2021 E/M Guideline Changes for Prescribing 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

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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

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History of E/M Guidelines

1992	1995	1997	2011	2018	2021	Future
E/M codes are published in CPT for the first time	CMS creates guidelines for E/M services	At the request of clinicians, CMS revises E/M guidelines	Incentive program for EHR Implementation begins	CMS and AMA announce intentions to revise E/M guidelines	New E/M guidelines become effective for 99202-99215	AMA working on revisions for other sites of service

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Current E/M Guidelines

BCA's Recipe Card Built on 1995 Guidelines

BCA's Medical Prescriber Psychiatric Recipe Card MDs, DOs, NPs & PAs

A Established Patients *(has been seen in clinic during past three years)*

Document at least two components or qualifying counseling time

1. MDM	2. HISTORY *(2nd Key Component)*	3. EXAM	Code	Total Time Guideline
Straightforward	CC & HPI identifying 1-3 qualifiers	1-5 elements	99212	10 minutes
Low: 1 prob worse, *or* 2 problems stable	CC, HPI w/ 1-3 qualifiers, ROS =/> 1 sys	6 elements	99213	15 minutes
Mod: New sig. prob; ***or*** 2 problems worse	CC, HPIx4, ROS=/ > 2 sys + pertinent Hx	9 elements	99214	25 minutes
High Complexity life threatening	CC, HPIx4, *or 3 chronics* , ROSx10 sys. & ***2 of;*** Med/Psych; Family; Social;	15 elements	99215	40 minutes

B New Patients *(has not seen in clinic during the past 3 years)*

Document all 3 components, (Hx, Ex & MDM) or qualifying counseling time

1. MDM	2. HISTORY *(2nd Key Component)*	3. EXAM	Code	Total Time Guideline
Straightforward	CC & HPI identifying 1-3 qualifiers	1-5 elements	99201	10 minutes
Straightforward	CC, HPI w/ 1-3 qualifiers, ROS =/> 1 sys	6 elements	99202	20 minutes
Low: 1 prob worse, or 2 probs stable	CC, HPIx4, ROS=/ > 2 sys + pertinent Hx.	9 elements	99203	30 minutes
Moderate (above)	CC, HPIx4, *or 3 chronics* , ROSx10 sys., all Med/Psych; Family and Social History	15 elements	99204	45 minutes
High Complexity			99205	60 minutes

HPI Qualifiers

1 Duration **2** Severity
3 Quality **4** Addl S/S
5 Modifying factors
6 Context **7** Timing
OR "incoming" status of 3 chronics in HPI.

***ROS** (body systems)*

1 Constitution
2 Eyes
3 ENT
4 Cardiovas
5 Respiratory
6 Gastrointestinal
7 Genitourinary
8 Musculoskeletal
9 Integumentary
10 Neurologic
11 Psychiatric
12 Endocrine
13 Allerg/Immuno
14 Hematolog/Lymph

E/M Based on Time Requirements

1 Total face time 1:30
2 > 50% counseling
3 Content, meds, labs, effects
Any E/M w/therapy *must be* based on Hx/Ex/MDM.

15 Psych Exam Elements

1 Vital signs x 3
2 General appearance
3 Muscle strength/abn. mvts
4 Speech (describe)
5 Thought process (describe)
6 Associations (describe)
7 Psychotic thoughts
8 Judgement (describe)
9 Orientation (describe)
10 Recent/remote memory
11 Attention span (describe)
12 Mood/affect (describe)
13 Language (describe)
14 Fund of knowledge
15 Gait and station

Review details in CMS 1997 Documentation Guidelines.

Snapshot of Current Guidelines

Based on key components or time

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

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

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

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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

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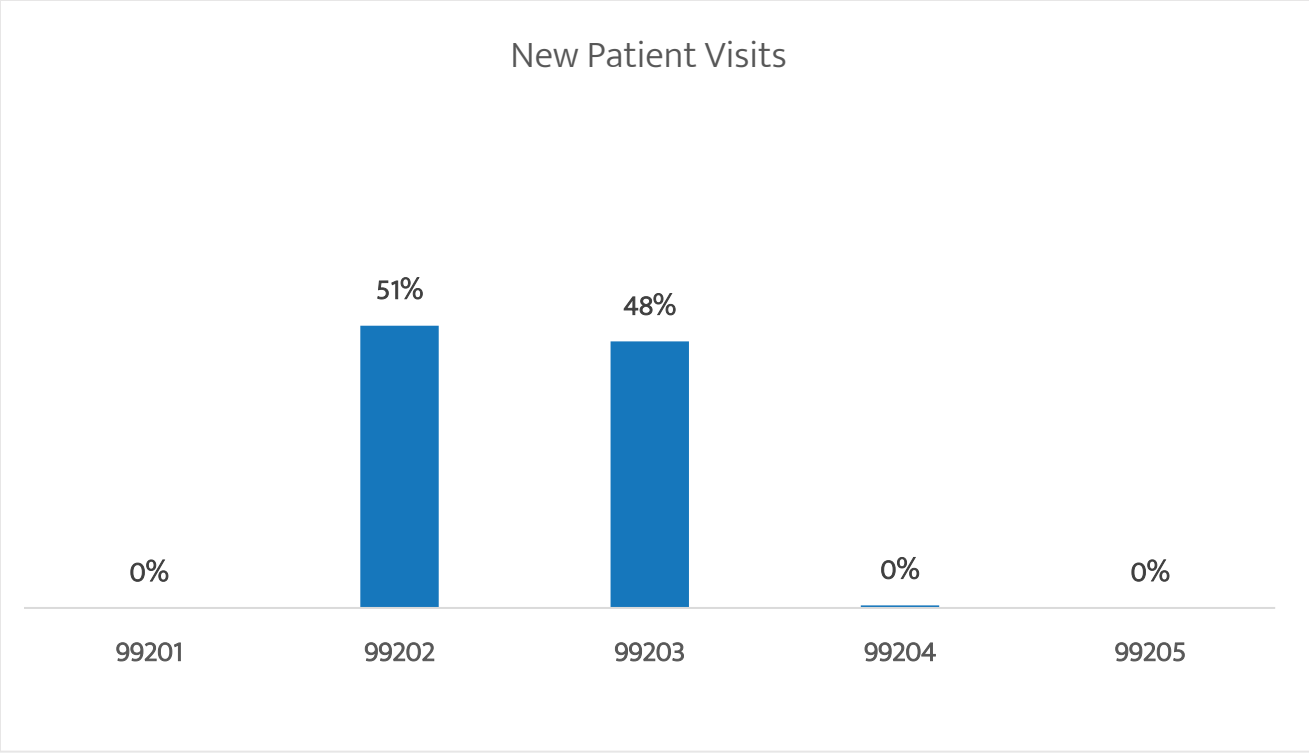
Sample Current E/M Data



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

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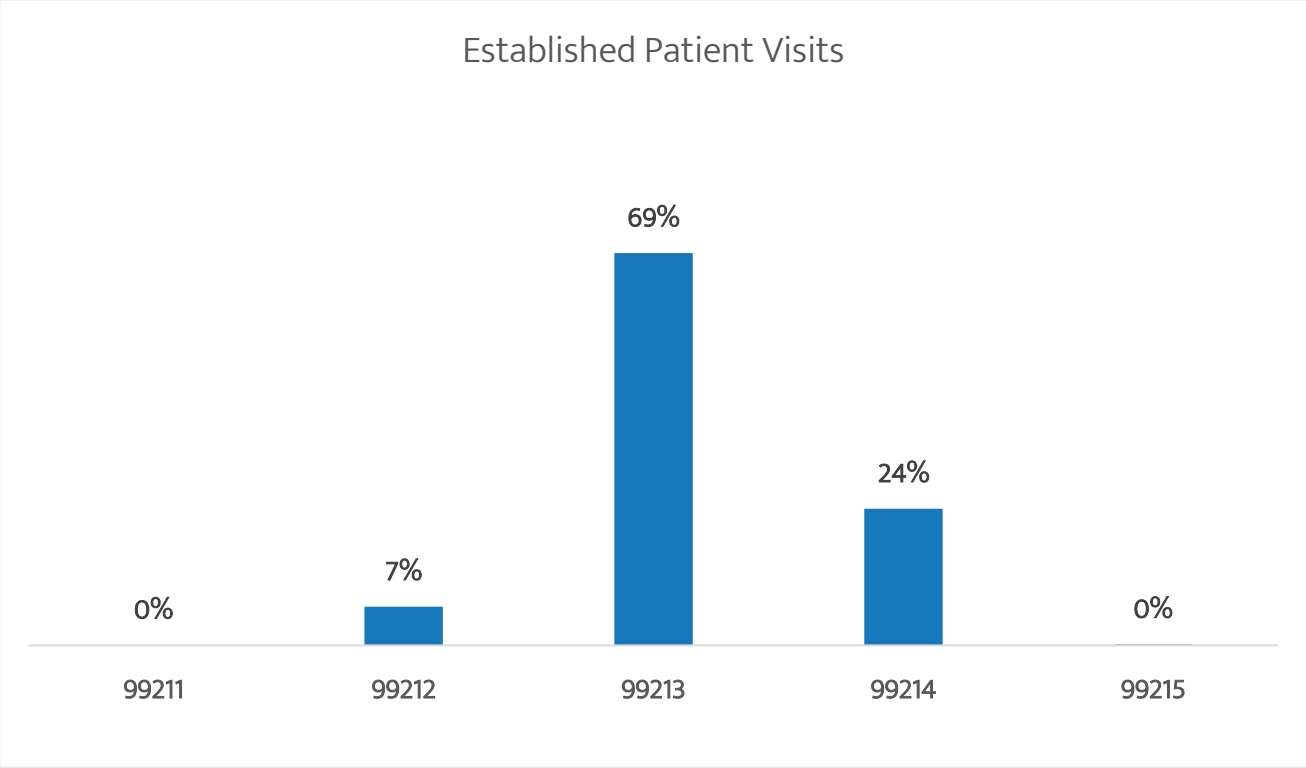
Sample Current E/M Data



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

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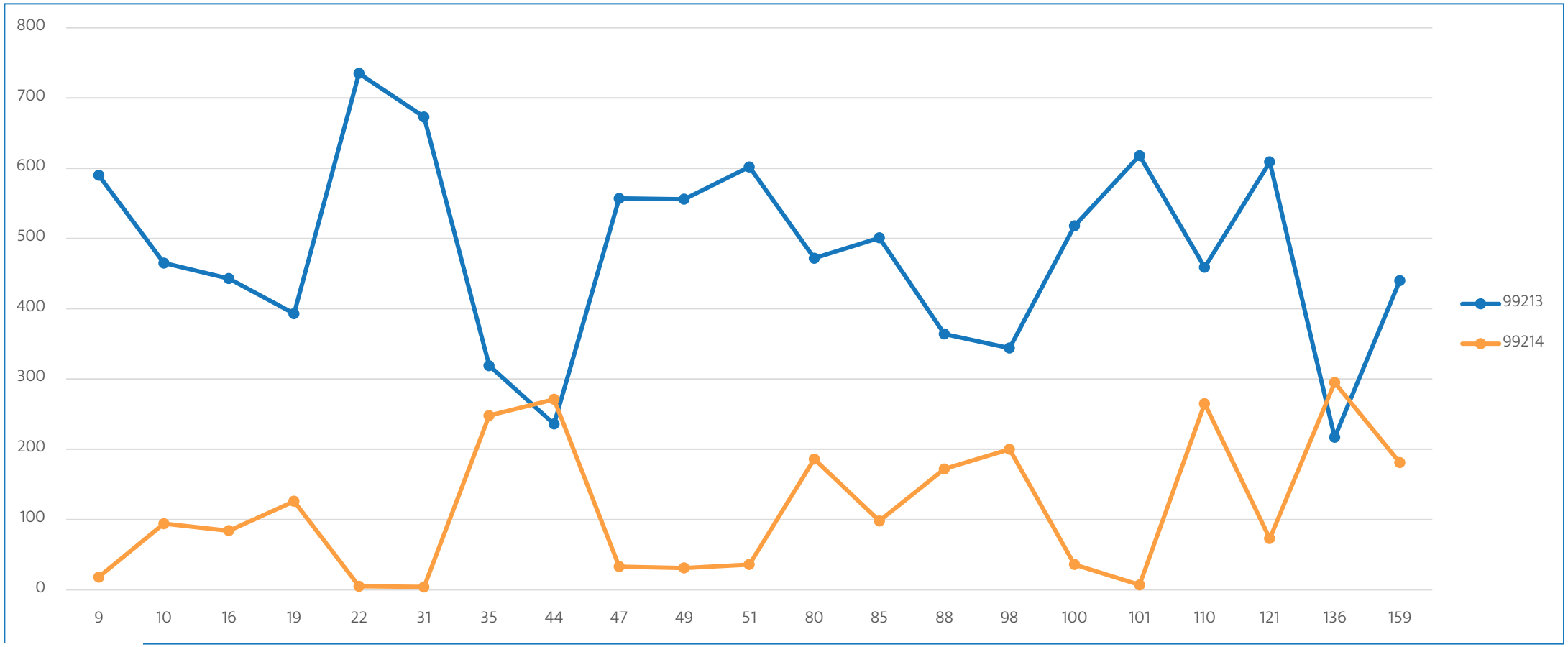
Consider Personal Production

Unique Production Data Sample



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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.

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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

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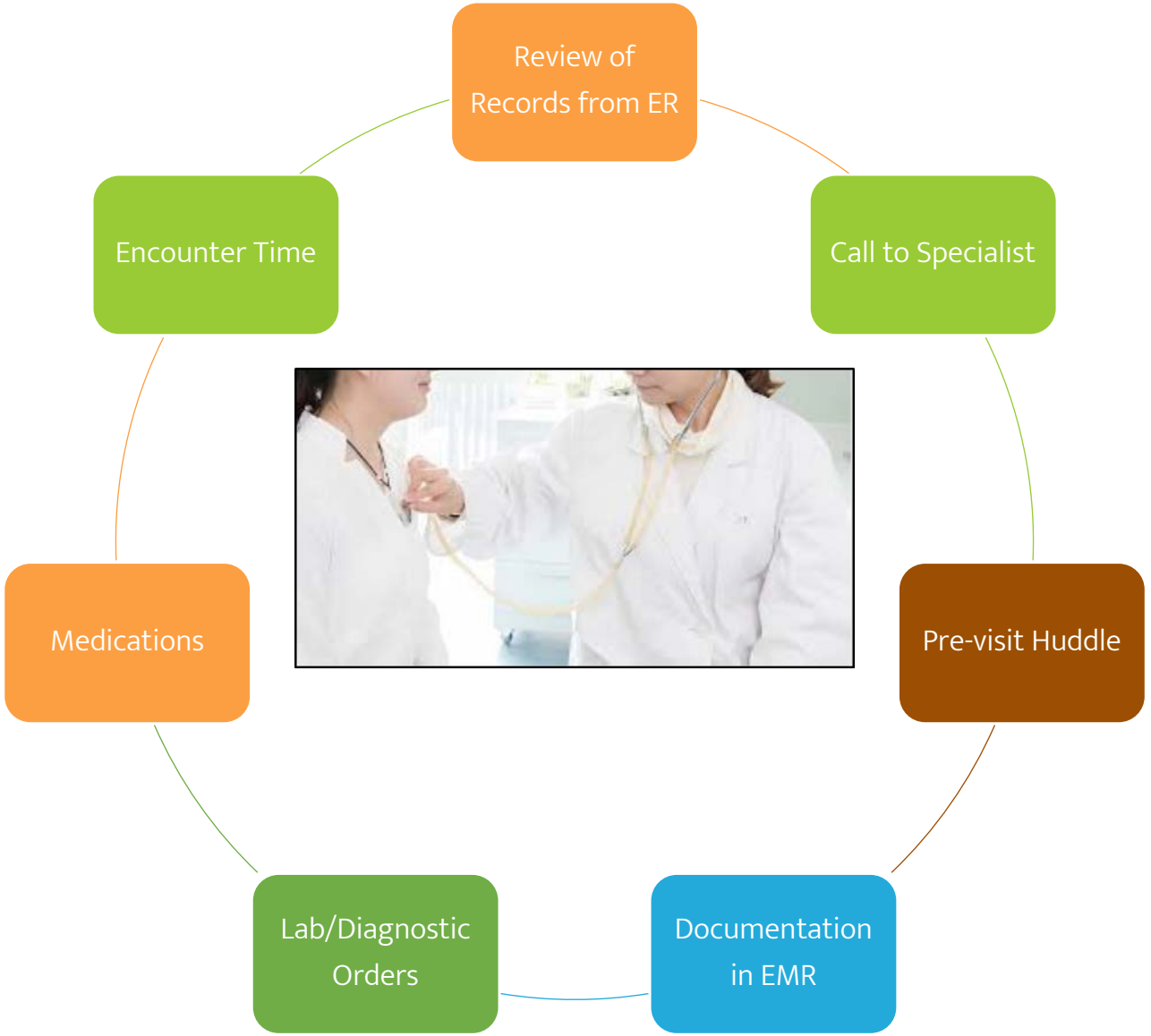
Allowable Activities for Time*

**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., diagnostic test interpretation

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
- Administered ADHD scale with interpretation - NO
- Documentation for all the above
- Collaboration with care team members - Maybe

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

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Prolonged Services 99417

- AMA – apply 99417 when the minimum threshold has been met.
- CMS – apply G2212 when the maximum threshold has been met plus 15 minutes.

► 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 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 ◄

► (Use 99417 in conjunction with 99205, 99215)◄

► (Do not report 99417 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416) ◄

► (Do not report 99417 for any time unit less than 15 minutes)◄

Medical Decision-Making

New Considerations for 2021

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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

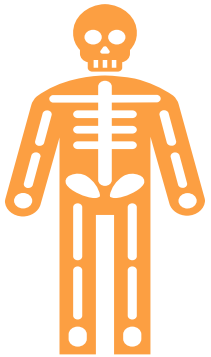
Only count problems addressed today

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 it is pursued or not

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)	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

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.

- AMA 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

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

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

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
			(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
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			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
				
				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

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

For first column only: What level of risk?

- ADHD and MDD, both stable
- Acute grief reaction
- Acute crisis with suicidal ideation
- Mood disorder resulting from traumatic brain injury
- Symptoms suggestive of bipolar disorder, patient needs further testing and evaluation

Data Considerations

TESTS

DOCUMENTS

ASSESSMENT REQUIRING AN INDEPENDENT HISTORIAN

INDEPENDENT INTERPRETATION OF TESTS

DISCUSSION OF MANAGEMENT OR TEST INTERPRETATION

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Data Elements

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.*
N/A
Minimal or none

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)

Data Considerations:
Documents

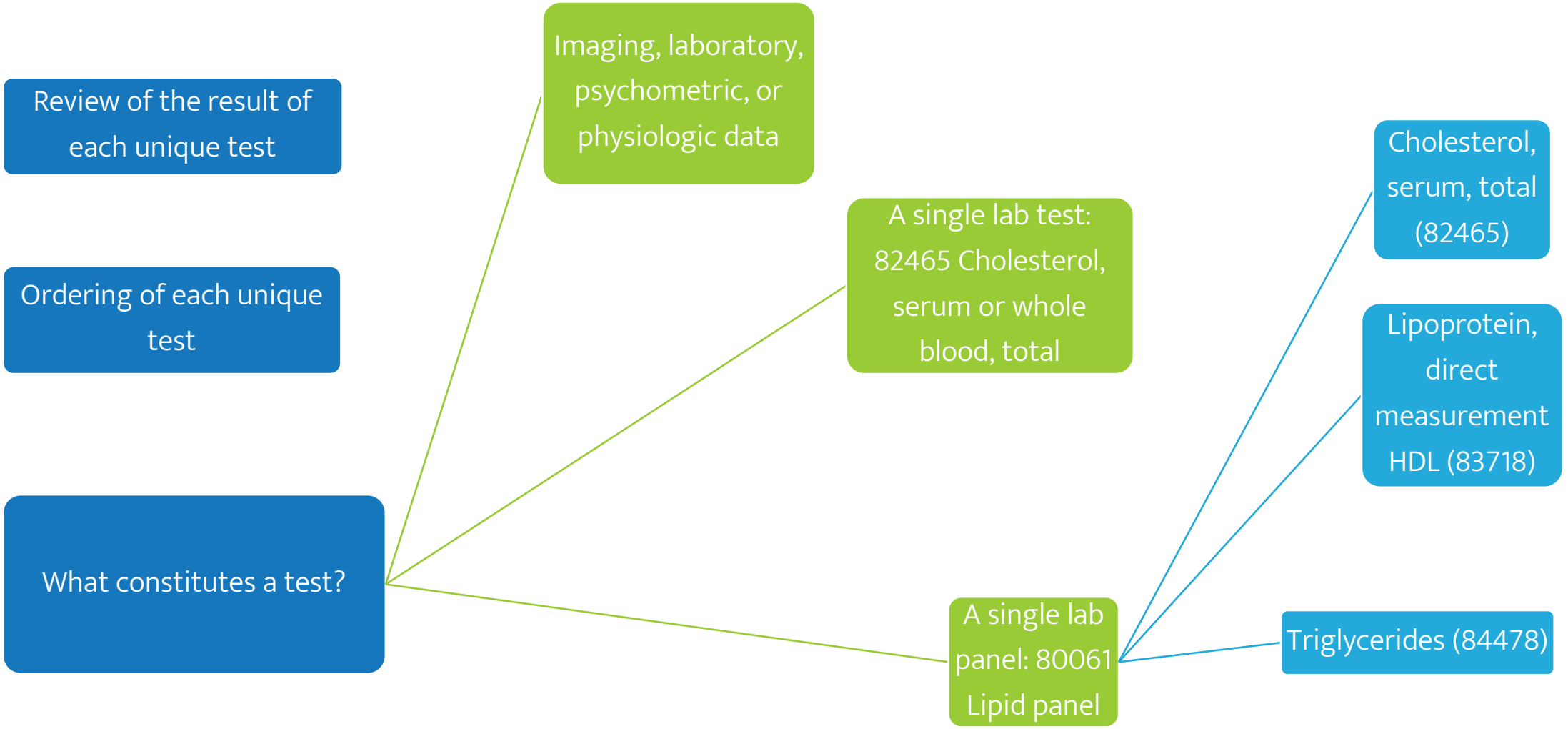
Review of prior external notes from each unique source

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)

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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 heath 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 foster parent, called caseworker to discuss case
- Ordered 4 unique lab tests, discussed management with patient's nephrologist to discuss medication interactions/effects.
- 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 **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*
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Minimal or none

Limited
(Must meet the requirements of at least 1 of the 2 categories)
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(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)

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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)

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
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Category 3: Discussion of management or test interpretation
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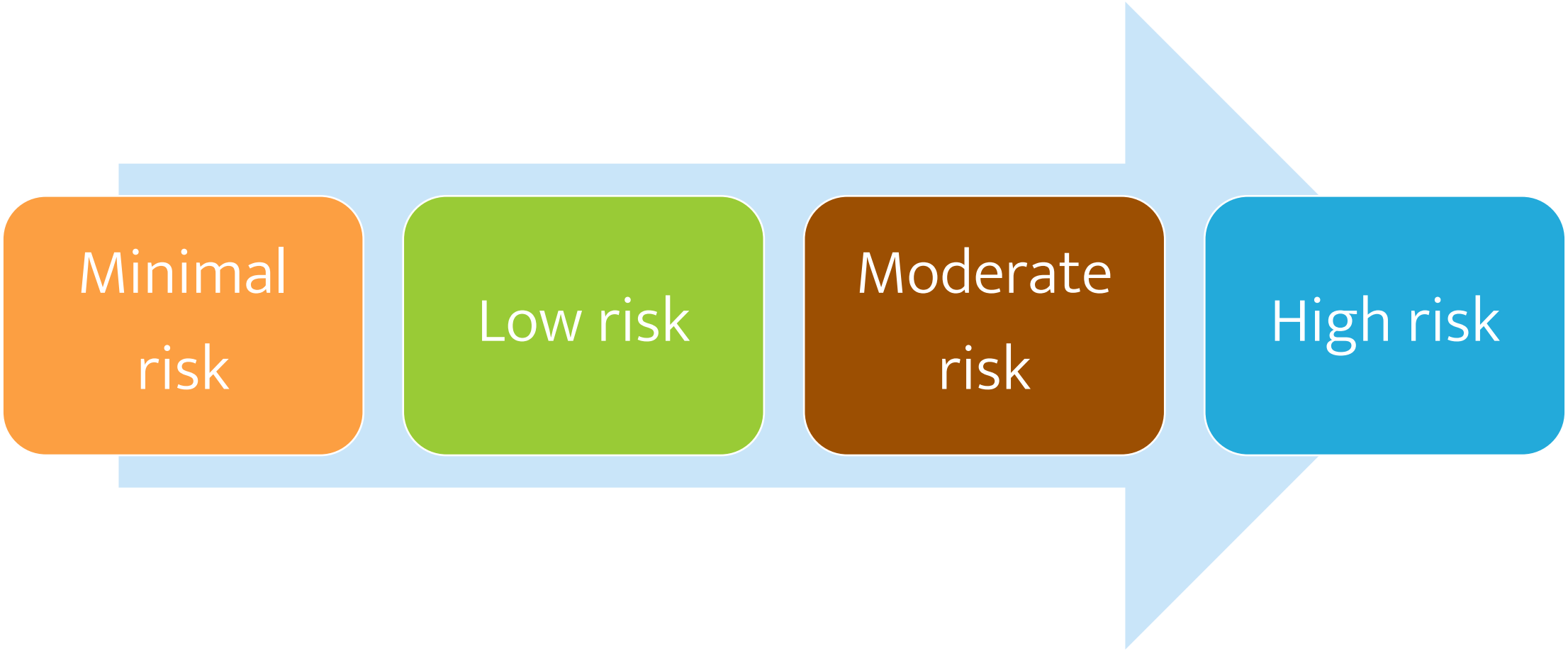
MDM Components – Risk of Complications, etc.

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?

- Initiate lithium tx, begin tapered monitoring for toxicity
- Patient should have inpatient alcohol treatment but refuses due to cost. Clinician must formulate an alternative treatment plan.
- Supplements (e.g., melatonin)
- Refuses prescription medication despite recommendation, opts for only supplements, therapy

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
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 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

Practice with MDM Changes

1. A 22-year-old established patient presents with known diagnosis of ADHD, appropriate stimulant use confirmed by testing. Prescription medication is provided.

Practice with MDM Changes

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Current Guidelines: 99212.

First component:	1 point for established stable problem
Second component:	1 point for urine drug screen
Third component:	Moderate risk for prescription drug mgmt

Practice with MDM Changes

1. A 22-year-old established patient presents with known diagnosis of ADHD, appropriate stimulant use confirmed by testing. Prescription medication is provided.

New Guidelines: 99213

Column 1: Low for stable chronic illness

Column 2: Minimal for ordering of one unique test

Column 3: Moderate for prescription drug mgmt

Practice with MDM Changes

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

Current 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 MDD and GAD presents today for his regular quarterly visit. Both conditions are stable, labs are due and ordered, refills are provided. RTC in 3 months.

New 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 suicide attempt. 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.

Practice with Time Changes

3. 57-year-old patient presents, new to clinic, for a hospital follow-up after suicide attempt 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.

Current Guidelines: 99203

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

Practice with Time Changes

3. 57-year-old patient presents, new to clinic, for a hospital follow-up after suicide attempt. 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.

New 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

1. ADHD, doing quite well. Will trial 3 month refill at this time.
2. Moderate MDD and PTSD, both doing well. Continue therapy, refilled meds w/o changes.
3. Since starting Naltrexone, worsened anx/dpn, now suicidal w/AH. Stop naltrexone, RTC 2 wks after lithium level is drawn.
4. Multiple chronic illnesses, Ordered lipids, TSH, FT4, CMP, CBC. Lamictal for mood stabilization, begin to cross titrate to Lithium

Picture per AMA publication

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

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

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
			(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*;
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			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
				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

Additional Practice

1. **ADHD, doing quite well. Will trial 3 month refill at this time.**
2. Moderate MDD and PTSD, both doing well. Continue therapy, refilled meds w/o changes.
3. Since starting Naltrexone, worsened anx/dpn, now suicidal w/AH. Stop naltrexone, RTC 2 wks after lithium level is drawn.
4. Multiple chronic illnesses, Ordered lipids, TSH, FT4, CMP, CBC. Lamictal for mood stabilization, begin to cross titrate to Lithium

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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
			(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*;
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			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

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*;
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			• 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

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
			(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*;
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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:**
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		or
		• **1** undiagnosed new problem with uncertain prognosis;
		or
		• **1** acute illness with systemic symptoms;
		or
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99205
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	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
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			(Must meet the requirements of at least 2 out of 3 categories)
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		• **2** or more self-limited or minor problems;
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		• **1** stable chronic illness;
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		• **1** acute, uncomplicated illness or injury
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		• **1** undiagnosed new problem with uncertain prognosis;
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		• **1** acute illness with systemic symptoms;
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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*;
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		or
		• **2** or more stable chronic illnesses;
		or
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		• **1** acute illness with systemic symptoms;
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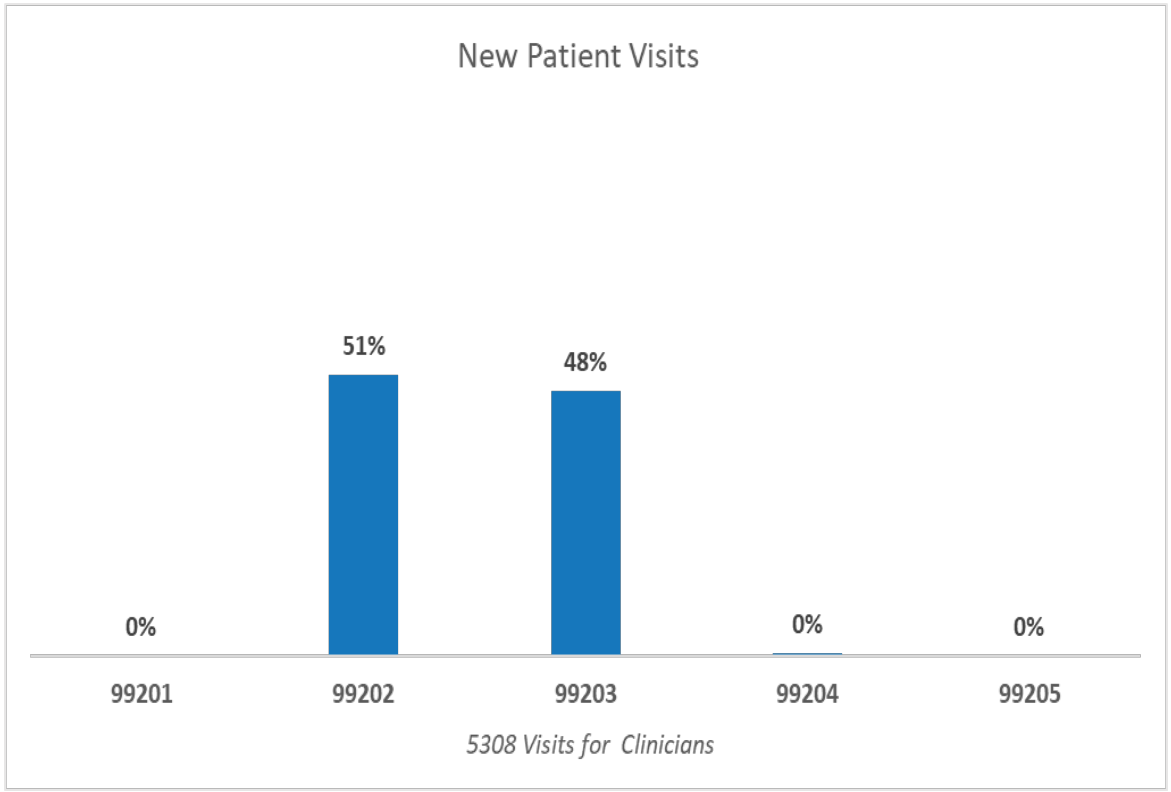
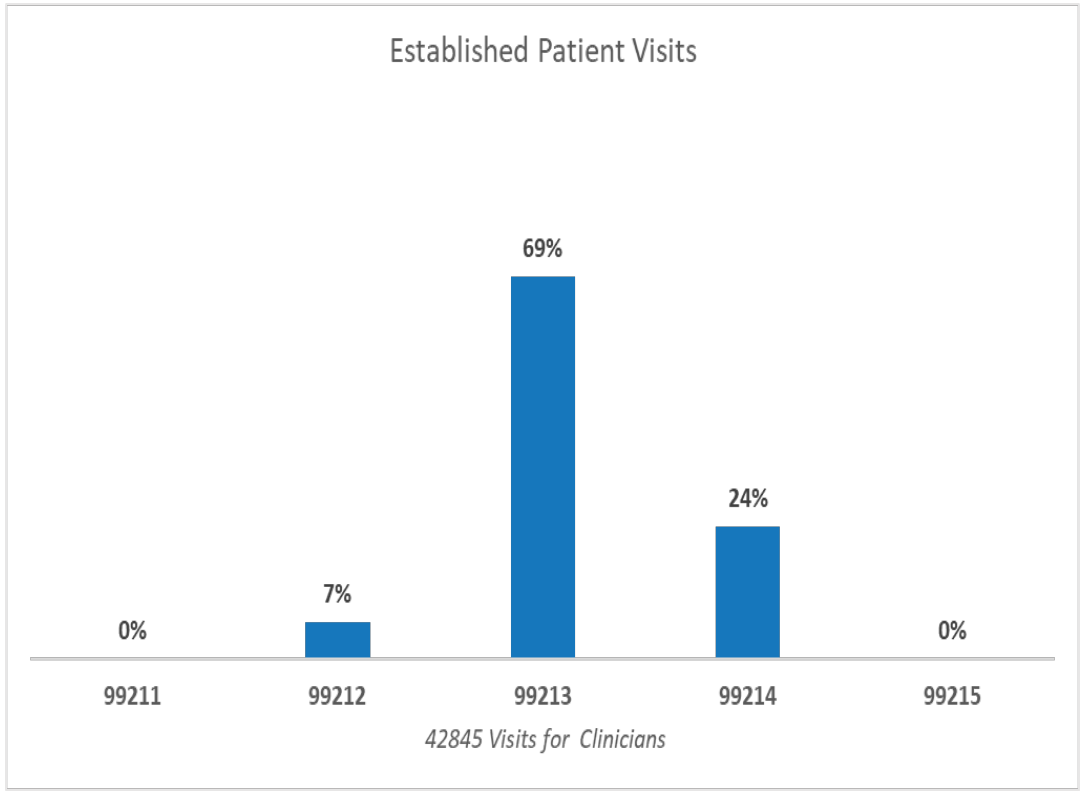
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

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
			(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)
				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

Circling Back to Production





In Summary

- 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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