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**COMMUNITY
MEDICAL GROUP**



2021

EVALUATION & MANAGEMENT CHANGES

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A Message from Joe Quaranta, MD
CMG President/CEO



Today's Presenters:



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We will discuss the following...

- Release of revised E/M services effective January 1, 2021
- New guidelines for CPT codes 99202-99215 only
- Deletion of CPT code 99201
- Determining E/M service levels via Medical Decision Making (MDM) or Total Time
- History & Physical (H&P) no longer a component of code selection
- New time thresholds assigned to E/M services
- New definition of “Total Time” spent on the day of an E/M encounter
- Prolonged Service code changes affecting 99354-99359
- Addition of new add-on Prolonged Service code (CPT 99417), applicable to 99205 and 99215 only
- Increase in work relative value units (wRVU) with a positive impact on the overall RVU for E/M services



CPT E/M Coding Guidelines for 2021

- Effective January 1, 2021, revisions to:
 - Evaluation & Management (E/M) Office or Other Outpatient Services (99202-99215)
 - Prolonged Services (99354-99359)
- Outcome of collaboration between Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), and the United States' medical community
- Enable providers to focus on patient care rather than the burdensome documentation requirements placed on them by current guidelines
- *“Since CMS worked with the AMA to redefine E/M coding, the new criteria will be used with Medicare patients (unless announced otherwise) – but that does not mean it will be used with all payers. It will be critical to check with each payer to confirm it will be using the new methodologies; otherwise, the old rules will still apply” (Cowser, 2020).*

NOTE: The 1995 & 1997 CMS E/M Guidelines and documentation requirements will still apply to all other E/M services (e.g., inpatient, observation, ED, etc.).



CMS announced its plan to:

- Remove CPT 99201 from the new patient visit code range
- Increase wRVU values for remaining new patient and established patient visit codes, as outlined in the adjacent table

HCPCS Code	CY 2020 Total Time (Min)	CY 2020 wRVU	CY 2021 Total Time (Min)	CY 2021 wRVU
99201	17	0.48	-	-
99202	22	0.93	22	0.93
99203	29	1.42	40	1.6
99204	45	2.43	60	2.6
99205	67	3.17	85	3.5
99211	7	0.18	7	0.18
99212	16	0.48	18	0.7
99213	23	0.97	30	1.3
99214	40	1.5	49	1.92
99215	55	2.11	70	2.8
G2212	-	-	15	0.61
G2211	-	-	11	0.33



Changes are intended to...

- Decrease administrative burden
- Decrease unnecessary documentation
- Decrease need for audits:
 - More detail in CPT codes will promote payer consistency if audits are performed



The goal is to code the way that physicians and qualified health care professionals (QHCPs) think.



How do we determine the level of E/M services in 2021?

EITHER

1 Medical Decision Making Complexity

Complexity based on meeting 2 out of 3 of the following components:

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

OR

2 Total Time

Based on both face-to-face and non-face-to-face time personally spent by the physician or QHCP on the day of the encounter.

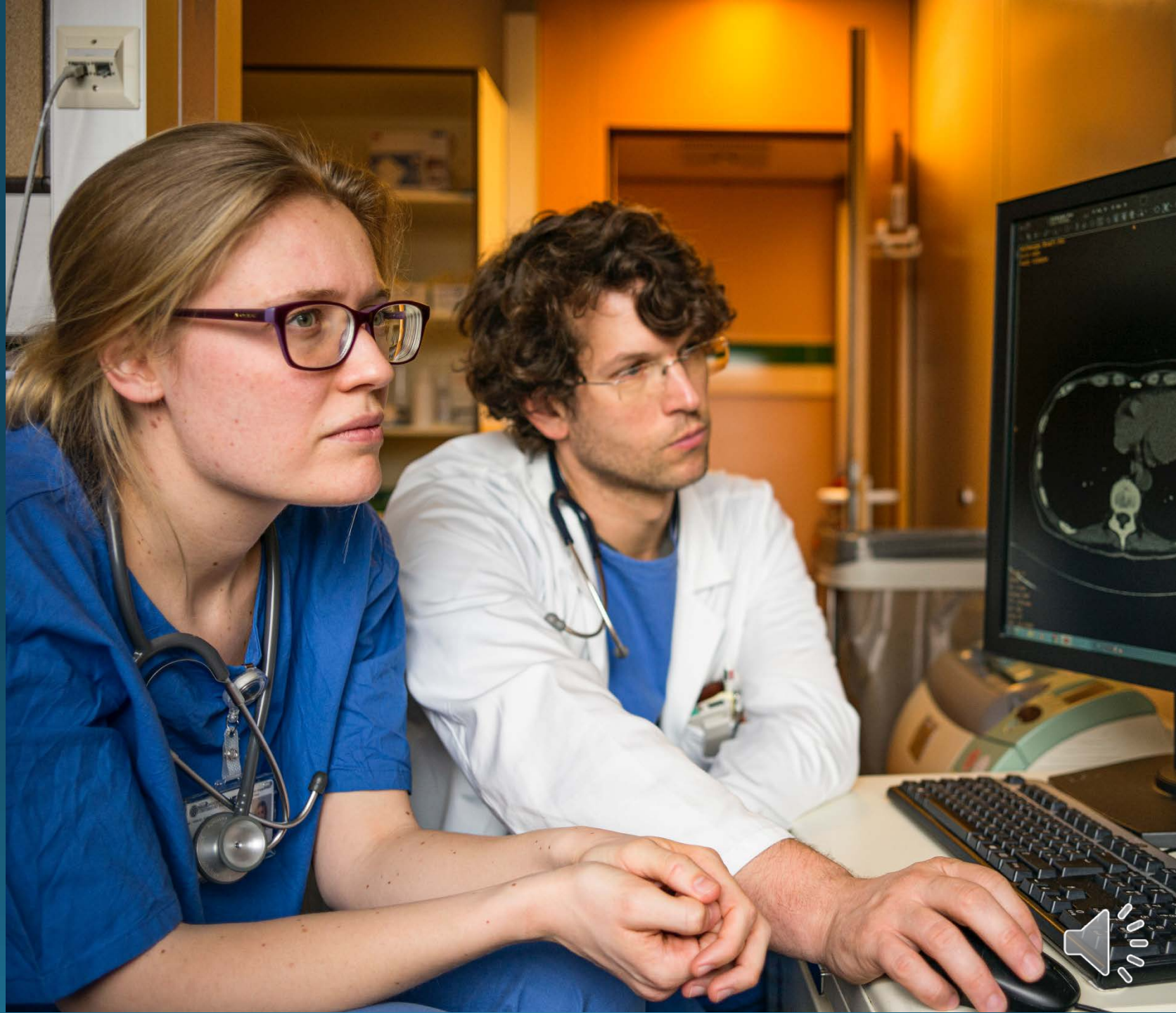
Time spent does not need to be continuous.



DETERMINING MEDICAL DECISION MAKING IN 2021

Three Key Elements

Risk Impacts MDM: Social
Determinants of Health



The 3 Key Elements

2 out of 3 elements must be met to determine MDM

1 NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED

To receive credit in this category, a problem must be evaluated or treated at the time of the encounter by the clinician reporting the service with either:

- Management, and/or
- Diagnostic studies, and/or
- Consideration of further treatment even if declined by the patient

Things to consider include:

- Listing a diagnosis WITHOUT documentation of “management” does not count (management = prescription(s), ordering of diagnostic tests, counseling, etc.)
- Notation that a condition is managed by another provider or referral without further work-up or consideration of treatment does not qualify

NOTE: MDM does not apply to CPT 99211.



The 3 Key Elements

2 out of 3 elements must be met to determine MDM

2 AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED

Separate credit is given from multiple sources that include:

- Each unique test and document
- Assessment requiring a(n) independent historian(s)
- Independent interpretation of tests performed by another physician/QHCP (not separately reported)
- Discussion of management or test interpretation with external physician/QHCP or appropriate source (not separately reportable)



The 3 Key Elements

2 out of 3 elements must be met to determine MDM

3 RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT

The risks of complications are associated with:

- The patient's problem(s)
- Diagnostic studies and/or procedure(s)
- Treatment/management option(s) selected or considered after shared medical decision making with the patient and/or family

NOTE: Similar to Table of Risk from 1995 and 1997 E/M guidelines.



Risk Impacts MDM in 2021: Social Determinants of Health (SDH)

- Potential health hazards related to socioeconomic and psychosocial circumstances
- May be coded when identified from a source other than the treating physician (e.g., discharge summary)
- Never coded primary
- Will be a moderate risk factor for MDM in 2021



Examples of SDH Codes

- Z55.X Problems related to education and literacy (academic issues)
- Z56.X Problems related to employment and unemployment
- Z59.6 Low income
- Z59.8 Problems related to housing and economic circumstances
- Z60.2 Problems related to living alone
- Z62.81X Problems related to childhood traumas (abuse, neglect)
- Z63.X Absence of family member (deployment, divorce)
- Z63.0 Problems in relationship with spouse or partner
- Z63.72 Alcoholism or drug addiction in family
- Z64.0 Problems related to unwanted pregnancy
- Z65.X Problems related to psychosocial circumstances (arrest, civil and custody proceedings, victim of crime)



CODE	LEVEL OF MDM Based on 2 out of 3 Elements of MDM	Elements of Medical Decision Making (MDM)		
		NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT
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 <u>Examples only:</u> <ul style="list-style-type: none"> • Rest • Gargles • Bandages • Superficial dressings

CODE	LEVEL OF MDM Based on 2 out of 3 Elements of MDM	Elements of Medical Decision Making (MDM)		
		NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT
99203 99213	Low	Low <ul style="list-style-type: none"> 2 or more self-limited or minor problems OR <ul style="list-style-type: none"> 1 stable chronic illness OR <ul style="list-style-type: none"> 1 acute, uncomplicated illness or injury 	Limited Must meet requirements of at least 1 of the 2 categories <u>Category 1: Tests and documents</u> 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 <u>Category 2: Assessment requiring a(n) independent historian(s)</u> 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 <u>Examples only:</u> <ul style="list-style-type: none"> OTC drugs Minor surgery without identified risk factors PT/OT IV fluids without additives

CODE	LEVEL OF MDM Based on 2 out of 3 Elements of MDM	Elements of Medical Decision Making (MDM)		
		NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT
99204 99214	Moderate	Moderate <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment OR <ul style="list-style-type: none"> 2 or more stable chronic illnesses OR <ul style="list-style-type: none"> 1 undiagnosed new problem with uncertain prognosis OR <ul style="list-style-type: none"> 1 acute illness with systemic symptoms OR <ul style="list-style-type: none"> 1 acute complicated injury 	Limited Must meet requirements of at least 1 of the 3 categories <u>Category 1: Tests, documents, or independent historian(s)</u> 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 a(n) independent historian(s) OR <u>Category 2: Independent interpretation of tests</u> Independent interpretation of a test performed by another physician/other QHCP (not separately reported); OR <u>Category 3: Discussion of management or test interpretation</u> Discussion of management or test interpretation with external physician/other QHCP/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <u>Examples only:</u> <ul style="list-style-type: none"> Prescription drug management Decision regarding minor surgery with identified patient or procedure risk factors Decision regarding elective surgery without identified patient or procedure risk factors Diagnosis or treatment significantly limited by social determinants of health

CODE	LEVEL OF MDM Based on 2 out of 3 Elements of MDM	Elements of Medical Decision Making (MDM)		
		NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT
99205 99215	High	High <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment OR <ul style="list-style-type: none"> 1 acute or chronic illness or injury that poses a threat to life or bodily function 	Extensive Must meet requirements of at least 2 of the 3 categories <u>Category 1: Tests, documents, or independent historian(s)</u> 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 a(n) independent historian(s) OR <u>Category 2: Independent interpretation of tests</u> Independent interpretation of a test performed by another physician/other QHCP (not separately reported) OR <u>Category 3: Discussion of management or test interpretation</u> Discussion of management or test interpretation with external physician/other QHCP/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment <u>Examples only:</u> <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

TOTAL TIME-BASED ENCOUNTERS

AMA Newly Proposed
Increments of Time and
Descriptions

What Counts for Total Time?

Coding Scenario Quiz



New Increments of Time & Descriptions

- Time alone can be used to select the appropriate code level for CPT 99202-99215, except for 99211
- Time spent does NOT have to be specific to counseling and/or coordination of care
- Total time on the date of the encounter includes face-to-face and non-face-to-face time personally spent by the physician/QHCP:
 - Does not include clinical staff time or procedure(s)



New Increments of Time & Descriptions

- Deleted CPT 99201
 - Use 99202 to report
- Typical times replaced by specific time ranges
- Providers need only document appropriate medical history and examination for each level of care

2021 AMA TIMES FOR OFFICE VISIT CODES	
Code	Time (Min)
99202	15-29
99203	30-44
99204	45-59
99205	60-74
99211	Unspecified
99212	10-19
99213	20-29
99214	30-39
99215	40-54



What counts towards total time spent?

- Must be personally spent by the physician/QHCP on the day of the encounter
- Includes both face-to-face and non-face-to-face time
- Must be documented in the encounter with a narrative of what activities quantify total time spent, such as:

“I spent 45 minutes caring for this patient today: reviewing labs and records from another facility, seeing the patient, documenting in the record, and arranging for a sleep study.”



Activities counted towards time:

- ✓ Preparing to see the patient (e.g., review of tests)
- ✓ Obtaining and/or reviewing separately obtained history
- ✓ Performing a medically appropriate examination and/or evaluation
- ✓ Counseling and educating the patient/family/caregiver
- ✓ Ordering medications, test(s), or procedure(s)
- ✓ Referring and communicating with other health care professionals (when not separately reported)
- ✓ Documenting clinical information in the electronic or other health record
- ✓ Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- ✓ Care coordination (not separately reported)

REMINDER: Procedures and staff time cannot be included in total time.



An example of CPT's new descriptions and time increments for E/M levels of service:

NEW PATIENT	ESTABLISHED PATIENT
<p>99203: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.</p>	<p>99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.</p>



Coding Scenario Pop Quiz: Time or MDM?

The patient was seen for multiple, stable chronic illnesses follow-up. The physician/QHCP documented the following:

VISIT TYPE: Established

CHIEF COMPLAINT: Patient presents today for follow-up of DM, COPD, and HTN.

HPI: 54-year-old female who has been compliant with her medication and diet for several years for DM, COPD, and HTN. She comes in for six-month checkup and medication management. She continues to follow Weight Watchers' diet, walks every morning, and feels great.

Her recent lab work was reviewed and her cardiac profile and HgbA1c are in acceptable ranges.



Coding Scenario Pop Quiz: Time or MDM?

REVIEW OF SYSTEMS:

Constitutional: Denies: Fever

Eyes: Denies: Blurred vision

Ears, nose, mouth, throat: Denies hearing problem

Cardiovascular: Denies: Chest pain

Respiratory: Denies: Cough, Shortness of breath

Gastrointestinal: Denies: Abdominal pain

Musculoskeletal: Denies: Back pain

Neurologic: Denies: Headache

All Other Systems: Reviewed and negative

PAST MEDICAL HISTORY: Hypothyroidism, CAD

FAMILY HISTORY: Noncontributory

SOCIAL HISTORY: Patient has never smoked. She lives alone.



Coding Scenario Pop Quiz: Time or MDM?

EXAM:

Vital Signs: Temperature 98.5, Height 63, 152 lb., BP 128/72

Constitutional: Appears stated age, NAD

Eyes: Conjunctivae clear, eyelids normal, palpebral fissures equal

ENMT: Lips appear normal and healthy. Gums, normal. Palate, normal in appearance.

Oropharynx: normal. Oral mucosa, normal with no thrush. Tongue is normal.

Respiratory: Wheezing. Rales noted. Weak respiratory effort.

Skin: Dry, intact.

Foot Inspection: Skin intact, sensation intact, pulses present.

ASSESSMENT:

- DM - Stable. Continue insulin, metformin and diet.
- COPD - Asymptomatic, continue current medications.
- Hypertension - Metoprolol, cardiovascular exercise.
- Time spent: 15 minutes



Coding Scenario Pop Quiz: Time or MDM?

After reviewing the record, would you choose to select TIME or MEDICAL DECISION MAKING (MDM) COMPLEXITY for the level of service?

Let's consider our options...



Coding Scenario Pop Quiz: Time or MDM?

TIME

- Provider states that they spent 15 minutes
- Under new specified times, will equate to a Level 2 visit
- CPT 99212 = Minimal Complexity

MDM

- NUMBER/COMPLEXITY OF PROBLEMS: 2+ stable chronic conditions = Moderate
- AMOUNT/COMPLEXITY OF DATA: 2 unique lab tests reviewed = Limited
- RISK OF COMPLICATIONS/MORBIDITY: Prescription management = Moderate
- 2/3 components of MDM performed
- Under new MDM complexity table, will equate to Level 4 visit
- CPT 99214 = Moderate Complexity



PROLONGED SERVICES: ADD-ON CODES

Summary of Changes

G2212/99417: New Prolonged
Service Code for 2021

99354-99359: Changes to
Prolonged Services

G2211: E/M Add-On Code for Visit
Complexity



Summary of Changes

- New add-on codes HCPCS G2212 and CPT 99417:
 - Only for use in conjunction with Level 5 service codes CPT 99215 and 99205
- CPT 99415 and 99416:
 - CMS proposes to implement RVUs and reimburse for prolonged clinical staff time
- Face-to-face prolonged service codes CPT 99354 and 99355:
 - No longer reported with CPT codes 99202-99215
- Non-face-to-face prolonged service codes CPT 99358 and 99359:
 - No longer reported on same date of service with CPT 99211-99205
- New add-on code HCPCS G2211 - visit complexity code:
 - To be used in conjunction with CPT 99202 - 99215

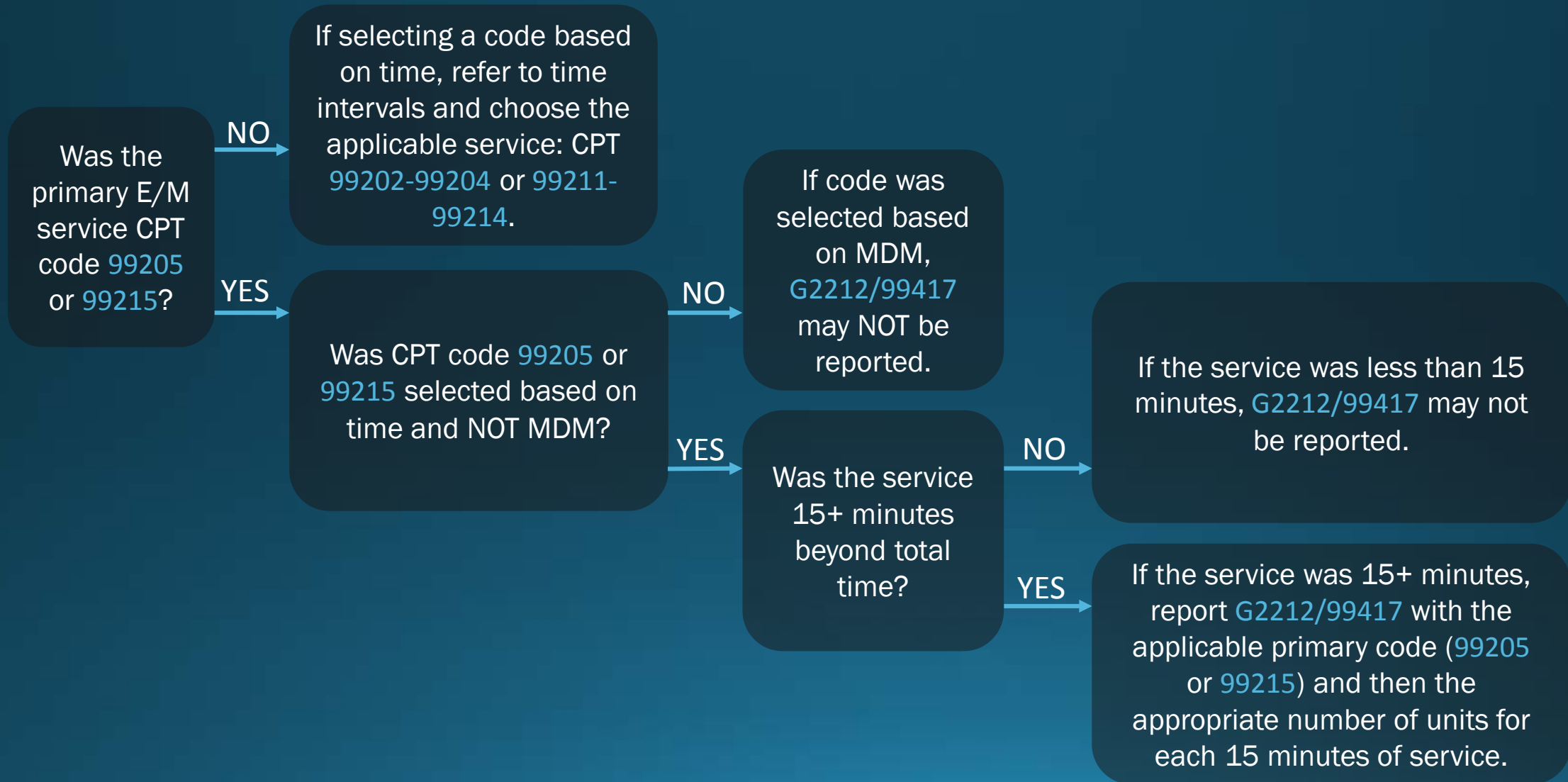


G2212/99417: New Prolonged Service Add-On Codes

- Prolonged office or other outpatient E/M service(s):
 - Beyond the total time of the encounter
 - With or without direct patient contact beyond the usual service, on the date of the primary service
- List separately in addition to CPT 99205 or 99215 for office or other outpatient E/M services
- May only be reported in conjunction with 99205 or 99215 if codes were selected based on time alone and not MDM
- Each 15 minutes (services of less than 15 minutes should not be reported)



Decision Tree for G2212 and 99417



99354-99359: Changes to Prolonged Services

1 FACE-TO-FACE PROLONGED CARE CODES 99354, 99355

- Still active, billable codes
- Effective 1/1/21, can no longer be reported with codes 99202-99215
- May still be reported for prolonged care services with:
 - Psychotherapy codes 90837, 90847
 - Office consultation codes 99241-99245
 - Domiciliary care codes 99324-99337
 - Home visit codes 99341-99350
 - Cognitive assessment code 99483



99354-99359: Changes to Prolonged Services

2 NON-FACE-TO-FACE PROLONGED CARE CODES 99358, 99359

- Still active, billable codes
- Effective 1/1/21, can no longer be reported on same date of service as 99202-99215
 - Can still be reported if performed on another date of service
- If non-face-to-face prolonged care is performed by billing practitioner on day of visit, include in the total time for the day.*

NOTE: Refer to list of activities that may be counted towards total time on slide 24.



Prolonged Clinical Staff Services with Physician or QHCP Supervision

CODES 99415, 99416

Used when a prolonged E/M service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time of the E/M service

- **99415**: Prolonged clinical staff service (the service beyond typical service time) during an E/M service in the office or outpatient setting, direct patient contact with physician supervision; first hour
- **99416**: Each additional 30 minutes

Total Duration of Prolonged Services	Clinical Staff Prolonged Service Coding
Less than 45 min	Not reported separately
45-74 min	99415 x1
75-104 min	99415 x1 and 99416 x1
105+ min	99415 x and 99416 x2 or more for each additional 30 min



Prolonged Clinical Staff Services with Physician or QHCP Supervision

- Reported with appropriate office/outpatient E/M service (CPT 99202-99215)
- Require physician/QHCP to be present, directly supervising clinical staff
- Services less than 45 minutes cannot be separately reported because clinical staff time is included in E/M codes
- May not be reported for more than 2 patients at a time
- May not be reported in addition to 99354 or 99355 (prolonged face-to-face provider services)



Case Scenario: CPT 99415 and 99416

An established male patient with known hypertension and heart failure presents for a pre-op visit prior to valve replacement:

- Patient complains of wheezing, fatigue, and swollen extremities
- Upon exam, provider notes that he is in a hypertensive crisis:
 - BP: 240/120
 - Spo2: 87%
 - Abnormal EKG results
 - Abnormal recent labs
- Provider instructs the patient to go to ED, but he refuses



Case Scenario: CPT 99415 and 99416

- Provider spends 45 minutes with the patient, including discussion of the problem with his cardiologist
- Cardiologist advises transfer to the ED if blood pressure remains uncontrolled while under observation in the office
- Clinical staff continues periodic BP readings and other monitoring for next 2 hours
- Patient remains unstable and is transferred to the ED via ambulance



Case Scenario: CPT 99415 and 99416

- Provider performed CPT 99215 based on either:
 - Time alone (45 minutes), or
 - MDM (High Complexity)
- Clinical staff documented 2 hours of monitoring and observation under provider supervision

Report CPT 99215 in conjunction with 99415 and 99416 x2 for the 2 hours of prolonged clinical staff services.



G2211: New Add-On Code for Visit Complexity

- Visit complexity inherent to E/M associated with medical care services that serve as the continuing focal point for all needed health/medical care services related to a patient's single, serious, or complex condition
- To be used by both physicians and QHCPs who mainly report E/M services for the majority of services
- Add-on code to be billed in conjunction with E/M service (99202-99215)
- Reflects time, intensity, and PE associated with providing services that result in personalized care for the patient
- Proposes 33% increase in work RVUs



Any questions?




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Thank you for taking the
time to attend our
presentation.



thanks!

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