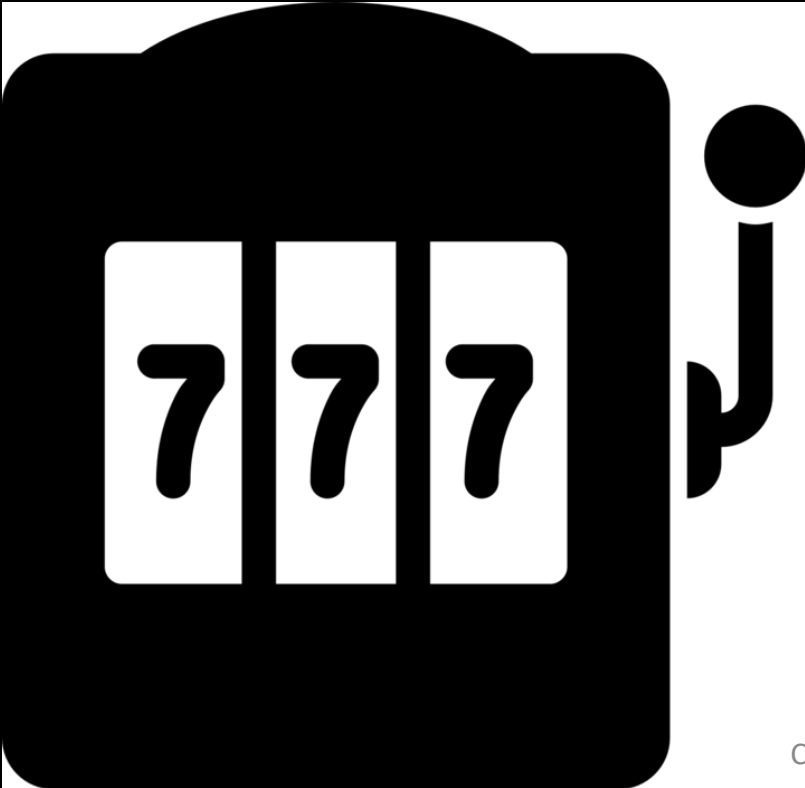
.....
Document what you did!!!

- I reviewed notes from
 - Dr. Jones, Dr. Smith
- I reviewed ____ lab tests ordered by Dr. Adams on _____.
- I ordered the following tests...
- History was provided by the patient's _____.
- I independently interpreted the _____ performed by _____ on _____.
- I discussed this patient's management with _____.





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



Level of Medical Decision Making	Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity or mortality
Straightforward (99202, 99212)	<u>Minimal</u> 1 self-limited or minor problem	Minimal or None	Minimal risk of morbidity or mortality from additional diagnostic testing or treatment
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High complexity (99205, 99215)	<u>High</u> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment, OR 1 acute or chronic illness or injury that poses a threat to life or bodily function 	High (2 of 3) 1. Tests and documents Any 3 of the following: <ul style="list-style-type: none"> Review of prior external notes from each unique source Review of the results of each unique test Ordering of each unique test Assessment requiring independent historian(s), OR 2. Independent interpretation of tests; OR 3. Discussion of management or test interpretation with external physician/other source)	High risk of morbidity or mortality from additional diagnostic testing or treatment Examples: <ul style="list-style-type: none"> Drug therapy requiring intensive monitoring for toxicity Decision regarding elective major surgery with identified patient or procedure risk factors Decision regarding emergency major surgery Decision regarding hospitalization Decision not to resuscitate or to de-escalate care because of poor prognosis



Level of Medical Decision Making	Risk of Complications and/or Morbidity or Mortality	Definitions
Straightforward (99202, 99212)	Minimal risk of morbidity or mortality from additional diagnostic testing or treatment	
Low complexity (99203, 99213)	Low risk of morbidity or mortality from additional diagnostic testing or treatment	<ul style="list-style-type: none">• Minor procedure with no risk factors• OTC medications
Moderate complexity (99204, 99214)	<p>Moderate risk of morbidity or mortality from additional diagnostic testing or treatment</p> <p>Examples:</p> <ul style="list-style-type: none">• Prescription drug management• Decision regarding minor surgery with identified patient or procedure risk factors• Decision regarding elective major surgery without identified patient or procedure risk factors• Diagnosis or treatment significantly limited by social determinants of health.	<p>What is minor vs. major?</p> <ul style="list-style-type: none">• CPT intentionally did not define it, other than to say it is not necessarily tied to global periods.• In office?• Outpatient?• Inpatient?• No differentiation of prescription drug management
High complexity (99205, 99215)	<p>High risk of morbidity or mortality from additional diagnostic testing or treatment</p> <p>Examples:</p> <ul style="list-style-type: none">• Drug therapy requiring intensive monitoring for toxicity• Decision regarding elective major surgery with identified patient or procedure risk factors• Decision regarding emergency major surgery• Decision regarding hospitalization• Decision not to resuscitate or to de-escalate care because of poor prognosis	



Risk Factors for Morbidity or Mortality



Minimal

- No action taken or required

Low

- Decision regarding minor surgery without identified patient or procedure risk factor
- **OR**
- Recommendations for over-the-counter medications



Risk Factors for Morbidity or Mortality



Moderate

- Prescription drug management

OR

- Minor surgery with risk factors

OR

- Major surgery without risk factors

OR

- Food or housing insecurity, transportation challenges

High

- Drug therapy requiring intensive monitoring

OR

- Major surgery w/risk factors

OR

- Emergency surgery

OR

- Hospitalization

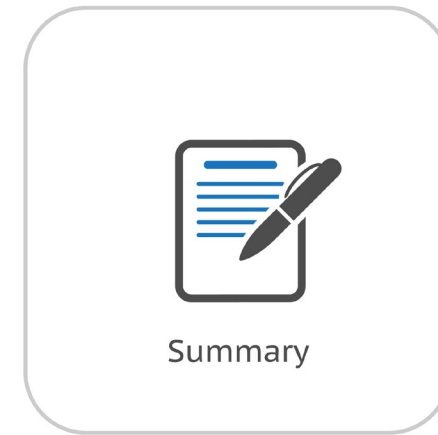
OR

- DNR/de-escalation of care



So, how do we document that?

- This patient was low risk because...
- This patient was moderate risk because...
- This patient was high risk because...



To summarize...



Medical Decision Making is...



- Establishing diagnoses
- Assessing the status of a condition
- Selecting a management option
- Based on...
 - Number and complexity of problems addressed
 - Amount and complexity of data to be reviewed and analyzed
 - The risk of complications, morbidity, and/or mortality associated with the patient's problem(s), the diagnostic procedure(s), and treatment(s) considered, even if a specific option is not selected.

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Case Studies for Maternal Fetal Medicine

Chronic/Gestational Hypertension or Diabetes



- What is the nature of the situation?
- What tests are being reviewed/ordered?
 - How many tests ordered?
- What procedures are being planned/medications ordered?

Level of Medical Decision Making	Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity or mortality
Straightforward (99202, 99212)	Minimal 1 self-limited or minor problem	Minimal or None	Minimal risk of morbidity or mortality from additional diagnostic testing or treatment
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Advanced Maternal Age w/o complications



- What is the nature of the situation?
- What tests are being reviewed/ordered?
- What procedures are being planned?

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Anomaly requiring possible fetal surgery

.....

- What is the nature of the situation?
- What tests are being reviewed/ordered?
 - How many tests ordered?
 - Who is being consulted re: this patient?
- What procedures are being planned?

Level of Medical Decision Making	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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Pre-eclampsia with severe features—highly symptomatic



- What is the nature of the situation?
 - Diagnosed or undiagnosed?
 - Acute or chronic?
 - Stable or worsening?
 - Minor or severe?

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Time-Based Code Selection

Time Based Coding

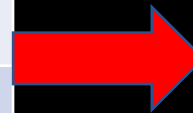


2020

2021

.....

CPT Code	Typical Time
99201	10 minutes
99202	20 minutes
99203	30 minutes
99204	45 minutes
99205	60 minutes
99211	5 minutes/NA
99212	10 minutes
99213	15 minutes
99214	25 minutes
99215	40 minutes



CPT Code	Time
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
99205	60-75 minutes
99211	NA
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes



The “Old” Code

.....

99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- A detailed history
- A detailed examination
- Medical decision making of moderate complexity



The “Old” Code



Counseling and/or coordination of care with other physicians, other qualified healthcare professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.

Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.



The “New” Code

.....

99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

When using time for code selection, 30-39 minutes of total time is spent on the date of encounter.



Everything else stays the same, except...

.....

- Time

99202 (When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter)

99203 30-44 minutes of total time

99204 45-59 minutes of total time

99205 60-74 minutes of total time



Everything else stays the same, except...

.....

- Time

99212 (When using time for code selection,
10-19 minutes of total time is spent
on the date of the encounter)

99213 20-29 minutes of total time

99214 30-39 minutes of total time

99215 40-55 minutes of total time



Time—Old vs. New



- Time in the past...
 - Face-to-face time only
 - Round to the nearest
- Time in the future...
 - Total time, including face-to-face time...AND
 - Non-face-to-face time
 - Time “buckets”



Time is...



- 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



Time is...



- 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)



More about time...



- Prolonged Service w/ or w/o Direct Patient Contact on the Date of an Office or Other Outpatient Service
- Add on times to 99205 and 99215
- New code **99417**--each additional 15 minutes

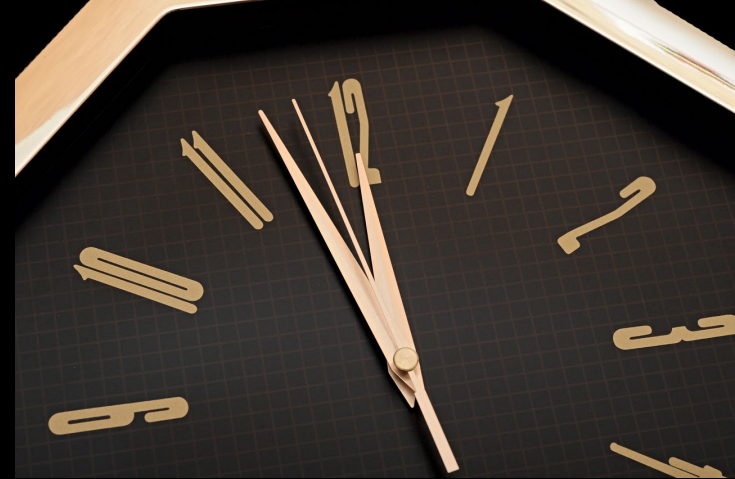


More about time...



New Pt. Time	Code(s)	Est. Pt. Time	Code(s)
Less than 75 minutes	No separate reporting	Less than 55 minutes	No separate reporting
75-89 minutes	99205 x 1 & 99417 x 1	55-69 minutes	99215 x 1 & 99417 x 1
90-104 minutes	99205 x 1 & 99417 x 2	70-84 minutes	99215 x 1 & 99417 x 2
105 minutes or more	99205 x 1 & 99417 x 3	85 minutes or more	99215 x 1 & 99417 x 3

Some key factors



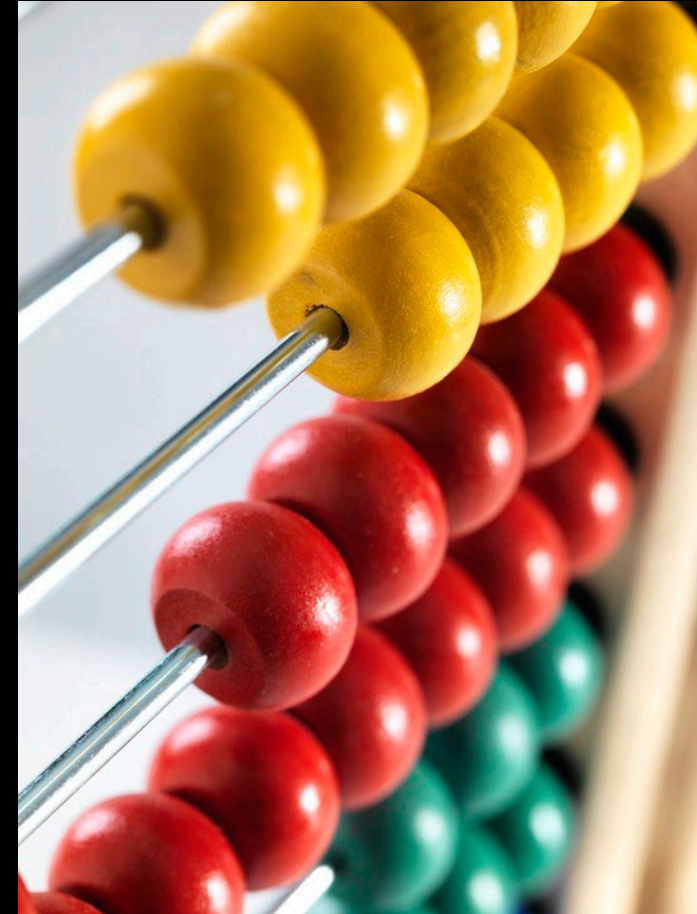
- Only *provider* time
 - Does not include MA, LPN, RN, or any other staff member time
- Does *not* include procedure or imaging time (or time for any other billable service)
- Can only count time on the *calendar date* of the billable E/M service





Possible documentation options...

-
 - A total of _____ of time was spent working on behalf
 - If billing based on time, report what was done to achieve that time.
 - _____ minutes reviewing records prior to the visit
 - _____ minutes in patient contact
 - _____ minutes in other billable services
 - _____ minutes charting, conferring with consultants, etc.
 - _____ **TOTAL TIME**





Clarifying time



- It is likely that MDM will be the most “productive” way to code, unless...
 - There is a straightforward problem that requires a great deal of time, OR
 - An interpreter is required, OR
 - An unusually large amount of time is required either prior to the visit or after the visit



QUESTIONS?

about Office/Outpatient E/M coding?