E&M Coding 2021

SOURCE	DETAILS
CMS PFS as of 1/5/21	• Conversion factor 34.8931-This is used annually to determine reimbursement rates o This equates to an overall increase for Rheumatology E/M codes of 13%. • The specialty complexity code G2211 has been placed on hold until 2024 to remain budget neutral • Prolonged Service Codes: o Apply only to and used with time above E&M codes 99205 & 99215 o Only calculated if you are billing based on time o G2212 (temporary code) is being used by CMS o 99417 is being used by Commercial payers o 99358 & 99359 are no longer allowed to be used with any office visit • Telehealth: may change in the future • Audio calls: o Once PHE ends, 99441-99443 (Telephone visits) will no longer be paid for o New code G2252 will be used for established patients only that do not *need* to come in or warrant a visit, but you would like to check-in on. ▪ This code is for 11-20 minutes
Noridian WebEx 12/10/20	• Hx & Ex elements only need to be medically appropriate, they are no longer used to select code level • Number of systems reviewed will no longer apply • Chief Complaint: o Providers not required to re-enter info documented by the medical team o Provider indicates reviewed • Time Components: o "More than 50% counseling and coordination" **removed,** CPT appropriate verbiage added as auto-texts o Represents total time spent on date of service, including: ▪ Prep to see Pt, obtaining and reviewing separately obtained Hx ▪ Ordering meds, tests, or labs ▪ Documenting clinical info in EMR ▪ Independently interpreting results (not separately reported) ▪ No Double dipping. If you have already been paid for it once, you can't bill for it again • Example: Labs or x-rays you ordered o Document requirements: ▪ Must clearly indicate the nature of services performed ▪ Must support medical necessity of time spent on patient encounter • 50 min visit documented & billed 99215 w/ Dx of RA and no other info may not be sufficient o Time does not cover: ▪ Activities normally performed by clinical staff or time spent on separately reportable services • MDM: o There is no minimum time for MDM (with or without face to face) o Elements of MDM include: ▪ Number and complexity of problems address in the encounter • Only document those being address at the visit and that are relevant ▪ Risk of complications and/or morbidity or mortality of patient management • Can now include social determinants of health and reasons not to intervene ▪ Amount or complexity of data to be reviewed and analyzed • Not requiring providers to enter repetitive test data that is irrelevant or ancillary o Data is divided into 3 categories: ▪ Tests, documents, orders, or independent historian(s)-each unique test ▪ Independent interpretation of tests not reported separately ▪ Discussion of management/test interpretation w/ external physician/other QHP appropriate source (not reported separately) o Presenter states that you ***should*** still include time documentation even if your coding MDM in case you are audited and don't meet MDM documentation requirements **(UHC has been requiring this for 2 years)** • To qualify as a problem addressed (or managed), the provider must evaluate or treat the problem. Each Dx must have an assessment and plan.

Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:

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

AMA AMERICAN MEDICAL ASSOCIATION

Code	Time	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	15-29	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99212	10-19				

99203	30-44	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

99213	20-29				

99204	45-59	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

99214	30-39				

99205	60-74	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

99215	40-54				