F018 Coding
E/M Coding Guidelines 2021

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• DISCLOSURE OF RELEVANT RELATIONSHIPS WITH INDUSTRY

• I do not have any relevant relationships with industry

• Off Label Usage
  • No
Learning Objectives

• Present an overview of the new office and outpatient E/M coding guidelines, requirements, and code descriptors to aid in accurate documentation and billing

• These changes went into effective on 1/1/21
E/M Coding Guidelines 2021
“Changing times”

• The E&M (Evaluation & Management) coding changes were finalized as part of the CMS (Centers for Medicare and Medicaid Services) 2021 Final Physician Fee Schedule but the change is reflected with all payers

• Implemented on 1/1/21

• Previous 1995 and 1997 documentation guidelines had not drastically changed in over 30 years

• Physician and other billable providers are not specifically trained on coding, billing and documentation principles in their medical training
With regards to E/M 2021 Coding Changes?

A. I am generally satisfied with the 2021 coding changes.

B. I prefer the prior 2020 codes.
Why Change?

Outdated guidelines

Value

Simplification Teachable

Meaningful documentation rather than "note bloat"

Focus on Patient MDM or Time
Why Change? Other reasons

- EHR’s have changed the way physician’s document
- We went from poor handwriting to not be able to understand multiple pages of often unnecessary and repetitive documentation
- Patient behaviors have changed! They may not visit the physician regularly. Some visits are more detailed than others.
Who made these changes?

- CMS and AMA shared the goal for reduction of administrative documentation and coding burden
- AMA-RUC worked with the CPT Editorial Panel
- There were 4 objectives:
  - Decrease administrative documentation & coding burden
  - Decrease the need for audits by Expanding key definitions & guidelines
  - Decrease unnecessary documentation not needed for patient care
  - Ensure E/M payment is resource based
What Codes Changed?

• New Patient Visits
  • 99202-99205; 99201 deleted
• Established Patient Visits
  • 99211-99215
• Comprise 20% of all Medicare allowed charges
• Primarily used in outpatient settings and physician offices
• Level of service is based on medical decision-making or time
<table>
<thead>
<tr>
<th>New Patient CPT code</th>
<th>2020</th>
<th>2021</th>
<th>% increase wRVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>0.48</td>
<td>deleted</td>
<td></td>
</tr>
<tr>
<td>99202</td>
<td>.93</td>
<td>.93</td>
<td>0%</td>
</tr>
<tr>
<td>99203</td>
<td>1.42</td>
<td>1.6</td>
<td>13%</td>
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<tr>
<td>99204</td>
<td>2.43</td>
<td>2.6</td>
<td>7%</td>
</tr>
<tr>
<td>99205</td>
<td>3.17</td>
<td>3.5</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Established patient CPT code</th>
<th>2020</th>
<th>2021</th>
<th>% increase wRVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>.18</td>
<td>.18</td>
<td>0%</td>
</tr>
<tr>
<td>99212</td>
<td>.48</td>
<td>.7</td>
<td>46%</td>
</tr>
<tr>
<td>99213</td>
<td>.97</td>
<td>1.3</td>
<td>34%</td>
</tr>
<tr>
<td>99214</td>
<td>1.5</td>
<td>1.92</td>
<td>28%</td>
</tr>
<tr>
<td>99215</td>
<td>2.11</td>
<td>2.8</td>
<td>33%</td>
</tr>
</tbody>
</table>
New or Established?

• Determination of patient status is unchanged
• New patient –a patient who has not received professional services from a physician in the same specialty, in the same practice for three years
• *When the NP or PA is working with a physician they are considered as working in the exact same specialty and exact same subspecialty as the physician*
No longer include the elements of history and physical exam to determine the level of the visit.

If it is medically necessary to perform a history or physical exam to treat the patient, it should be performed and documented.
Code description example

99203

- Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history or examination and low level of medical decision-making (MDM)

When using time for code selection, 15 to 29 minutes of total time is spent on the day of the encounter
Previously, a provider could code 99214 solely based on the level of history and exam without changing treatment or addressing MDM.

In 2021, if a provider chooses to bill using MDM, the code will be chosen based on the medically necessary history and exam and the actions taken to treat, manage or improve the patient’s health.
Coding Time

Total Time on the Date of the Encounter includes *face-to-face* and *non-face-to-face time* personally spent by the physician or other qualified health care professional

***Does not include: time normally spent by clinical staff or preparation prior to the date of the encounter or time spent on separately billable services. The guideline no longer specifies “more than 50% of the time must be counseling”***
Documentation Elements – Coding Time

- Total time must be stated in the documentation
- Preparing to see the patient - review of tests
- Obtaining or reviewing medically appropriate history
- Performing medically appropriate physical exam
- Counseling and educating the patient or caregiver
- Ordering medications, tests or procedures
- Referring and communicating with other health professionals
- Documentation in EHR
- Interpreting and communicating test results
- Care coordination

Care coordination
<table>
<thead>
<tr>
<th>2020 Code</th>
<th>Time (minutes)</th>
<th>2021 Code</th>
<th>Time (Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>20</td>
<td>99202</td>
<td>15-29</td>
</tr>
<tr>
<td>99203</td>
<td>30</td>
<td>99203</td>
<td>30-44</td>
</tr>
<tr>
<td>99204</td>
<td>45</td>
<td>99204</td>
<td>45-59</td>
</tr>
<tr>
<td>99205</td>
<td>60</td>
<td>99205</td>
<td>60-74</td>
</tr>
<tr>
<td>2020 Code</td>
<td>Time in minutes</td>
<td>2021 Code</td>
<td>Time in Minutes</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td>99212</td>
<td>10</td>
<td>99212</td>
<td>10-19</td>
</tr>
<tr>
<td>99213</td>
<td>15</td>
<td>99213</td>
<td>20-29</td>
</tr>
<tr>
<td>99214</td>
<td>25</td>
<td>99214</td>
<td>30-39</td>
</tr>
<tr>
<td>99215</td>
<td>40</td>
<td>99215</td>
<td>40-54</td>
</tr>
</tbody>
</table>
Billing Based On Medical Decision-Making
What remains the same?

MDM still includes the number of diagnoses and whether or not they are new problems or established problems and what follow up is required.

MDM still addresses the amount and type of data that the provider reviews to determine the morbidity of the condition.

MDM still uses risk as the third element in deciding what level of service is supported by the patient’s presentation and the disease management by the provider.

MDM does not factor into 99211. ***This is not a change.***
What is New about Medical Decision Making?

CPT clarifies the following for 2021:

• MDM includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option.

• MDM in the office and other outpatient services code set 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. The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient’s problem(s), the diagnostic procedure(s), treatment(s).

***Providers must still meet 2 of the 3 categories***
Reminders about Problem List(s)

• Multiple problems whether new or known that are addressed at the encounter will affect the Level of Medical Decision Making

• Signs and Symptoms of a disease process may not contribute to the level of MDM as they may cluster around a specific diagnosis and each symptom is not necessarily a unique condition.

• A long problem list may not increase the level of MDM

• Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M service **unless** they are addressed and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.
What is New about Medical Decision Making?

CPT clarifies the following for 2021:

- **Data** is divided into three categories:
  - Tests, orders, documents
    - *Each unique test, order or document is counted to meet a threshold number*
    - Independent interpretation of tests (not separately reported)
    - Discussion of management or test interpretation with an external physician, other qualified healthcare professional or appropriate source
  - Independent historian
    - Someone other than the patient supplies information for example a parent, guardian, surrogate, spouse or witness
MEAT Requirements in Documentation

• M – Monitoring signs, symptoms, disease progression, disease regression
• E – Evaluating test results, medication effectiveness, response to treatment
• A – Assessing/Addressing ordered tests, discussion, review records, counseling
• T – Treating medications, therapies, other modalities

• Think of Pink Floyd...you can’t have your payment if you don’t have the MEAT
Risk

The level of risk is based on the consequences of the problem.

The provider does not need to further explain risk whether it is minimal, low, moderate or high. These are common terms and their meaning is understood, and need not be quantified.

Consider Morbidity when selecting a level of risk. Be mindful of functional impairment, organ damage, the effects of treatment, and the morbidity and mortality associated with such treatment.

Drug therapy requiring intensive monitoring means assessing the patient for adverse affects of the drug and not primarily for assessing for therapeutic levels of efficacy.

Monitoring may be patient specific due to co-morbidities as in the patient who is prescribed other medications that may interfere with the typical action of the drug requiring monitoring.

History and Exam elements do not count as intensive monitoring.
Social Determinants of Health & Risk

Social Determinants of health refers to individuals who have economic or social circumstances that affect their health.

Examples of SDoH:

- Homelessness
- Food Insecurity
- Housing that does not allow for recommended treatment course (no refrigeration, no ability to care for injuries in a clean environment)

The above Social Determinants result in a patient whose care management is considered Moderate Risk, 99204/99214
# Medical Decision-Making

## Table 2 – CPT E/M Office Revisions

### Level of Medical Decision Making (MDM)

<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM (Based on 1-3 Elements of MDM)</th>
<th>Number and Complexity of Problems Addressed</th>
<th>Elements of Medical Decision Making</th>
<th>Risk of Complications and/or Morbidity or Mortality of Patient Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>09211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99210</td>
<td>Straightforward</td>
<td>Minimal or none</td>
<td>Minimal or none</td>
<td>Minimal risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99215</td>
<td>Low</td>
<td>Limited</td>
<td>Low risk of morbidity from additional diagnostic testing or treatment</td>
<td></td>
</tr>
<tr>
<td>99214</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate risk of morbidity from additional diagnostic testing or treatment</td>
<td></td>
</tr>
<tr>
<td>99213</td>
<td>High</td>
<td>Extensive</td>
<td>High risk of morbidity from additional diagnostic testing or treatment</td>
<td></td>
</tr>
</tbody>
</table>

### Revisions effective January 1, 2021:

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

*Each unique text, order, or document contributes to the combination of 2 or combination of 3 in category 1 below.*
<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM</th>
<th>Number and Complexity of Problem</th>
<th>Presenting Problem Category Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>Straight-forward</td>
<td><strong>Low:</strong> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury</td>
<td><em>Straight forward illness: Insect bite</em></td>
</tr>
<tr>
<td>99212</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99203</td>
<td>Low</td>
<td><strong>Low:</strong> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury</td>
<td><em>Stable chronic illness: Well-controlled psoriasis</em></td>
</tr>
<tr>
<td>99213</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99204</td>
<td>Moderate</td>
<td><strong>Moderate:</strong> • 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</td>
<td><em>Chronic illness with exacerbation: Flaring psoriasis</em></td>
</tr>
<tr>
<td>99214</td>
<td></td>
<td></td>
<td><em>Acute illness with systemic symptoms: LCV with hematuria</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Acute complicated injury: Burn affecting 50% of BSA</em></td>
</tr>
<tr>
<td>99205</td>
<td>High</td>
<td><strong>High:</strong> • 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</td>
<td><em>Acute or chronic illness with severe exacerbation: Flaring pemphigus vulgaris with dysphagia</em></td>
</tr>
<tr>
<td>99215</td>
<td></td>
<td></td>
<td><em>Acute or chronic illness that poses a threat to life: Toxic epidermal necrolysis</em></td>
</tr>
<tr>
<td>Code</td>
<td>Level of MDM</td>
<td>Amount and/or Complexity of Data to be Reviewed</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>99202</td>
<td>Straight-forward</td>
<td>Minimal or none</td>
<td></td>
</tr>
<tr>
<td>99212</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99203</td>
<td>Low</td>
<td>Limited - Must meet the requirements of at least 1 of the 2 categories</td>
<td></td>
</tr>
<tr>
<td>99213</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99204</td>
<td>Moderate</td>
<td>Moderate - Must meet the requirements of at least 1 out of 3 categories</td>
<td></td>
</tr>
<tr>
<td>99214</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99205</td>
<td>High</td>
<td>High - Must meet the requirements of at least 2 out of 3 categories listed above</td>
<td></td>
</tr>
<tr>
<td>99215</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)

**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)

**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 with external physician/other qualified health care professional/appropriate source (not separately reported)
<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM</th>
<th>Amount and or Complexity of Risk to be Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202 99212</td>
<td>Straight-forward</td>
<td>Minimal risk of morbidity or from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99203 99213</td>
<td>Low</td>
<td>Low risk of morbidity or from additional diagnostic testing or treatment</td>
</tr>
</tbody>
</table>
| 99204 99214 | Moderate | 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 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 |