Coding and Documentation

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Disclosures

Most fun you will have all day (Said no one ever!)

I have no disclosures

Objectives

Evaluation and Management (E/M) Overview

Clinic Visits

- Consults
- New and Established
- Telehealth

Overview

- E/M
  - Guidelines developed jointly by the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS)
  - Determines payment for patient care

2021

Documentation requirements changed for new and established patients

Documentation requirements did NOT change for consults and hospital patients

Outpatient Codes

NEW
Not seen in your specialty in the past 3 years
Codes: 99202 - 99205

ESTABLISHED
Seen in your specialty in the past 3 years
Codes: 99212 - 99215

CONSULT
Expert advice/opinion beyond that of requester
Codes: 99241 – 99245

Consults

Codes	MDM	History and Exam	HPI-At least	ROS-At least	PFSH	Exam (Organ Systems)
99245/99255	High	Comprehensive	4	10	All	8
99244/99254	Moderate	Comprehensive	4	10	All	8
99243/99253	Low	Detailed	1	2	1	2-7 Extended
99242/99252	Straightforward	Expanded Problem Focused	1	1	0	2-7 Limited
99241/99251	Straightforward	Problem Focused	1	0	0	1

Required Documentation Elements

HPI Elements

Location	Timing
Quality	Context
Severity	Modifying Factors
Duration	Signs/Symptoms

ROS Elements

Constitutional	Cardiovascular	Integumentary	Endocrine
Psychiatric	Respiratory	Musculoskeletal	Allergic/Immunologic
Eyes	Gastrointestinal	Neurological	Hematologic/Lymphatic
Ear, Nose, Throat	Genitourinary		

Time or MDM for New and Established Clinic Patients Only

TIME

- Document billing provider's total time

  (No counseling time needed)
- Includes total Face to Face (F2F) and non-F2F time spent on the day of the visit
- Pre/post time may include:
  - Documenting/Medical record/data review
  - Ordering tests, medications, procedures
  - Referring to/communicating with other health care providers

MDM

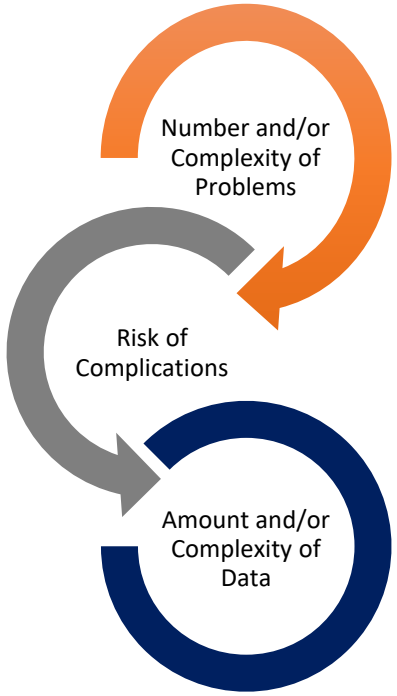
- Level of service is determined by the complexity of the visit
- Medically appropriate History & Exam performed to support the level of service
- Assessment and Plan documentation should incorporate and strongly support MDM

Time

Changed to time ranges in 2021

New Patient Codes	New Total Time Ranges	New/Established Patient Requirements
99202	15-29 minutes	• Document total F2F and Non-F2F time spent on day of visit • Must reflect billing provider's time only
99203	30-44 minutes	
99204	45-59 minutes	
99205	60-88 minutes	
Established Patient Codes	**Established Total Time Ranges**	
99212	10-19 minutes	
99213	20-29 minutes	
99214	30-39 minutes	
99215	40-68 minutes	

Medical Decision Making (MDM)



MDM: Based on complexity of visit

Straightforward, Low, Moderate, or High

- **Problems**: How does the complexity/number of problems influence your decisions?
- **Risk**: What risk does the patient's problem and treatment options provide?
- **Data**: What diagnostics are reviewed or ordered to support the patient's problem/diagnosis?

Level of service is defined when 2 elements of MDM (problems, risk, data) meet the same level

MDM Table

2 of 3 must meet to determine level of service

CPT	Total Time -Minutes	Level of MDM	Number and Complexity of Problems Addressed	Risk of Complication and/or Morbidity or Mortality of Patient Management	Amount and/or Complexity of Data to be Reviewed and Analyzed
99202 99212 99241-99242	**15-29** **10-19** **8-35**	Straight forward	Minimal- -1 self-limited or minor problem	Minimal risk of morbidity from additional diagnostic testing or treatment	Minimal or none
99203 99213 99243	**30-44** **20-29** **36-50**	Low	Low- -2 or more self-limited/minor problems; -1 stable chronic illness; -or 1 acute uncomplicated illness or injury	Low risk of morbidity from additional diagnostic test or treatment	Limited/Low- **Need 2 of the following from 1-3:** 1. Review of prior external note from each unique source; 2. Review of each unique test result; 3. Order of each unique test **OR** 4. Assessment requiring an independent historian(s)
99204 99214 99244	**45-59** **30-39** **51-70**	Moderate	Moderate- -1+ chronic illnesses w/exacerbation, progression, or side effects of treatment; -2+ stable chronic illnesses; -1 undiagnosed new problem w/uncertain prognosis; -1 acute illness w/systemic symptoms; -or 1 acute complicated injury	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: -Rx drug management; -Minor surgery w/identified pt./procedure risk factors; -Elective major surgery w/o identified patient/procedure risk factors; -Dx or treatment significantly limited by social determinants of health	Moderate- •Any **3 of the 4** elements listed in the limited data above **OR** •An independent interpretation of a test performed by another MD or QHCP; **OR** Discussion of management or test interpretation with external MD/QHCP/appropriate source
99205 99215 99245	**60-88** **40-68** **71-109**	High	High- 1+ chronic illnesses w/severe exacerbation, progression, or side effects of treatment; or -1 acute or chronic illness/injury that poses a threat to life or bodily function	High risk of morbidity from additional diagnostic testing or treatment - Examples: -Drug therapy requiring intensive monitoring for toxicity; -Elective major surgery w/identified patient/procedure risk factors; -Emergency major surgery; -Decision regarding hospitalization; -DNR or de-escalate care decision because of poor prognosis	Extensive/High- **Complete 2 of the following 3:** 1. Any 3 of the 4 elements listed in the limited data above **AND/OR** 2. An independent interpretation of a test performed by another MD or QHCP; **AND/OR** 3. Discussion of management or test interpretation with external MD/QHCP/appropriate source

Telehealth 2021

Under section 319 of the Public Health Service (PHS) Act, the Secretary of the Department of Health and Human Services can declare a Public Health Emergency (PHE) if he determines, after consulting with such public health officials as may be necessary, that 1) a disease or disorder presents a PHE, or 2) a PHE, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists.

Effective for services starting March 6, 2020, and for the duration of the COVID-19 Public Health Emergency (PHE), Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.

Current declaration will expire on October 18, 2021.

These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.

- Intended to mirror face to face (F2F) visit
  - Bill on Time or Medical Decision Making (MDM)
    - When billing on time, document total F2F and non-F2F time
    - When billing on MDM, document medically appropriate history and exam

Telehealth

Telehealth codes for use during PHE

- Telehealth Codes
  - Updated in August 2021


Any
Questions

Thank you for your time this morning.

Special thank you to Denise Fisher RN, who helped me put this presentation together.

References

Secretary Renews Public Health Emergency

CMS Telemedicine COVID-19 health-care-provider-fact-sheet