Virtual Forum Logistics

Zoom Meeting:

- All participants will be muted during the forum
- We suggest viewing this webinar in Speaker View (not Gallery View)
  - Option can be selected in upper right-hand corner of Zoom panel
- After the 20-minute presentation, the balance of the time will be reserved for Q&A
  - Questions may be asked via the chat
- Due to time limitations, not all questions may be answered but we will try to answer as many as is feasible. Unanswered questions may be sent to kferguson@aacap.org.

VIRTUAL FORUM
NAVIGATING THE NEW E/M FRAMEWORK: AACAP's Experts Answer Your Questions

JUNE 5, 2021

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CPT CODING AND REIMBURSEMENT COMMITTEE

Discussants:

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- Sherry Barron-Seabrook, MD, RUC Advisor
- Jason Chang, MD, CPT Alternate Advisor
- Morgan Fallor, MD, MBA
- Karen Ferguson, AACAP Staff Liaison

Additional Members:

- Kai-ping Wang, MD, RUC Alternate Advisor
- David I. Berland, MD
- Yolanda Malone-Gilbert, MD
- Anjali Nirmalani-Gandhy, MD
- Jennifer Schumann, MD

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Objectives:

- Describe the new E/M framework
- Explain how to apply the codes to real-life situations
- Discuss documentation tips and principles for outpatient visits
- Answer attendees' specific questions

CODES UPDATED JANUARY 2021

- OFFICE & OP SERVICE: NEW PATIENT 99202-99205
- OFFICE & OP SERVICE: ESTABLISHED PATIENT 99211-99215
- PROLONGED SERVICE 99417 [G2212]

SELECTING THE E/M CODE LEVEL

-MEDICAL DECISION MAKING (MDM)

-OR: TOTAL TIME (on day of service)

- The choice is **strictly the option** of the physician or other qualified health care professional

-EXCEPT: When a psychotherapy add-on code is reported, the E/M code may NOT be selected based on time

MEDICAL DECISION-MAKING IS DEFINED BY THREE ELEMENTS:

1. The number and complexity of problem(s) that are addressed during the encounter.

2. The amount and/or complexity of data to be reviewed and analyzed.

3. Risk related to management decisions made at the visit.
   -This includes the possible management options selected and those considered, but not selected, after shared medical decision making.

MEDICAL DECISION MAKING

Elements of Medical Decision Making

Code	Level of MDM *(based on best of 2 out of 3 Elements of 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 (Includes options considered but not selected after shared medical decision making)
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;
		• **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*.
			• **Category 2: Assessment requiring an independent historian(s)**
				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;
		• **2** or more stable chronic illnesses;
		• **1** undiagnosed new problem with uncertain prognosis;
		• **1** acute illness with systemic symptoms; or
		• **1** acute complicated injury
			Moderate
			Must meet the requirements of at least 1 of the 3 categories
			• **Category 1: Tests and documents - 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).
			• **Category 2: Independent interpretation of tests**
			  • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported).
			• **Category 3: Discussion of management or test interpretation**
			  • Discussion of management or test interpretation by 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 of the 3 categories
			• **Category 1: Tests and documents - 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).
			• **Category 2: Independent interpretation of tests**
			  • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported).
			• **Category 3: Discussion of management or test interpretation**
			  • Discussion of management or test interpretation by 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

MEDICAL DECISION MAKING

Code	Level of MDM *(based on both Problems and Risk)*	Elements of Medical Decision Making: Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Risk of Complications and/or Morbidity or Mortality from Patient Management (Includes options considered but not selected after shared medical decision making)
99211	N/A	N/A	N/A
99202 99212	**Straightforward**	**Minimal** • 1 self-limited or minor problem	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99213	**Low**	**Low** • **2** or more self-limited or minor problems; • **1** stable chronic illness; or • **1** acute, uncomplicated illness or injury	**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; • **2** or more stable chronic illnesses; • **1** undiagnosed new problem with uncertain prognosis; • **1** acute illness with systemic symptoms; or • **1** acute complicated injury	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • 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	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization

USING TIME TO SELECT E/M CODE

- 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
- Ordering medications, tests, or procedures
- Counseling and educating the patient/family/caregiver
- Referring and communicating with other health care professionals
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver

TIME USED (minimum)

NEW PATIENT

99202	15 min
99203	30 min
99204	45 min
99205	60 min

ESTABLISHED PATIENT

99211	(not reportable using time)
99212	10 min
99213	20 min
99214	30 min
99215	40 min

"ADD-ON" PSYCHOTHERAPY

- 90833 30 minutes psychotherapy when performed with E/M service
- 90836 45 minutes psychotherapy when performed with E/M service
- 90838 60 minutes psychotherapy when performed with E/M service

- Time qualifies when you pass the midpoint of the interval from the previous code: so . . . 90833 at 16 minutes of therapy; 90836 at 38 minute, and 90838 at 53 minutes.
- MUST USE MDM CRITERIA FOR THE E/M SERVICE, NOT TIME

PROLONGED SERVICE 99417 (NEW, NO RVU VALUATION)

- Prolonged office or other outpatient E&M service(s): each 15-minute increment after the time threshold of the highest-level service has been met. (60 min for 99205, 40 min for 99215)

- To report a unit of 99417, 15 full minutes of additional time must have been attained. Do not report 99417 for any additional time increment of less than 15 minutes.

- Only use when the office or other outpatient service has been selected using time alone as the basis.

- Must be on the date of office or other outpatient service.

PROLONGED OFFICE/OUTPATIENT E/M SERVICES (MEDICARE)

- HCPCS ADD ON CODE: G2212

- Prolonged office or other outpatient E&M service(s): each 15-minute increment after the MAXIMUM REQUIRED time of the highest-level service has been met. (74 min for 99205, 54 min for 99215)

- To report each unit of G2212, 15 full minutes of additional time must have been attained.

- Only use when the office or other outpatient service has been selected using time alone as the basis. Must be on the date of

PROLONGED SERVICE CODES: WORK IN PROGRESS

- 99417 Defined, no RVU valuation yet, being surveyed for valuation, not expected to appear until 2023.
-
- G2212 (Medicare only) can be used for each full 15-minute increment AFTER the MAXIMUM time for the longest office service
- 99354/55 (Prolonged Service WITH Direct patient Contact) cannot be used with 99202-99215. It CAN be used with psychotherapy codes.
- LIMITED USE: 99358/59 (Prolonged Service WITHOUT Direct patient Contact) cannot be used on the same date as 99202-99215.
- INPATIENT: 99356/99357

DOCUMENTATION GUIDANCE

- One purpose of the new criteria is an attempt to decrease the burden of excessive documentation ("note bloat").
- Documentation should include: date, persons present or other sources of information used, reason for visit or "chief complaint."
- Documentation of history and exam still required, but there is no specified number of "bullet points" for any code. Instead, include hx/PE/MSE that is "medically indicated".
- Include review of any new test results pertinent to the visit; new problems, diagnoses addressed.
- Rationale for treatment decisions, additional testing planned.
- Documentation of health risk, psychosocial or behavioral issue that impacts treatment.

DOCUMENTATION TIPS

- Use language that supports the criteria for your selected level of medical decision making, e.g., “severe”, “chronic”, “systemic” when those definitions are met.
- Reference each problem addressed in the visit; note “stable on current medication regimen” or cite the intervention you intend.
- Document the decision-making at least as thoroughly as you document the data that is reported.
- Note interventions that were considered and not selected, as part of shared medical decision making. (prescription drug management and/or hospitalization for example) to support coding at that level.
- For time-based codes, list the activities conducted on that date.

NEW PATIENTS? WHEN NOT TO USE E/M CODES

- To count as a NEW patient encounter, the patient must not have been seen by you OR ANYONE IN YOUR GROUP OF THE SAME SUBSPECIALTY in the past three years.
- 90792 (Psychiatric evaluation with medical services)
  - No specific time requirement; can be used twice if different informants (e.g., seeing the child separately from the initial visit with parents) - some payors limit to one per year.
  - This code is worth 4.16 work RVUs
  - Compare: 99203 1.6 work RVU
    - 99204 2.6 work RVU
    - 99205 3.5 work RVU

FOR MORE INFORMATION

- AACAP website: www.aacap.org
  - Member resources tab; choose "CPT and reimbursement".
    - WEBINAR: 2021 OUTPATIENT E/M CODING
    - WEBINAR: CLINICAL EXAMPLES
    - CODING CRITERIA CHARTS (print in color)
    - MUSIC VIDEO
    - OLDER WEBINARS FROM THE 2013 TRANSITION TO E/M CODING

- Karen Ferguson: kferguson@aacap.org

QUESTIONS?