Coding Changes to Office and Other Outpatient Services for 2021: How to Make them Relevant to Your Practice

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DISCLAIMER

- This material is designed to offer basic information for coding and billing. The information presented here is based on the experience, training, and interpretation of the author.
- Although the information has been carefully researched and checked for accuracy and completeness, the instructor does not accept any responsibility or liability with regard to errors, omissions, misuse, or misinterpretation.
- This handout is intended as an educational a guide and should not be considered a legal/consulting opinion

- I have no conflicts to disclose

AMA
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CPT® Evaluation and Management
Office or Other Outpatient (99202-992
Prolonged Services (99354, 99355, 9935
Code and Guideline Changes

This document includes the following CPT E/M ch

effective January 1, 2021:

- E/M Introductory Guidelines related to Office or Other Outpatient Codes
- Revised Office or Other Outpatient E/M codes 99202-99215

For the complete version of E/M Introductory guideline changes, Office or (99202-99215) code changes, Prolonged Services code (99354, 99355, 9935 guideline changes, see *Complete E-M Guideline and Code Changes.doc*.

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

Category I

Evaluation and Management (E/M) Services

Guidelines Common to All E/M Services

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CPT® Evaluation and Management (E/M)
Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99417) Code and Guideline Changes

This document includes the following CPT E/M changes,

effective January 1, 2021:

- E/M Introductory Guidelines related to Office or Other Outpatient Codes 99202-99215
- Revised Office or Other Outpatient E/M codes 99202-99215

In addition, this document has been updated to reflect technical corrections to the E/M Guidelines:

were posted on March 9, 2021 and effective January 1, 2021:

- Medical decision making is revised in the following ways:
  - Clarifying when reporting a test that is considered, but not selected after shared decision making.
  - Providing a definition of "Analyzed" for reporting tests in the data column.
  - Clarifying the definition of a "unique" test.
  - Clarifying what is meant by "discussion" between physicians, and other qualified health care professionals and patients.
  - Providing a definition of major vs minor surgery.
- Clarification around which activities are not counted when reporting time as a key criterion for code level selection.

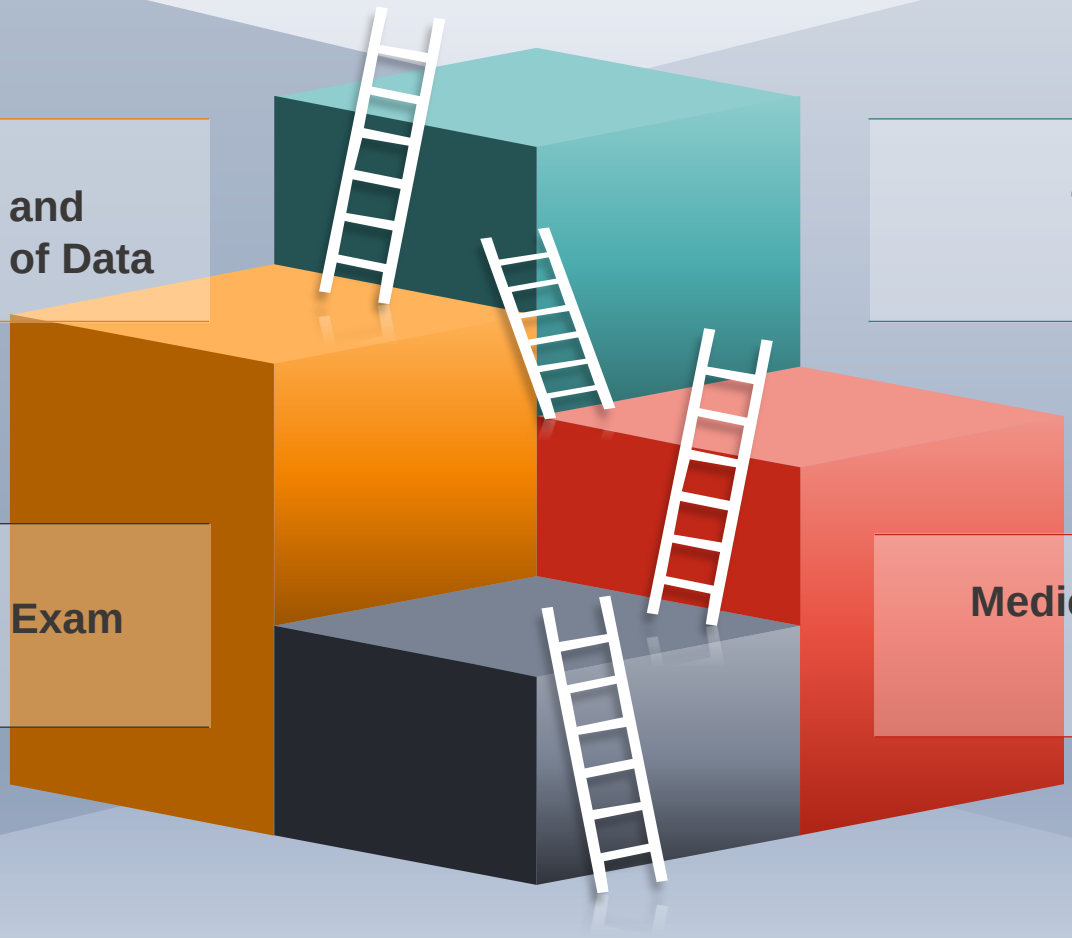
All technical corrections are highlighted in blue.

Changes

24	Definition		154	Not	
16	Discussion		24	Count	
Word Usage	Revise	2	14	Analyze	

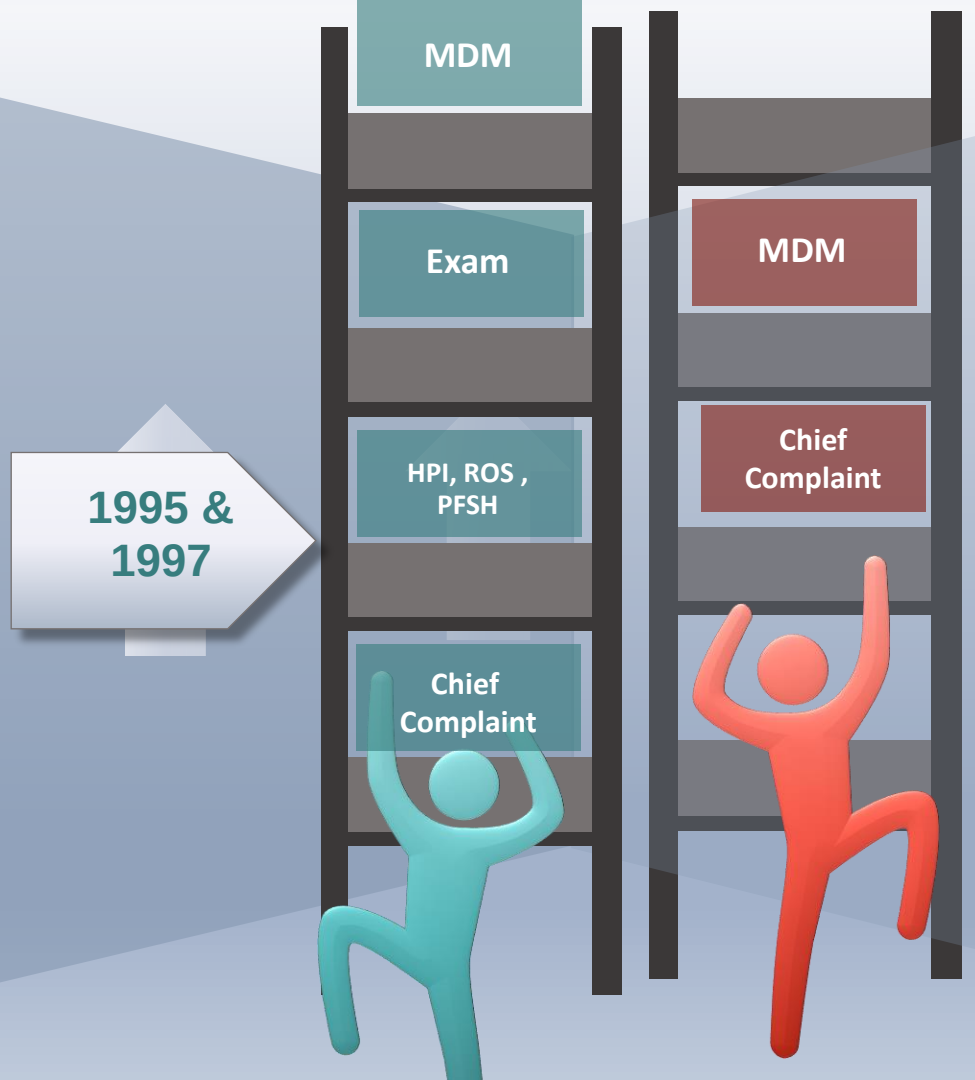
Amount and Complexity of Data

Time

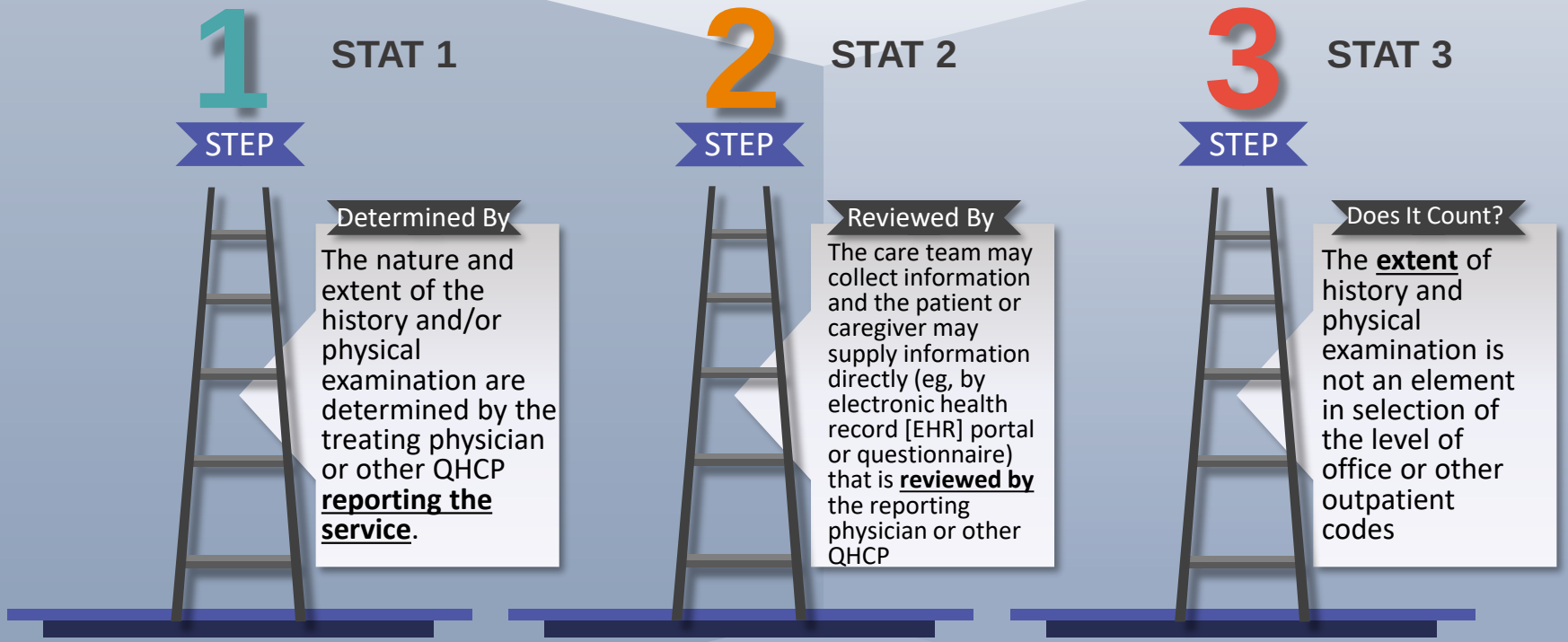


History or Exam

Medical Decision Making



Medically Appropriate History and Physical



History and/or Physical Exam

Final Diagnosis

In and of itself does not determine the complexity of risk

Extensive Evaluation
- may be required

To reach the conclusion that the signs or symptoms do not represent a highly morbid condition

Presenting Symptoms
- may be likely to represent a highly morbid condition

May “drive” MDM even when the ultimate diagnosis is not highly morbid

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

		Elements of Medical Decision Making		
Code	**Level of MDM** (Based on 2 out of 3 Elements of MDM)	**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**

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

RISK
Number and Complexity of Problems to be Addressed

- RISK in this section relates to risk from the condition

- Risk from the condition is distinct from **the risk of the management**
  - Condition risk and management risk may correlate

Number and Complexity of Problems Addressed

LOW	MODERATE
2< self limited or minor	
1 stable chronic illness	**2<** stable chronic illnesses
	1 or more chronic illnesses with exacerbation, progression, or side effects of treatment
1 acute, uncomplicated illness or injury	**1** acute complicated injury
	1 acute illness with systemic symptoms
	1 undiagnosed new problem with uncertain prognosis

NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED	DESCRIPTION	AMA EXAMPLE	YOUR PRACTICE EXAMPLE
Chronic Illness with Exacerbation, Progression, or Side Effects of Treatment	• The chronic illness is getting worse, is not well controlled, or is progressing "with an intent to control progression." • The condition requires additional care or treatment of the side effects. •Hospital level of care is not required	None	

Stable, chronic illness:

- A problem with an expected duration of at least one year or until the death of the patient
- For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition)
- "Stable" for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient
- A patient who is not at his or her treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function
  --For example, in a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic, the risk of morbidity without treatment is significant.

NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED	DESCRIPTION	AMA EXAMPLE	YOUR PRACTICE EXAMPLE
ACUTE, Uncomplicated Illness or Injury	• The problem is recent and short term. • There is a low risk of morbidity. • There is little to no risk of mortality w/tx Full recovery without functional impairment is expected • The problem may be self-limited or minor but it is not resolving in line with a definite and prescribed course.	Cystitis Allergic rhinitis Simple sprain	
ACUTE, Complicated Illness or Injury	• Treatment requires evaluation of body syst. that aren't part of the injured organ, the injury is extensive, there are multiple treatment options, or there is a risk of morbidity with treatment	Head injury with brief loss of consciousness	

- *Acute, Complicated*
  -- Evaluation of a body system(s) that are not part of the injured organ
  -- There are multiple treatment options
  -- There is risk of morbidity with treatment

NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED	DESCRIPTION	AMA EXAMPLE	YOUR PRACTICE EXAMPLE
Undiagnosed New Problem with Uncertain Prognosis	• A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.	• Lump in the breast	
Acute Illness with Systemic Symptoms	• An illness that causes systemic symptoms and has a high risk of morbidity without treatment. • For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness, or to prevent complications • See the definitions ***for self-limited or minor problem*** or ***acute, uncomplicated illness or injury***. • Systemic symptoms may not be general but may be single system.	• Pyelonephritis • Pneumonitis • Colitis.	

- ***Undiagnosed New Problem with Uncertain Prognosis***
  - The problem must have a high risk of morbidity without treatment
- ***Acute illness <u>with</u> systemic symptoms:***
  - An illness that causes systemic symptoms **<u>and</u>** has a high risk of morbidity without treatment
    - For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness, or to prevent complications

RISK
Medical Decision Making (MDM)

- One element used in selecting the level of service is the risk of complications and/or morbidity or mortality of patient management at an encounter
  - This is distinct from the risk of the condition itself
- The risk of patient management criteria applies to
  - The patient management decisions made by the reporting physician or other QHCP as part of the reported encounter
  - Includes the need to initiate or forego further testing, treatment, and/or hospitalization

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

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Risk of Complications and/or Morbidity or Mortality of Patient Management
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

Risk of Complications and/or Morbidity or Mortality of Patient Management	AMA	AMA DESCRIPTION	YOUR PRACTICE DESCRIPTION
Straightforward	Minimal risk from treatment (including no treatment) or testing (most would consider this effectively no risk)	**Minimal risk of morbidity from additional diagnostic testing or treatment**	
Low	Low risk (e.g., very low risk of severity problems), minimal consent/discussion	**Low risk of morbidity from additional diagnostic testing or treatment**	
Moderate	Would typically review with patient/surrogate, obtain consent and monitor, or there are complex social factors in management	**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	
High	Need to discuss higher risk problems that could happen for which physician or other qualified health care professional will watch or monitor	**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	

Elements of Medical Decision Making		
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.***		

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)

LEVEL 3

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)

LEVEL 5

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)

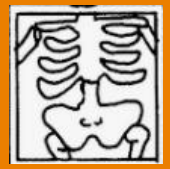
Problem Addressed

A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service.

Notation in the patient's medical record that another professional is managing the problem without additional assessment or care coordination documented does NOT qualify as being 'addressed' or managed by the physician or other qualified health care professional reporting the service.

Referral without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service .

Does NOT Count
Amount and Complexity of Data

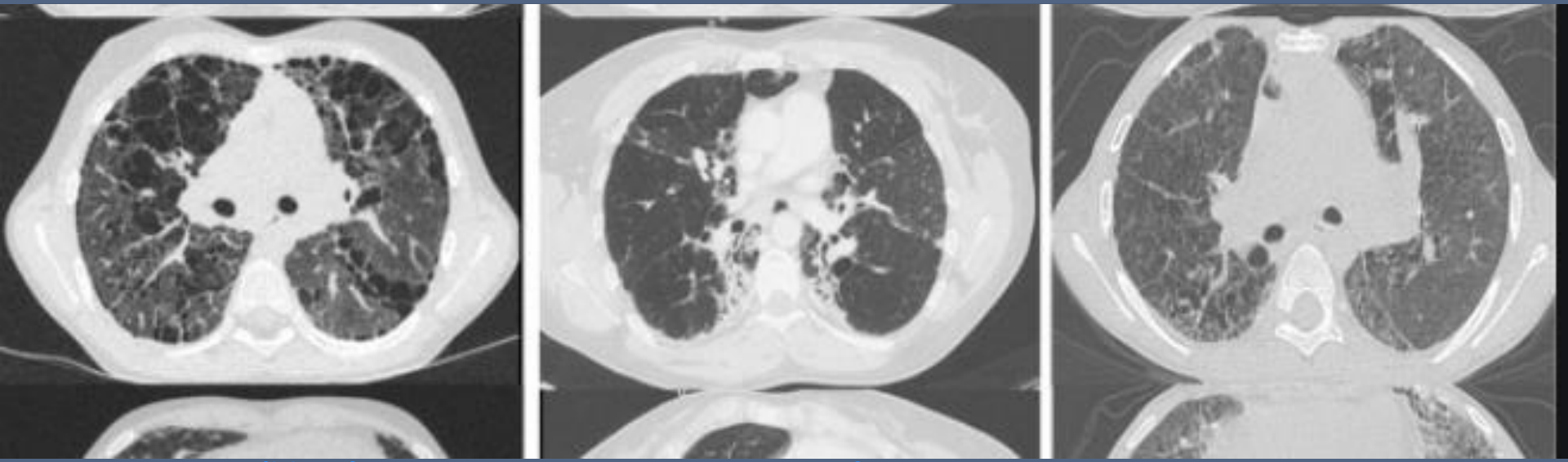


Services that have an interpretation and/or report that are reported by a separate CPT code billed by same provider

Individual lab services when ordered as a lab panel

Review of test results ordered you have ordered*

(unless credit has not been taken for order previously)



Traditional Report

The interpretation of a test for which there is a CPT code and an interpretation or report is customary.

Do Not Report if billing for service

This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient.

Report Required

A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.

Independent Interpretation

Independent Historian

An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary.

Co-Morbidities

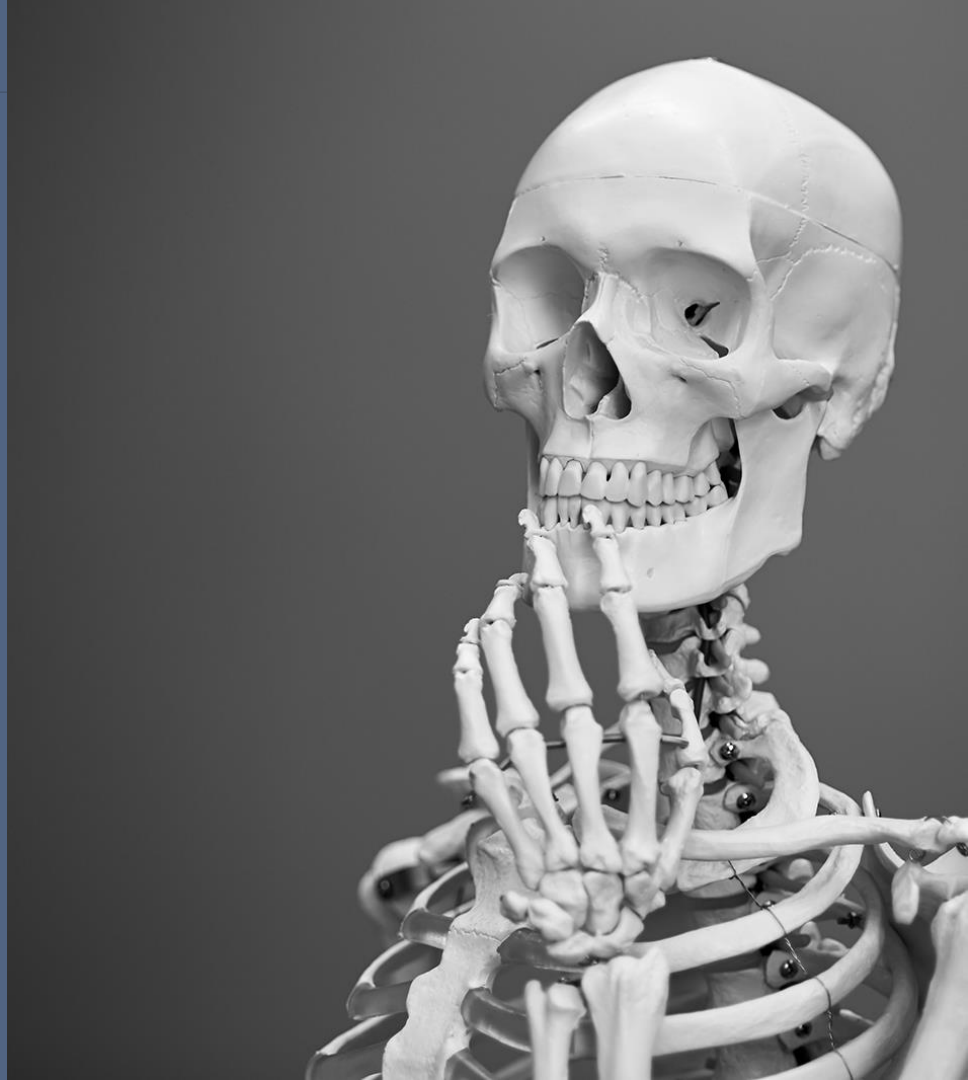
Comorbidities/underlying diseases are not considered in selecting a level of E/M services

unless

They are addressed

and

Their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management



Time 2021

Physician/other qualified health care professional **time** includes the following activities, when performed:

- 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)••

Changes Needed by Providers 2021

- No longer need history and physical elements to score level of service
  - Review of Systems (10, 12 or 14 point)
  - PFSH
  - Physical exam (normal male or female)

- Cut and Paste No Longer Needed
  - Turn function off!!
  - No need to “pull forward” history information just for points
  - No need to copy old *anything* into todays record

- Focus Documentation on
  - Nature of presenting problem
  - Complexity of diagnostic options
  - Medical Necessity of services
  - Tell the ”story” of the patient’s visit

Burden Reduction

- The AMA commissioned a study
  - Peer-reviewed literature to determine the amount of time that could reasonably be saved once the changes are implemented to the E/M codes that impact office visits
  - Assuming a conservative reduction of **2.11 minutes per visit**
    - **20 patients per day**
    - **180 hours of freed time** over one year

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