Outpatient Coding for 2021

Presented by
Teresa Thompson, CPC
TM Consulting, Inc
CMS Changes for 2021

• Conversion factor is now $34.8931 – a 3.75% increase for Part B payments for 2021.
• The Sequestration of 2% is suspended through March of 2021.
• The 1.0 floor on the work Geographic Practice Cost Index through Calendar Year 2023.
• A moratorium on payment under the MPFS through at least 2023 for HCPCS Level II code G2211 – a visit code for complexity of encounter.
• Authorize HUD to insure mortgages under Section 223(d) to cover the operating losses of healthcare facilities that are already insured under the Section 232 and 242 programs and that were financially sound immediately prior to the COVID-19 pandemic.
• Appropriate an additional $250 million to the FCC for its COVID-19 Telehealth Program authorized under the CARES Act.
• “Surprise billing” legislation that requires arbiters to settle disputes between providers and insurers.
Outpatient Codes
99202-99215
Medically appropriate history and/or exam should be performed.
Nature and extent of the history and/or exam is determined by the treating provider.
Care team may collect information and the patient or caregiver may supply information (portal or questionnaire) that is reviewed by the reporting provider.
History and exam are not elements in selection of appropriate code.
2021 Evaluation and Management Code Selection Revisions

- Medical Decision-Making
- OR
- Time
Definition for Medical Decision Making

• Problem/problems Addressed
• Data Reviewed
• Risk(s) Assessed
Definitions for Medical Decision Making
Problem(s)

• 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.

• Problem addressed – When it is evaluated or treated at the encounter by the provider reporting the service:
  • Testing or treatment is considered but may not be elected
  • Notation another professional is managing the problem without additional assessment does not qualify as addressed
  • Referral without evaluation does not qualify
Definitions for Medical Decision Making

• Minimal Problem – may not require the presence of the provider but the service is provided under the provider's direct supervision. (CPT 99211)

• Self-limited or minor – runs a definite & prescribed course, is transient in nature and is not likely to permanently alter health status (cold).

• Stable chronic illness – expected duration of at least a year or until the death of the patient.
  • Stable – CPT definition – is defined by the specific treatment goals for an individual patient.
  • Chronicity – stage of severity does not affect definition of chronic
Definitions for Medical Decision Making

• Acute uncomplicated illness or injury:
  • Short term problem with low risk of morbidity which treatment is considered
  • Full recovery without functional impairment is expected
  • Examples – cystitis, allergic rhinitis or a simple sprain

• Chronic illness with exacerbation, progression, or side effects of treatment:
  • Acutely worsening, poorly controlled or progressing with an intent to control progression & requires supportive care or requiring attention to treatment for side effects but that does not require consideration of hospital level of care

• Undiagnosed new problem with uncertain prognosis –
  • A differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment – example lump in breast
Definitions for Medical Decision Making

• Acute Illness with systemic symptoms:
  • *Has a high risk of morbidity without treatment*
  • *May be single system or multi-system*
  • Examples – pyelonephritis, pneumonitis, or colitis

• Acute, complicated injury:
  • *An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or treatment options are multiple and/or associated with risk of morbidity.*
Definitions for Medical Decision Making

• Chronic illness with severe exacerbation, progression, or side effects of treatment:
  • The illness or severe side effects of treatment have significant risk of morbidity and may require hospital level of care

• Acute or chronic illness or injury that poses a threat to life or bodily function:
  • ---poses a threat to life or bodily function in the near term without treatment. Examples – MI, pulmonary embolus, severe respiratory distress
Definitions for Medical Decision Making
Data Reviewed

- **Tests:** imaging, laboratory, psychometric or physiologic data. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.

- **External:** communications and/or test results are from an external provider facility or healthcare organization

- **External provider:** An external provider is an individual who is not in the same group practice or is a different specialty or subspecialty.

- **Independent historian:** An individual (parent, guardian, surrogate, spouse, witness) who provides a history **in addition** to a history provided by the patient who is unable to provide a complete or reliable history or a confirmatory history is judged to be necessary.
Definitions for Medical Decision Making

• Independent Interpretation: Interpretation of a test which has a CPT code and an interpretation is customary

• Appropriate source: Includes professionals who are not health care professional but may be involved in the management of the patient. Does not include discussion with family or informal caregivers
Definitions for Medical Decision Making
Risk(s) Assessed

• Risk - Level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.

• Morbidity – A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

• Social determinants of health – Economic and social conditions that influence that health of people and communities – food or housing insecurity.
Definitions for Medical Decision Making

- Drug therapy requiring intensive monitoring for toxicity:
  - *Therapeutic agent that has the potential to cause serious morbidity or death*
  - *Assessment is performed for adverse effects*
  - *According to Medical standards*
  - *Monitoring may be by lab, a physiologic test or imaging.*
  - *History and exam does not constitute monitoring*
<table>
<thead>
<tr>
<th>Coding Based on Medical Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
</tr>
<tr>
<td>1 self-limited or minor problem</td>
</tr>
</tbody>
</table>
| **Data** | Minimal or none | Limited: Must meet the requirement of at least 1 of 2 categories  
   Category 1: Test 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  
   Category 2: Assessment requiring an independent historian(s) | Must meet at least 1 of 3 categories:  
   Category 1: Any combination 3 of 4 below:  
   • Review of prior external note(s) from each unique source  
   • Review of the result(s) of each unique test  
   • Order each unique test  
   • Assessment requiring an independent historian(s)  
   Category 2: Independent interpretation of tests performed by another physician  
   Category 3: Discussion of management or test interpretation with external physician/other qualified health care provider not separately reported | Must meet at least 2 of 3 categories:  
   Category 1: Any combination 3 of 4 below:  
   • Review of prior external note(s) from each unique source  
   • Review of the result(s) of each unique test  
   • Order each unique test  
   • Assessment requiring an independent historian(s)  
   Category 2: Independent interpretation of tests performed by another physician  
   Category 3: Discussion of management or test interpretation with external physician/other qualified health care provider not separately reported |
| **Risk** | Minimal risk of morbidity from additional diagnostic testing or treatment | Low risk of morbidity from additional diagnostic testing or treatment | Prescription drug management; diagnosis or treatment significantly limited by social determinants of health | Examples only:  
   • Drug therapy requiring intensive monitoring for toxicity  
   • Decision regarding not to resuscitate or de-escalate care due to poor prognosis |

Final decision based on 2 out of the 3 elements at the same level or higher
Time Revisions

• Time is the total time on the date of the encounter.
• Includes both face-to-face and non face-to-face time personally spent by the provider on the day of the encounter.
• Does not include activities normally performed by clinical staff.
Time Includes the following:

- Preparing to see the patient (review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate exam
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals
- Documenting clinical information in EHR or other health record
- Independently interpreting results & communicating results to the patient/family/caregiver
- Coordinating care (not separately reported)
Separately Reported Services

- Performance and/or interpretation of diagnostic tests during a patient encounter are not included in determining the level of E/M when separately reported for reimbursement.
- Diagnostic tests with specific CPT codes may be reported separately in addition to the appropriate E/M code.
- Diagnostic tests which are not reported separately may be included as part of the medical decision making.
2021 Revised E/M Coding Guidelines: 99202-99215

In an effort to reduce burden and improve payment for cognitive care, the American Medical Association along with the Centers for Medicare and Medicaid Services (CMS) have implemented key changes to office and outpatient evaluation and management (E/M) services starting on January 1, 2021.

Use this reference sheet as a guide for your consideration when choosing the appropriate code for your new and established patients. Please send any comments or questions you have to coding@aaaaai.org.

### Coding Based on Time

<table>
<thead>
<tr>
<th>New Patients</th>
<th>Established Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>99211</td>
</tr>
<tr>
<td>15-29 minutes</td>
<td>No time reference</td>
</tr>
<tr>
<td>99203</td>
<td>99212</td>
</tr>
<tr>
<td>30-44 minutes</td>
<td>10-19 minutes</td>
</tr>
<tr>
<td>99204</td>
<td>99213</td>
</tr>
<tr>
<td>45-59 minutes</td>
<td>20-29 minutes</td>
</tr>
<tr>
<td>99205</td>
<td>99214</td>
</tr>
<tr>
<td>60-74 minutes</td>
<td>30-39 minutes</td>
</tr>
<tr>
<td>99417*</td>
<td>99215</td>
</tr>
<tr>
<td>75 minutes and beyond for each 15 minutes of time</td>
<td>40-54 minutes</td>
</tr>
<tr>
<td>+99417*</td>
<td>99217</td>
</tr>
<tr>
<td></td>
<td>55 minutes and beyond for each 15 minutes of time</td>
</tr>
</tbody>
</table>

*If a new patient/physician interaction occurred on a specific date of service and lasted for a total of 105 minutes, the correct coding would be: CPT 99205, 99417X2 units to equal the 105 minutes.

Document time in the medical record when used for the basis for the code.

Use time for coding whether or not counseling and/or coordination of care dominates the service.

Reimbursed procedures are excluded from total time.

Count the total time on the date of services: 99202-99215.

To count physician or another qualified health care professional’s time spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.
Cases
• New patient – 45 yo male with history of wheezing and cough for the past 4 years. Springtime is worse but also triggered by cat. (he has one sleeping in his bedroom). Pt smokes intermittently, rare awakening from cough. Uses only SABA, averages 2-3X daily. There is a history of mild eczema, rhinitis year around but worse in spring. History reveals one bout of pneumonia, no sinusitis, No ER or hospitalizations. No prior evaluation from pulmonary or allergy. No other daily medications or medical allergies.

• Physical exam – diffuse expiration wheezes, otherwise unremarkable.
Case Scenario continued

- Diagnostic tests performed:
  - PFT, and eNo,
  - Skin testing inhalants and pollens
- Impression:
  - Moderate persistent asthma (J45.40)
  - Perennial and seasonal allergic rhinitis (J30.1, J30.81, J30.89)
  - Mild Eczema (L30.9)
  - Nicotine dependence (F17.200)
Case Scenario continued

- Plan:
  - Started on LABA/ICS, nasal steroid
  - Discussed removal of cat as marked skin test positivity
  - All environmental precautions reviewed for pollens and dust mites
  - Asthma action plan established, PEFR monitoring at home
  - Recommended all smoke avoidance
  - Reviewed skin precautions
  - Recommended symptom diary be kept and follow up in one month
# Coding Based on Medical Decision Making

<table>
<thead>
<tr>
<th>Problem</th>
<th>Straightforward 99202/99212</th>
<th>Low 99203/99213</th>
<th>Moderate 99204/99214</th>
<th>High 99205/99215</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 self-limited or minor problem</td>
<td>2 or more self-limited or minor problems, OR</td>
<td>1 or more chronic illness with exacerbation, progression, or side effects for treatment, OR</td>
<td>1 or more chronic illness with severe exacerbation, progression, or side effects of treatment, OR</td>
<td>1 acute or chronic illness posing a threat to life or bodily function</td>
</tr>
<tr>
<td>Minimal or none</td>
<td>Limited: Must meet the requirement of at least 1 of 2 categories Category 1: Test 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 Category 2: Assessment requiring an independent historian(s)</td>
<td>Must meet at least 1 of 3 categories: Category 1: Any combination 3 of 4 below: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Order each unique test • Assessment requiring an independent historian(s) Category 2: Independent interpretation of tests performed by another physician Category 3: Discussion of management or test interpretation with external physician/other qualified health care provider not separately reported</td>
<td>Must meet at least 2 of 3 categories: Category 1: Any combination 3 of 4 below: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Order each unique test • Assessment requiring an independent historian(s) Category 2: Independent interpretation of tests performed by another physician Category 3: Discussion of management or test interpretation with external physician/other qualified health care provider not separately reported</td>
<td></td>
</tr>
<tr>
<td>Minimal risk of morbidity from additional diagnostic testing or treatment</td>
<td>Low risk of morbidity from additional diagnostic testing or treatment</td>
<td>Prescription drug management; diagnosis or treatment significantly limited by social determinants of health</td>
<td>Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding not to resuscitate or de-escalate care due to poor prognosis</td>
<td></td>
</tr>
</tbody>
</table>

---

Final decision based on 2 out of the 3 elements at the same level or higher
Case Scenario – Choose the correct code

- Number & complexity of problems addressed: Minimal, Low, moderate, or High
- Amount& complexity of data to be reviewed and analyzed: Minimal, limited, moderate or high
- Risk – Prescription drug mgmt., diagnosis or tx significantly limited by social determinants of health? Minimal, low, moderate or high?

- 99202
- 99203
- 99204
- 99205
Questions
Questions

• It’s my understanding that the changes in CMS coding for established in new patients do not apply to consults. I’m wondering if these changes apply to established and new patients for other private payers?
Questions

• What exactly qualifies as a “unique test” when it comes to allergy testing?
• When we do percutaneous testing and test 45 different allergens would each prick be a unique test?
• When we order labs for each allergen they go out as their own lab.
Questions

- I am unclear as to coding for a patient with increased symptoms – especially for a new patient. Is a chronic illness with exacerbation the same as increased symptoms?

- For example,
- 1. A new patient with asthma who had increased symptoms / poor control, that I would not typically label as an exacerbation?
- 2. A patient with allergic rhinitis and increased symptoms, I would not typically consider this an exacerbation.

- “CPT defines stable as specific to the patient and the patient hasn't reached their treatment goals. This would mean an asthma patient who is new and not at treatment goals would be a chronic illness with exacerbations, progression or side effects of treatment. This would also be true of an allergic rhinitis patient if the allergic rhinitis meets the definition of "chronic" - which is a problem with an expected duration of at least one year or until the death of the patient.”
<table>
<thead>
<tr>
<th>Problem</th>
<th>Straightforward (99202/99212)</th>
<th>Low (99203/99213)</th>
<th>Moderate (99204/99214)</th>
<th>High (99205/99215)</th>
</tr>
</thead>
</table>
| 1 self-limited or minor problem | • 2 or more self-limited or minor problems, OR  
• 1 stable chronic illness, OR  
• 1 acute, uncomplicated illness | | | • 1 or more chronic illness with exacerbation, progression, or side effects for treatment, OR  
• 2 or more stable chronic illnesses, OR  
• 1 undiagnosed new problem with uncertain prognosis, OR  
• 1 acute illness with systemic symptoms |
| Data | Minimal or none  
**Category 1:** Test 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  
**Category 2:** Assessment requiring an independent historian(s) | Limited; Must meet the requirement of at least 1 of 2 categories  
**Category 1:** Test 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  
**Category 2:** Assessment requiring an independent historian(s) | Must meet at least 1 of 3 categories:  
**Category 1:** Any combination 3 of 4 below:  
• Review of prior external note(s) from each unique source  
• Review of the result(s) of each unique test  
• Order each unique test  
• Assessment requiring an independent historian(s)  
**Category 2:** Independent interpretation of tests performed by another physician  
**Category 3:** Discussion of management or test interpretation with external physician/other qualified health care provider not separately reported | Must meet at least 2 of 3 categories:  
**Category 1:** Any combination 3 of 4 below:  
• Review of prior external note(s) from each unique source  
• Review of the result(s) of each unique test  
• Order each unique test  
• Assessment requiring an independent historian(s)  
**Category 2:** Independent interpretation of tests performed by another physician  
**Category 3:** Discussion of management or test interpretation with external physician/other qualified health care provider not separately reported |
| Risk | Minimal risk of morbidity from additional diagnostic testing or treatment | Low risk of morbidity from additional diagnostic testing or treatment | Prescription drug management; diagnosis or treatment significantly limited by social determinants of health | Examples only:  
• Drug therapy requiring intensive monitoring for toxicity  
• Decision regarding not to resuscitate or de-escalate care due to poor prognosis |

**Final decision based on 2 out of the 3 elements at the same level or higher**
Questions

• For the second element of MDM, “amount and/or complexity of data to be reviewed and analyzed,” would ordering and reviewing spirometry count as 2 “points” for category 1? Likewise, would ordering and reviewing both skin testing and spirometry count as 4 points for category 1, or still just 2 points? Skin testing, spirometry and FENO as 6 points?

• Any of the diagnostic tests which are reported separately do not count in medical decision making. Your time involved in those services is carved out of the total physician time.
Questions

• Can my provider count the time other medical staff have spent with the Pt. while taking vitals, going over medications etc. in the office visit documentation?
Questions

• How do we bill for time using the 2021 coding changes if a patient has an office visit PLUS a separate procedure such as skin test or drug challenge? How do we calculate the total time for that date of service?

• *If you are going to use time to support your E/M services, you cannot count the physician time involved in the allergy testing since the test is reimbursed separately. Your documentation should state total physician time excluding time for separate...*
2021 Revised E/M Coding Guidelines: 99202-99215

In an effort to reduce burden and improve payment for cognitive care, the American Medical Association along with the Centers for Medicare and Medicaid Services (CMS) have implemented key changes to office and outpatient evaluation and management (E/M) services starting on January 1, 2021.

Use this reference sheet as a guide for your consideration when choosing the appropriate code for your new and established patients. Please send any comments or questions you have to coding@aaaai.org.

## Coding Based on Time

<table>
<thead>
<tr>
<th>New Patients</th>
<th>Established Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>99202</strong></td>
<td><strong>99211</strong></td>
</tr>
<tr>
<td>15-29 minutes</td>
<td>No time reference</td>
</tr>
<tr>
<td><strong>99203</strong></td>
<td><strong>99212</strong></td>
</tr>
<tr>
<td>30-44 minutes</td>
<td>10-19 minutes</td>
</tr>
<tr>
<td><strong>99204</strong></td>
<td><strong>99213</strong></td>
</tr>
<tr>
<td>45-59 minutes</td>
<td>20-29 minutes</td>
</tr>
<tr>
<td><strong>99205</strong></td>
<td><strong>99214</strong></td>
</tr>
<tr>
<td>60-74 minutes</td>
<td>30-39 minutes</td>
</tr>
<tr>
<td><strong>99417</strong></td>
<td><strong>99215</strong></td>
</tr>
<tr>
<td>75 minutes and beyond for each 15 minutes of time</td>
<td>40-54 minutes</td>
</tr>
</tbody>
</table>

Use time for coding whether or not counseling and/or coordination of care dominates the service.

Reimbursed procedures are excluded from total time.

Count the total time on the date of services: 99202-99215.

To count physician or another qualified health care professional’s time spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.
Questions

• Can you please clarify, if the physician is seeing a new patient with Level 4 medical decision making; but spent 100 minutes in counseling and coordination of care, is the coding 99205 or 99204 with 99415 x1.
• Likewise, a level 3 MDM established patient but spent 35 minutes of counseling and coordinated care, is this CPT 99214 or 99213 + 99415 x1 minutes.

• *Time for 99202-99215 is the total time spent on a patient’s case by the physician/provider. Counseling and coordination only apply if the encounter is for a consult. You would use 99205 plus 99417 for all of the time spent with the patient on that date of service.*
• *99415 is for prolonged clinical staff time on and beyond physician/provider time*
Questions

• Any rationale as to why time *only on the DOS* “counts” toward time-based coding? It doesn’t seem fair that time which we spend on a weekend for example, completing charts from the previous week or reviewing charts of patients we are scheduled to see the following week, doesn’t "count," whereas the same exact time spent before or after hours on the DOS does.
thank you for joining us.