

2021 E/M Guideline Changes for Medical Professionals

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Agenda



History of E/M Guidelines
and Current Application



Overview of Upcoming
Changes



Changes to Time
Component



Changes to MDM
Component



Anticipating the Change

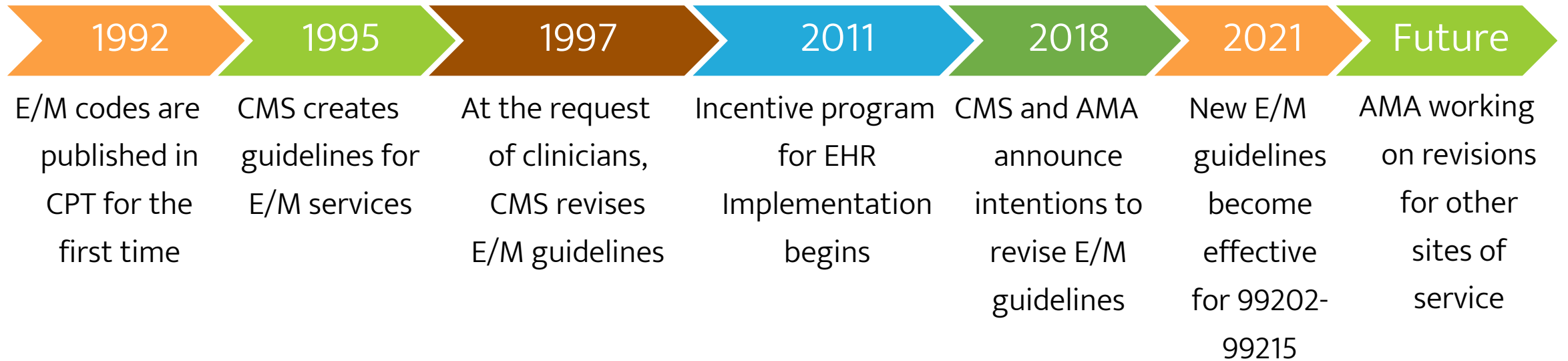


Overview of Changes

Hx and Exam	Eliminated as components of E/M code selection
99201	Deleted from CPT manual
Time Counts	All time devoted to patient care by the clinician on the date of service
Time Change	Modest adjustments to what is now called typical time for each E/M
MDM Change	A few rather significant changes to MDM considerations



History of E/M Guidelines



Current E/M Guidelines

BCA's Recipe Card Built on 1995 Guidelines

BCA E/M Recipe Card (Use the back first)					
Established Patient Medical Dec. Making (MDM)	HISTORY OR	EXAM	E/M Code	Time Guideline	HPI Qualifiers
Straightforward MDM	Chief Complaint & HPI x 1-3 qualifiers - <i>See yellow box</i>	1 system/area	99212	10 min	1 Location 2 Duration 3 Severity 4 Quality 5 Context 6 Timing 7 Factors that modify chief complaint 8 Associated S&S of chief complaint
Low Complexity MDM	CC, HPI x 1-3 qualifiers (e.g., 1. Location, 2. Dur., 3. Sev., 4. Modifying factors, 5. Assoc SIS, etc.) & ROS x 1 system	2-4 systems/areas	99213	15 min	
Moderate Complexity Medical Decision Making	CC, HPI x 4 or - HPI as status of 3 chronics; and ROS x 2-9 sys and pertinent Med or Fam or Soc Hx.	5-7 sys/areas 1 system must be detailed	99214	25 min	
High Complexity MDM	CC, HPI x 4/status 3 chronics, ROS x 10 & 2 histories	3 or > organ systems	99215	40 min	
Nurse Visit	Nurse or MA. Medicare and some other payers require clinician to be in office.		99211	5 min or >	
New Patient Medical Dec. Making (MDM)	HISTORY AND	EXAM	E/M Code	Time Guideline	HPI Qualifiers
Straightforward MDM	Chief Complaint & HPI x 1-3 qualifiers - <i>See yellow box</i>	1 system/area	99201	10 min	E/M codes requiring four HPI qualifiers may instead be documented
Straightforward MDM	CC, HPI x 1-3 qualifiers (yellow box) AND ROS x 1 sys	2-4 systems/areas	99202	20 min	
Low Complexity MDM	CC, HPI x 4 or HPI as status of 3 chronics; and ROS x 2-9 sys. and pertinent Med or Fam or Soc Hx.	5-7 sys/areas 1 system			
Moderate Complex MDM	CC, HPI x 4 qualifiers or HPI as status of 3 chronics; ROS x 10 sys. & all of Med. & Fam. & Soc. History	Compr or > or			

Consider first MDM, then turn card over to consider Hx and/or Ex and code.

Let the documented MDM in today's Assessment guide your code selection:

- | | |
|---|--|
| STRAIGHTFORWARD 99212 or 99201/99202 | a. Follow-up one problem evaluated as stable or improved today
b. One new/established minor problem evaluated today |
| LOW MDM (a, b or c) guides to 99213 or 99203 | a. Follow-up two stable/improved problems, or multi minor problems
b. New acute uncomplicated illness; e.g. basic "itis," OM, UTI, sprain.
c. Follow-up one problem worsening or not responding to treatment |
| MODERATE MDM (a, b, c or d) guides to 99214 or 99204 | a. Follow-up at least three chronic stable/unstable problems
b. F/U two significant problems; both unstable/worsening.
c. New/Initial eval of a significant problem; e.g. DM, CHF, Depr, HTN.
d. Undiagnosed new problem, uncertain outcome; e.g. pelvic/abd pain. |
| HIGH Complexity MDM guides to 99215 or to 99205 | Severe exacerbation, life threatening, neuro changes, or comb. of multiple new and established worsening, problems. (variables)
<i>Many studies, record review +++ See CMS Guidelines.</i> |

- ◆ BCA Recipe Card guides to E/M code accuracy in 90%-95% of audited cases.
- ◆ See also CPT and CMS 1995 and 1997 Guidelines.

List of Body Systems	
1. Constitution	9. Skin
2. Eyes	10. ENT
3. Allg/Imm	11. CV
4. Respiratory	12. GI
5. GU	13. MS
6. Neurologic	14. Endocrine
7. Hematologic/Lymphatic	
8. Psychiatric	

Documentation Based on Time:

1. Document & code **your** total visit time.
2. Document >50% of visit was counseling.
3. Document **detailed content of your counseling, discussion, expectations...**

Today's Assessment & Plan
 "Labs confirm DM2, the majority of this 25 minute visit devoted to counseling, multiple treatment options, diet, meds...exercise"
 Scheduled with DM trainer, started log. He will monitor his BS. Rtn 4 weeks."



Snapshot of Current Guidelines



Based on key components or time



If counseling/care coordination dominate face-to-face time, may use time to report visit



Established patient codes require two of the three key components to be met or exceeded



New patient codes require all three key components to be met or exceeded



Problems with Current Guidelines



Family history in a new patient who is 87 may not affect your decision-making, but without it, visit is held to 99203 unless dominated by counseling



A ten-system ROS or eight-system exam may not be necessary to manage the patient



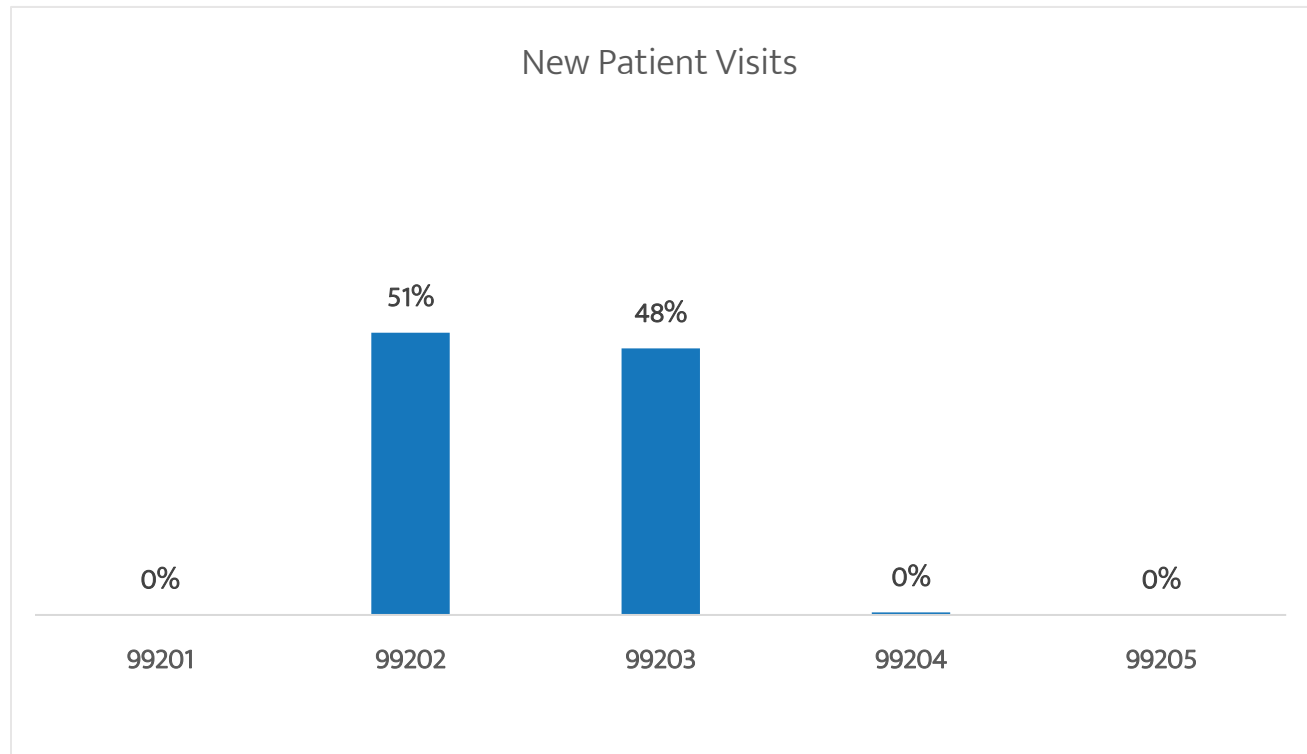
Clinicians must focus on unnecessary documentation components, rather than on patient's needs to determine E/M code selection



Contradictions are common, created when rushing through checkboxes or templates and free text, often with information in the HPI or A/P



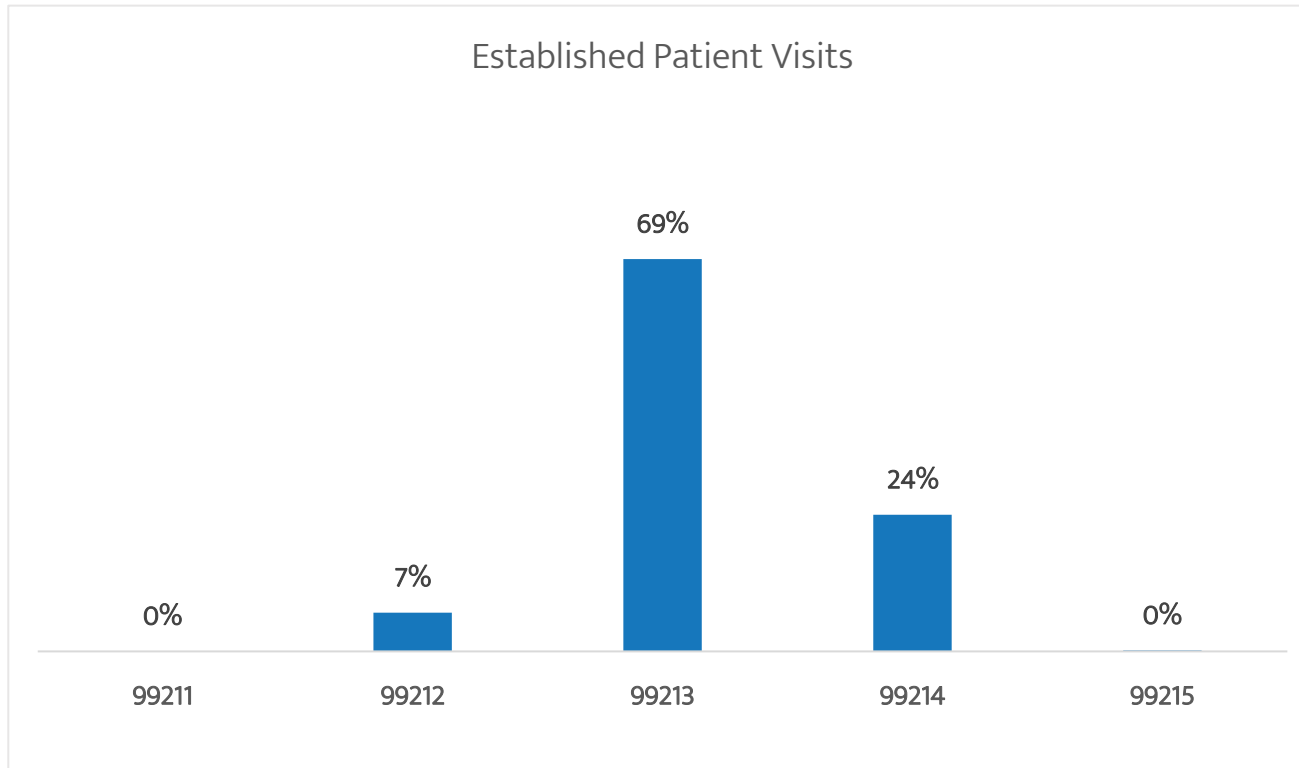
Sample Current E/M Data



- 99202 & 99203 favored
- Suggests no moderate MDM encounters
- Real story – not sure we have/need additional key components of history and exam



Sample Current E/M Data

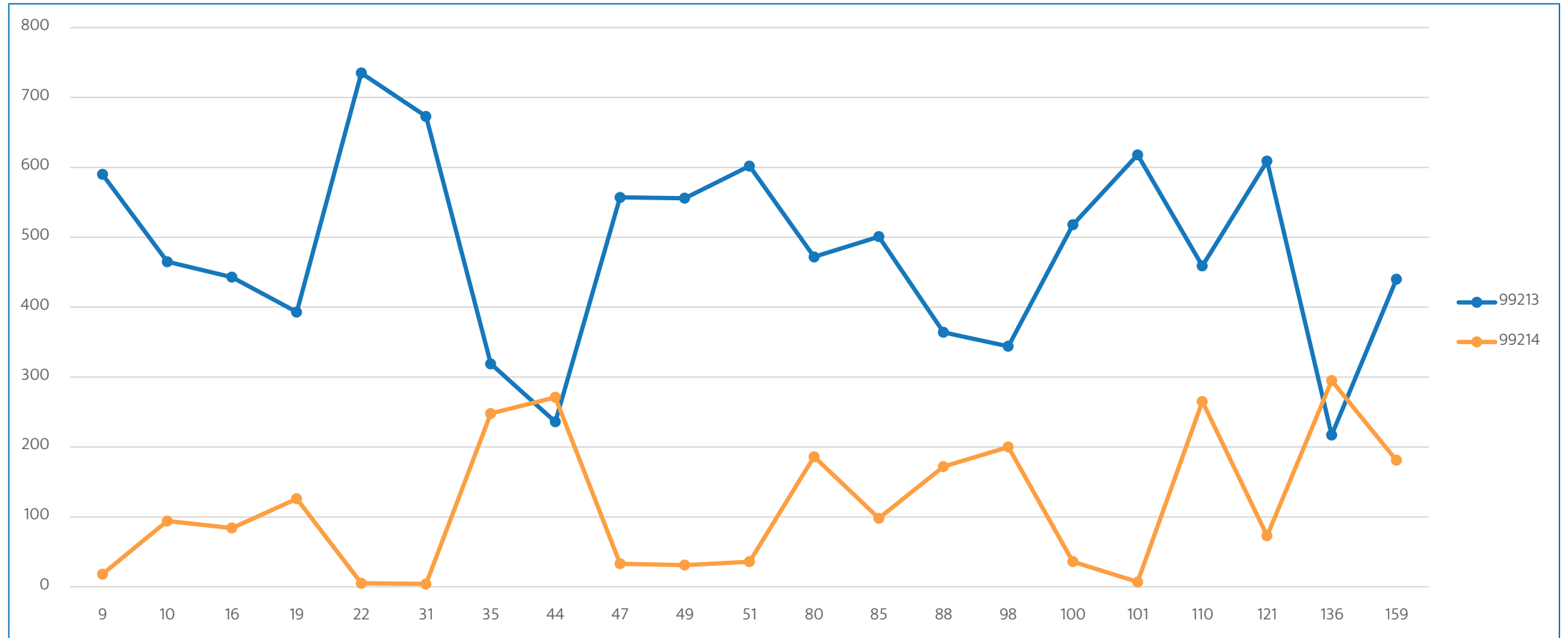


- 99213 highly favored
- How do we compare to national data?
- Mostly acute, uncomplicated problems?
- Concern for lacking key components?



Consider Personal Production

Unique Production Data Sample



2021 E/M Guideline Changes

Start preparing today!

1. **Time *or* Medical Decision Making** will determine code selection.
2. History/Exam eliminated as elements for code selection.
3. Changes apply **ONLY** to 99202-99215.
4. Time considerations and amounts change.
5. Medical Decision-Making scoring changes.
6. Code 99201 is retired.
7. Continue to use either 1995 or 1997 E/M Guidelines for other places of service.



Code Assignment Considerations for 2021

Applies to 99202-99215 only

Time-Based Coding

Revisions to “countable” time:

- Total time spent on date of service dedicated to the patient
- Only one clinician’s time may be counted
- Includes face-to-face or non-face-to-face time personally spent by clinician or other QHCP
- Clinical staff time is not counted

MDM-Based Coding

Divided into three elements:

- Number and complexity of problems addressed
- Amount and/or complexity of data to be reviewed and analyzed
- Risk of complications and/or morbidity or mortality of patient management



Time-Based Coding

New Considerations for 2021



Allowable Activities for Time*

**Do NOT count time spent performing separately reported services*

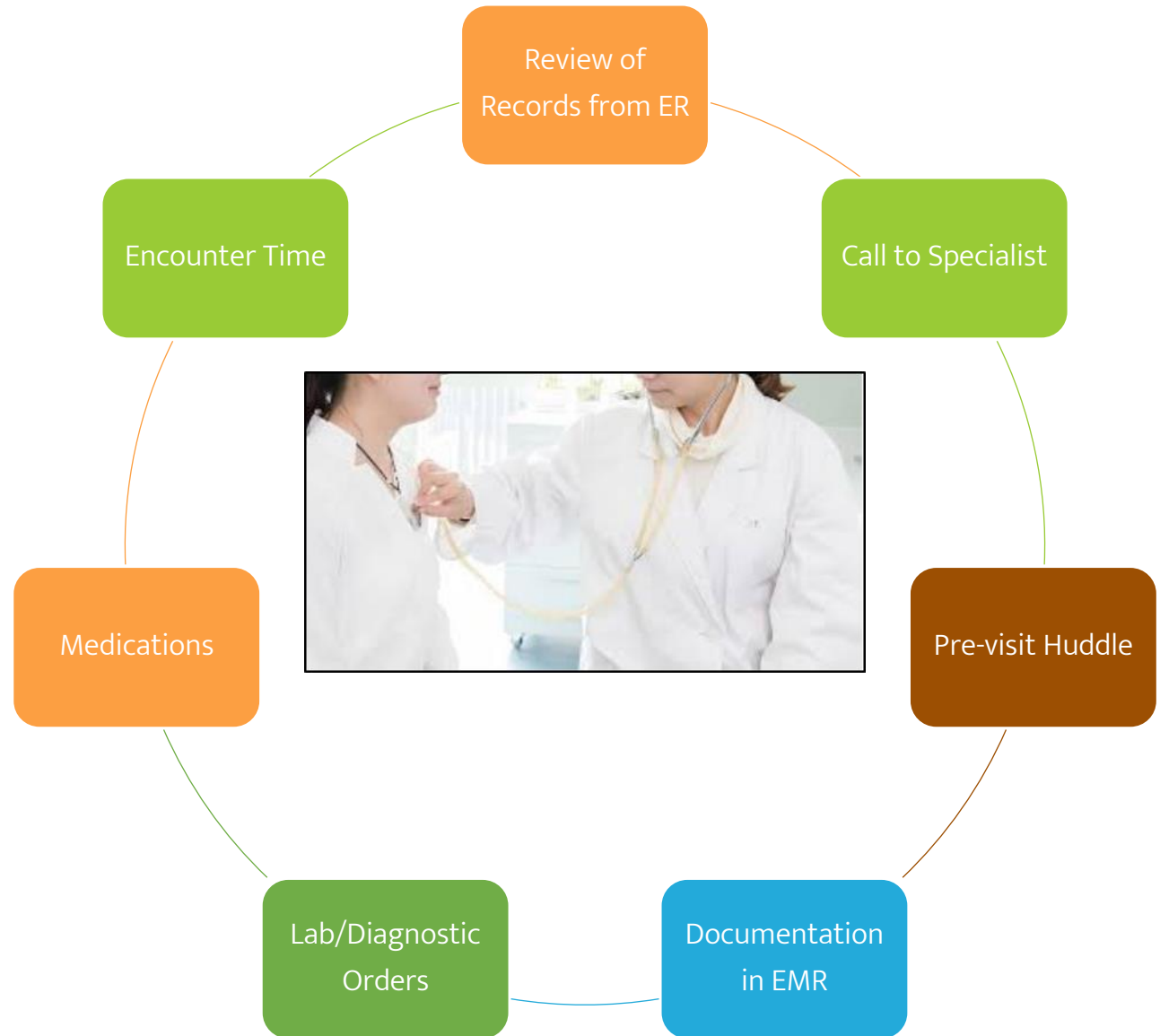


- Preparing to see the patient (test review)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate exam and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health professionals*
- Documenting clinical information in electronic or other health record
- Independently interpreting results* and communicating results to the patient/family/caregiver
- Care coordination*



Time Considerations

How will you track each increment?



A Few Rules for Time-Based Coding

Do's and Don'ts



DO count all time spent **by the clinician** dedicated to this patient on the date of service, both face-to-face and non face-to-face.



DON'T count time spent performing separately reimbursable services, e.g., EKG interpretation, minor procedures, etc.



DON'T apply this method to all visits – reserve for time-consuming encounters

Hospital follow-ups
Complex illnesses
Extensive
prescription work



New Times for Code Selection

Total time spent on the date of the encounter

New Patient E/M Codes

99202: 15-29 minutes (was 20)

99203: 30-44 minutes (was 30)

99204: 45-59 minutes (was 45)

99205: 60-74 minutes (was 60)

Established Patient E/M Codes

99212: 10-19 minutes (was 10)

99213: 20-29 minutes (was 15)

99214: 30-39 minutes (was 25)

99215: 40-54 minutes (was 40)



Time-Based Coding Scenario #1 *Hospital Follow-Up*



Actions Taken on Behalf of the Patient

- Pre-visit review of hospital discharge summary, recommendations
- Pt is poor historian, caregiver gives update since discharge
- Evaluation and management
- After the visit, calls made to specialists, assisted living facility, etc.
- Documentation of visit, coordination efforts, etc.
- Lab result review/order of additional labs/tests
- One specialist was unavailable, spoke to her on patient's behalf the next business day - **NO**



Time-Based Coding Scenario #2 *Time-Consuming Tina*



Actions Taken on Behalf of the Patient

- Morning Huddle conversations/planning
- Review of consultations
- Tina often misunderstands or misinterprets information provided by specialists, so you clarify instructions.... Again
- Internet research by Tina must be debunked, separating fact from fiction – perhaps even visiting the internet together for better sites
- Her toenails need trimmed today - **NO**
- Documentation for all the above
- Collaboration with care team members - **Maybe**



Additional Considerations

Do's and Don'ts

- Counseling regarding birth control with IUD placement today
 - Do count time spent counseling
 - Don't count time spent placing device
- Time spent on patient yesterday or tomorrow
 - Only the time spent on the date of service is included
 - Options exist for tracking additional time after the DOS (99358-99359)
 - These options are poorly reimbursed and do not support an FQHC encounter
- Time spent on behalf of the patient by ancillary staff
 - Consider chronic care management options for ancillary staff time
 - Does not need to be on the date of service for CCM
 - Don't count time spent on the day of the initiating visit for CCM
 - Watch for bundling rules!



Documentation Options

Potential strategies for success

I spent 10 minutes reviewing hospital records before this patient's visit. Face-to-face care time was 20 minutes. In addition, I spent 38 minutes after the patient's visit coordinating appropriate referrals, discussing medication adjustments with the pharmacist, placing additional lab orders and documenting all the above efforts in the patient's record.

I spent a total of 68 minutes devoted to this patient's care today. Actions include pre-visit records review, seeing the patient, ordering referrals, talking to the pharmacist about med changes, lab orders and creating documentation.



Avoid This Shortcut

Significant potential for audit failure

Total time spent on DOS: 68 minutes. Time was spent in some/all of the following activities: Preparing to see the patient, obtaining history, performing exam and/or evaluation, counseling the patient and/or caregiver, ordering of additional tests, medications or procedures, referring and communicating with other clinicians, documenting clinical information, independently interpreting results and/or care coordination.



Prolonged Services for 2021

New guidance for office and other outpatient service codes (99202-99215)

Do not use

99354-99355 with 99202-99215

Code
99417

New code 99417 is applied *only* when using time-based coding according to new definitions AND ONLY with 99205 and 99215 (watch for varying rules between AMA and CMS)

Do not use

For less than 15 minutes beyond usual time



Prolonged Services for 2021

*New guidance for office and
other outpatient service
codes
(99202-99215)*

► Total Duration of New Patient 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)
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 ◀



Medical Decision- Making

New Considerations for 2021



E/M Code Assignment Based on MDM

*What about history and
exam?*



History and exam are a part of evaluation and management



Medically necessary history and exam must still be documented



Nature and extent is determined by treating clinician



Care team may collect, clinician reviews and updates if needed



These key components are simply not an element in selection of office or other outpatient services



Still required for code selection in all other places of service



Medical Decision Making (MDM)

Same three basic elements—with changes

1. Number/Complexity of Problems

- A problem is addressed or managed when evaluated or treated at the encounter by the clinician
- Notation that another clinician manages problem doesn't count
- Clarify why or how a condition affects your care today

2. Amount/Complexity of Data

- Tests, documents or independent historian
- Independent interpretation of tests
- Discussion of management or test interpretation

3. Risk of Complication

- Minimal, Low, Moderate or High Risk



MDM

Components

Number/Complexity of Problems

Only count problems addressed today



NOTATION THAT
ANOTHER
PROVIDER
MANAGES
CONDITION
DOESN'T COUNT



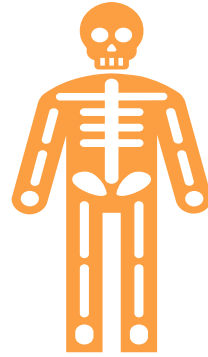
REFERRAL
WITHOUT
EVALUATION OR
CONSIDERATION
OF TREATMENT
DOESN'T COUNT



IF A CONDITION
AFFECTS YOUR
CARE TODAY,
CLARIFY WHY OR
HOW



Problems Defined



Problem

A disease, condition, illness, injury, symptom, sign, finding, complaint or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.



Problems Defined



What qualifies as a problem addressed?

When it is evaluated or treated at the encounter by the clinician

Further testing or treatment is considered, whether or not it is pursued



What doesn't qualify as a problem addressed?

Noting that another provider manages the problem without additional assessment or care coordination documented.

Referral without evaluation (history, exam, dx study, consideration of tx)



Severity of Problems

Minimal: A problem that may not require the presence of the clinician, but the service is provided under the clinician's supervision.

Self-limited or minor: A problem that runs a definite course, is transient in nature, and not likely to permanently alter health status.

Acute, uncomplicated illness or injury: Recent or new short-term problem. Low risk of morbidity for which treatment is considered. Little to no risk of mortality with treatment. Full recovery without functional impairment is expected. Problems that are normally self-limited/minor but isn't resolving as expected also qualify.



Severity of Problems *(continued)*

Stable, chronic illness:

- A problem with an expected duration of at least a year or until the patient's death.
- Changes in severity or stage doesn't affect whether it's considered chronic.
- Risk of mortality without treatment is significant.
- A patient's specific treatment goals are considered:
 - If not at goal, not considered stable (even if unchanged)



2021 E/M Table of Medical Decision-Making

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	
			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	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury 	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> Category 1: Tests and documents <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • 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) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment



Severity of Problems *(continued)*

Chronic illness with exacerbation, progression, or side effects of tx:

- Chronic illness that is acutely worsening, poorly controlled or progressing
- Intent to control progression
- Requires additional supportive care or attention to treatment for side effects
- Does not require consideration of hospital level of care



Severity of Problems *(continued)*

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.

- Example: Lump in breast
- Note that this represents a problem in the differential, not the ultimate diagnosis.



Severity of Problems *(continued)*

Acute, complicated injury: A problem that requires treatment that:

- Includes evaluation of body systems not directly part of the injured organ
- The injury is extensive
- Treatment options are multiple and/or associated with risk of morbidity
- Any of the above, doesn't require all
- Example: head injury with brief loss of consciousness



Severity of Problems *(continued)*

Acute illness with systemic symptoms: An illness that:

- Causes systemic symptoms
- Has a high risk of morbidity without treatment
- Systemic symptoms may not be general, but may be a single system
- For systemic general symptoms (e.g., fever, fatigue, body aches) in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, consider:
 - Self-limited or minor
 - Acute, uncomplicated



2021 E/M Table of Medical Decision-Making

<p>99204 99214</p>	<p>Moderate</p>	<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> • 2 or more stable chronic illnesses; <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis; <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms; <p>or</p> <ul style="list-style-type: none"> • 1 acute complicated injury 	<p>Moderate</p> <p><i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></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
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Severity of Problems *(continued)*

Chronic illness with severe exacerbation, progression, or side effect of treatment:

Severe exacerbation or progression of chronic illness or severe side effects of treatment that:

- Have significant risk of morbidity
- May require hospital level of care



Severity of Problems *(continued)*

Acute or chronic illness or injury that poses a threat to life or bodily function:

- Acute illness with systemic symptoms, an acute complicated injury or a chronic illness or injury with exacerbation and/or progression or side effects of treatment that poses a threat to life or bodily function in the near term without treatment, e.g.:
 - Acute myocardial infarction
 - Pulmonary embolus
 - Severe respiratory distress
 - Psychiatric illness with potential threat to self or others



2021 E/M Table of Medical Decision-Making

<p>99205 99215</p>	<p>High</p>	<p>High</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p>Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></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
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Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
N/A	N/A
Straightforward	Minimal • 1 self-limited or minor problem
Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury
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
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

First column only: *What level of risk?*

- Hypertension and T2DM, both stable
- Pyelonephritis
- Allergic rhinitis not responding to typical treatment
- Acute renal failure
- Concussion with moderate symptoms
- Palpable mass in abdomen



Data Considerations



TESTS



DOCUMENTS



ASSESSMENT
REQUIRING AN
INDEPENDENT
HISTORIAN



INDEPENDENT
INTERPRETATION
OF TESTS



DISCUSSION OF
MANAGEMENT OR
TEST
INTERPRETATION



Data Elements

Elements of Medical Decision Making
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>
N/A
Minimal or none
<p>Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i></p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* <p>or</p> <p>Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i></p>



Data Considerations: *Documents*

Review of prior external notes from each unique source

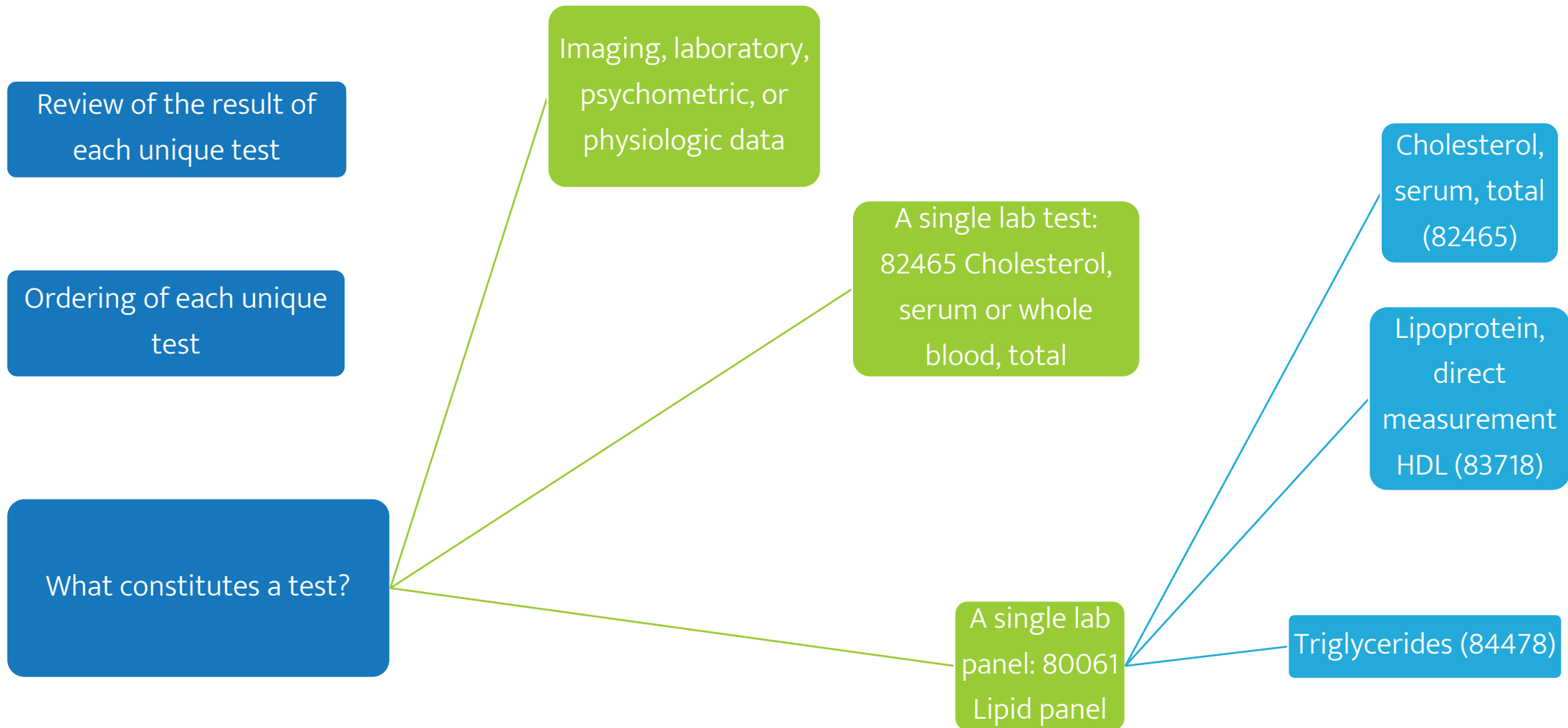
External: Records, communications and/or test results from an external clinician, facility or healthcare organization

External clinician: an individual who is not in the same group practice or is a different specialty or subspecialty

- Licensed professionals that practice independently
- Facility or organizational provider such as a hospital, nursing facility, or home health agency



Data Considerations: Tests



Data Considerations: *Independent Historian*



Defined as an individual (parent, guardian, surrogate, spouse, witness, etc.) who provides a history in addition to the history provided by the patient.



Patient is unable to provide a complete or reliable history



Confirmatory history is judged to be necessary



Conflict or poor communication between multiple historians, thus requiring more than one historian



Data Considerations

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)



MDM Components

*Amount/Complexity of Data -
Three Data Categories to
Consider*

Category 1: Tests, documents or independent historian(s):

- Any combination of 3 from the following:
 - Review of prior external notes from each unique source
 - Review of results of each unique test
 - Ordering of each unique test (*CMP = 1 test*)
 - Assessment requiring an independent historian

Category 2: Independent interpretation of tests

- Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)

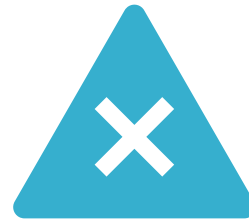


Data Considerations:

Independent Interpretation



Only for tests with a unique CPT where an interpretation or report is customary



Don't count if separately reporting this CPT code for the same clinician



Interpretation is necessary, but doesn't need to conform to usual standard of a complete report



MDM Components

*Amount/Complexity of Data -
Three Data Categories to
Consider*

Category 3: Discussion of management or test interpretation

- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source

Appropriate source examples:

- Lawyer
- Parole Officer
- Case Manager
- Teacher
- (Not family or informal caregivers)



Data Considerations:

Discussion of Management or Test Interpretation

Discussion with an
external clinician or
appropriate source

External clinician
previously defined

Appropriate source
(Discussion of
Management)



Elements of MDM:

In action

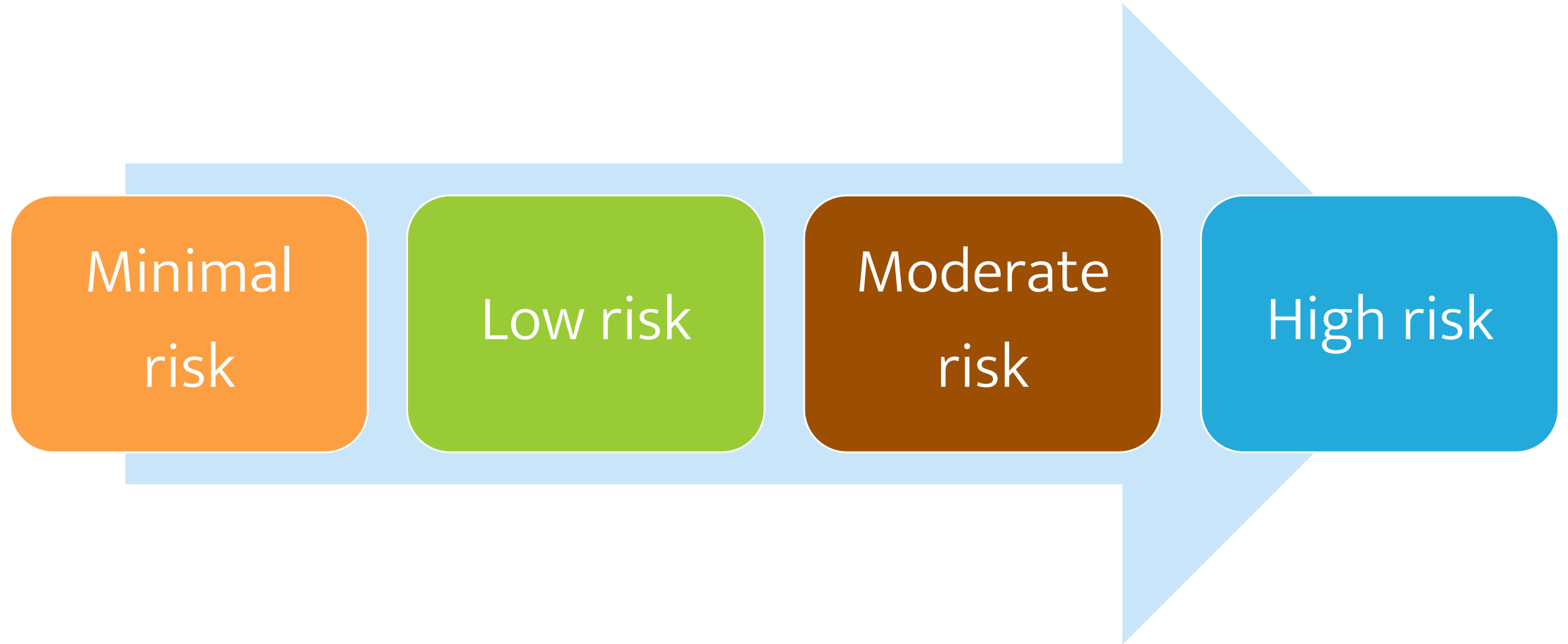
- Reviewed prior thyroid values, ordered FT4
- History obtained from parent, ordered stat x-ray, x-ray shows nondisplaced fracture, will wait for radiologist overread
- Ordered 4 unique lab tests, discussed management with patient's oncologist to help determine best course of action
- Patient with multiple chronic illnesses, clinician orders two panels and three unique lab tests

Elements of Medical Decision Making
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>
N/A
Minimal or none
<p>Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i></p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* <p>or</p> <p>Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i></p>
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MDM Components – Risk of Complications, etc.

Four levels of risk of morbidity from additional diagnostic testing/treatment



Risk Defined

The probability and/or consequences of an event

Assessment of level of risk is affected by the nature of the event under consideration

Definitions based on usual behavior and thought processes of clinicians in the same specialty

Clinicians are trained on these levels of risk and don't need quantification

For MDM, level of risk is based upon consequences of the problems addressed when appropriately treated

Also includes MDM r/t need to initiate or forego further testing, treatment, or hospitalization



Risk Considerations

- 1995 examples of minimal:
 - Rest
 - Gargles
 - Superficial Dressings
- 1995 examples of low:
 - OTC Medications
 - Physical Therapy
 - Occupational Therapy
 - IV Fluids w/o Additives
 - Minor surgery w/o risks

Risk of Complications and/or Morbidity or Mortality of Patient Management
N/A
Minimal risk of morbidity from additional diagnostic testing or treatment
Low risk of morbidity from additional diagnostic testing or treatment



Risk Considerations

- **Morbidity:** State of illness or functional impairment expected to be of substantial duration during which:
 - Functioning is limited
 - Quality of life is impaired
 - Organ damage that may not be transient despite treatment
- **Social Determinants of Health:** Economic and social conditions that influence the health of people and communities
 - Food insecurity
 - Homelessness
 - Insufficient social insurance and welfare support
 - Many others



Risk Considerations

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 Considerations

- **Drug therapy requiring intensive monitoring for toxicity:** a therapeutic agent that has the potential to cause serious morbidity or death
- Monitoring is performed for assessment of these, not primarily for therapeutic efficacy
- Should be monitoring that is generally accepted practice for the agent
- May be patient specific in some cases if not generally accepted practice



Risk Considerations: *Therapeutic Drug Monitoring*

What counts:

- Short-term or long-term (not less than quarterly)
- Lab test
- Physiologic test
- Imaging
- Must affect level of MDM of encounter in which it is considered in the management of the patient

Can't just be an ongoing monitoring in this patient, needs to affect today's visit MDM.



Risk Considerations: *Therapeutic Drug Monitoring*

What doesn't count:

- Monitoring by history or examination
- Monitoring done by someone else (specialist is watching, you make a note of it)
- Examples that do not qualify:
 - Glucose monitoring for a patient on insulin
 - Annual electrolyte and renal function tests for a patient on diuretics (doesn't meet frequency)



Risk Considerations

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



Patient Management

What level of risk?

- Would normally hospitalize this patient, but their care goals include palliative care
- Too sick to manage at the clinic, sent immediately to ER for evaluation and management
- Patient should have an MRI but refuses due to cost. Clinician must formulate an alternative treatment plan.
- Ice and OTCs

Risk of Complications and/or Morbidity or Mortality of Patient Management
N/A
Minimal risk of morbidity from additional diagnostic testing or treatment
Low risk of morbidity from additional diagnostic testing or treatment
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Practice with MDM Changes

1. A 22-year-old established patient presents with symptoms consistent with STI, confirmed by testing. Prescription medication is provided.



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1995/1997 Guidelines: Technically supports 99214 based on a new problem with prescription drug management. However, nature of presenting illness is not complex. Visit is pulled back to 99213.

First component: 3 points for new problem

Second component: 1 point for ordering lab tests

Third component: Moderate risk for prescription drug mgmt



Practice with MDM Changes

1. A 22-year-old established patient presents with symptoms consistent with STI, confirmed by testing. Prescription medication is provided.

2021 Guidelines: 99213

Column 1: Low for acute, uncomplicated illness

Column 2: Low for ordering of each unique test (may be moderate depending on number of tests ordered)

Column 3: Moderate for prescription drug mgmt



Practice with MDM Changes

2. An established patient with HTN and DM presents today for his regular quarterly visit. Both conditions are stable, labs are due and ordered, refills are provided. RTC in 3 months.



Practice with MDM Changes

2. An established patient with HTN and DM presents today for his regular quarterly visit. Both conditions are stable, labs are due and ordered, refills are provided. RTC in 3 months.

1995/1997 Guidelines: 99213

First component: 2 points (one for each established, stable problem)

Second component: 1 point for ordering labs

Third component: Moderate for prescription drug management



Practice with MDM Changes

2. An established patient with HTN and DM presents today for his regular quarterly visit. Both conditions are stable, labs are due and ordered, refills are provided. RTC in 3 months.

2021 Guidelines: 99214

Column 1: Moderate for two or more stable chronic illnesses

Column 2: Low or moderate, depending on number of labs ordered

Column 3: Moderate for prescription drug management



Practice with Time Changes

3. 57-year-old patient presents, new to clinic, for a hospital follow-up after URI that developed into shortness of breath. Patient hasn't seen a clinician in years, found during inpatient stay to have multiple underlying issues. Needs to establish with a PCP and needs multiple specialty follow-up visits.

10 minutes before visit reviewing hospital records

30 minutes seeing patient, more than half of which is spent counseling about lab values and other indicators of underlying health concerns.

22 minutes spent after visit calling clinicians involved in hospital stay and coordinating follow-ups based on urgency of conditions.



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1995/1997 Guidelines: 99203

Only able to count face-to-face time towards code selection.



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22 minutes spent after visit calling clinicians involved in hospital stay and coordinating follow-ups based on urgency of conditions.

2021 Guidelines: 99205

Combine all time spent by clinician on DOS = 62 minutes

99205 = 60-74 minutes of total time spent on day of encounter



Additional Practice

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2. Asthma with exacerbation, w/ Rx mgmt.
3. Cellulitis, Rx abx.
4. 53yo f/u T2DM, still uncontrolled (random BS and A1C today), insulin adjusted.
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Picture per AMA publication

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Additional Practice

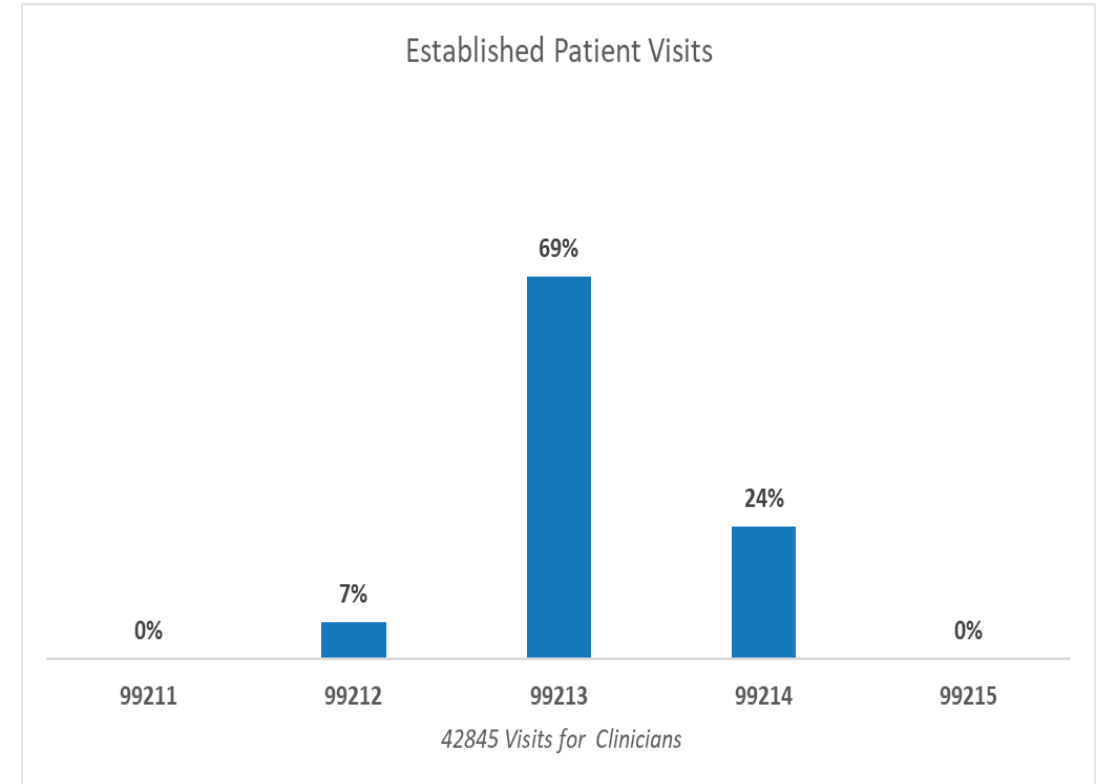
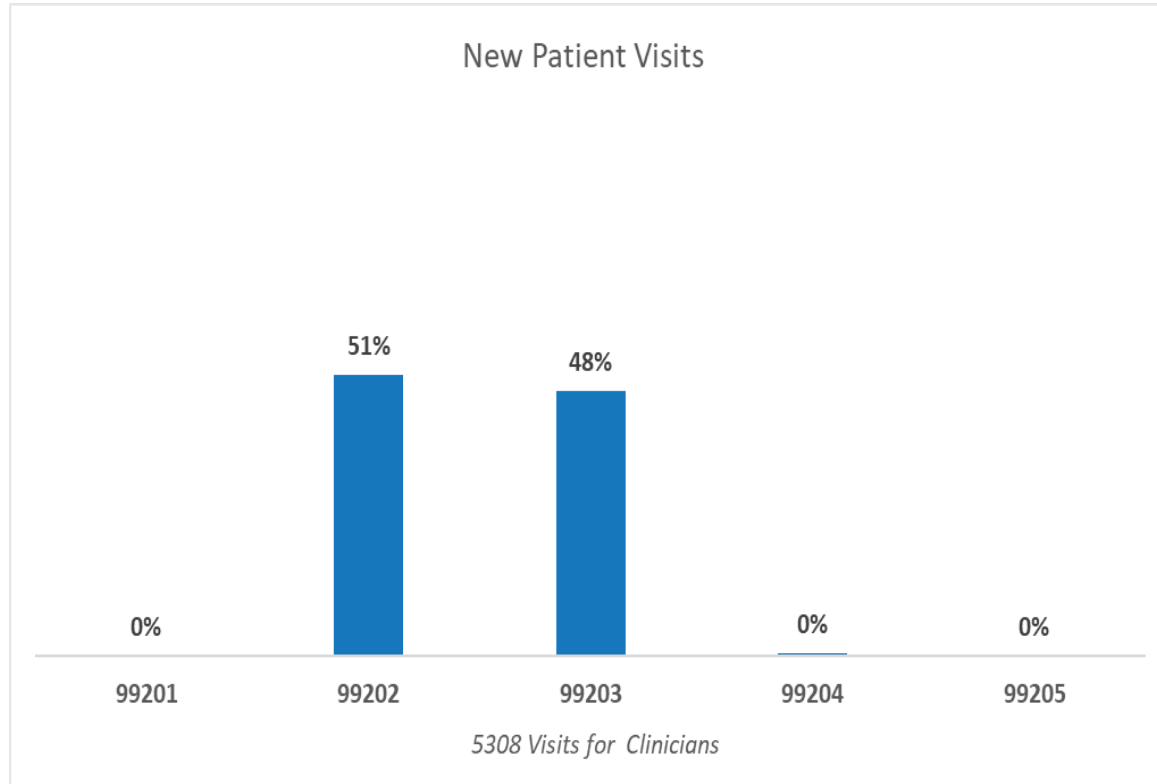
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99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> 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) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment
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 <i>(Must meet the requirements of at least 1 out of 3 categories)</i> 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 <i>Examples only:</i> • 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	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	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> 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)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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



Circling Back to Production



In Summary



Prepare

- Think about your routine – how many visits will benefit from time?
- Clarify your MDM steps – complex decisions could be easy to you
 - Identify each lab test ordered/reviewed
 - Independent interpretation – “Per my review”
 - Discussion of case/tests with external physician
 - Independent historian
 - Did social determinants of health significantly impact management?
- Peer review – is decision making clear to your colleagues?
- Know your production data, anticipate and monitor changes
- Contact your EMR vendor about any pending changes to E/M calculator, time documentation options



Must-Have Resources

- AMA CPT Evaluation and Management Office or Other Outpatient and Prolonged Services Code and Guideline Changes <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- CMS Fact Sheet: Finalized Policy, Payment, and Quality Provisions Changes to Medicare Physician Fee Schedule for Calendar Year 2020 <https://www.cms.gov/newsroom/fact-sheets/finalized-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar>
- AMA CPT E/M Office Revisions Level of Medical Decision Making <https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>
- 10 Tips to Prepare Your Practice for E/M Office Visit Changes <https://www.ama-assn.org/practice-management/cpt/10-tips-prepare-your-practice-em-office-visit-changes>



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Any question, any time!

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