Pediatric Success SERIES

2021 Office Visit E/M Coding Changes: Case Scenarios for Pediatric Practices

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Agenda

- The 2021 CMS Final Medicare Physician Fee Schedule
- Brief overview of coding changes: Time and MDM
- Review of what does/doesn’t count when choosing E/M levels
- General approach to choosing Time vs MDM
- Case-based scenarios: you code it! (including live polling)

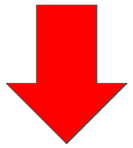
Disclaimer

- I am not a certified coder
- I am have no legal credentials
- I do not work for AMA or the AAP
- The information that you are about to see is my personal interpretation of educational materials that are available in the public domain
- There are nuances about coding, documentation and audits that are yet unknown since we are entering uncharted territory
- Expert guidance continues to evolve
- ***It is the legal responsibility of each provider who sees patients to educate themselves to the fullest extent possible, and choose the most appropriate code that represents the work which they performed***

2021 Medicare Fee Schedule: Bad News

- CMS decided to process 99072 as a bundled code: *“After reviewing the information provided by the stakeholders, we are finalizing CPT code 99072 as a bundled service on an interim basis.”*
- Congress did not suspend the budget neutrality rule
- Calendar Year 2021 Physician Fee Schedule (PFS) conversion factor = **$32.41** (a $3.68 decrease from the CY 2020 PFS factor of $36.09)

10.2 %



2021 Medicare Fee Schedule: Bad News

IA CPT Code	2020 MPFS Work RVUs	2020 MPFS NF PE RVUs	2020 MPFS PLI RVUs	2020 MPFS Total NF RVUs	Proposed 2021 MPFS Work RVUs	Proposed 2021 MPFS NF PE RVUs	Proposed 2021 MPFS PLI RVUs	Proposed 2021 MPFS Total NF RVUs
90460	0.17	0.22	0.01	0.40	0.17	0.22	0.01	0.40
90461	0.15	0.20	0.01	0.36	0.09	0.26	0.01	0.45
90471	0.17	0.22	0.01	0.40	0.18	0.69	0.01	0.88
90472	0.15	0.20	0.01	0.36	0.09	0.26	0.01	0.45
90473	0.17	0.22	0.01	0.40	0.18	0.69	0.01	0.88
90474	0.15	0.20	0.01	0.36	0.09	0.35	0.01	0.45

IA = Immunization Administration; MPFS = Medicare Physician Fee Schedule; RVUs = Relative Value Units; NF = Non-Facility; PE = Practice Expense; PLI = Professional Liability Insurance

P FINAL d Increase in wRVUs for E/M Services

	Current	2021 P FINAL wRVU	% increase
99201	0.48	Deleted	
99202	0.93	0.93	0%
99203	1.42	1.6	13%
99204	2.43	2.6	7%
99205	3.17	3.5	10%
	Current	**2021 I FINAL wRVU**	**% increase**
99211	0.18	0.18	0%
99212	0.48	0.7	46%
99213	0.97	1.3	34%
99214	1.5	1.92	28%
99215	2.11	2.8	33%

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Work Contributing to E/M Coding Level

What's IN

- ***ALL*** the time the provider spends doing *clinical work* on the day of the visit ***OR***
- Documentation related to
  - Problems addressed
  - Data reviewed/analyzed (including ordering **external**)
  - Use of an independent historian
  - Independent interpretation of tests
  - Discussion of management
  - Risk of diagnostic w/u and/or treatment plan

What's OUT

- How much detail you document related to:
  - HPI
  - Review of PMHx, SHx, FHx
  - ROS
  - Exam

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Time Based CPT Code Definitions

NEW Patients

- ~~99201~~: Has been deleted
- 99202: **15-29** minutes
- 99203: **30-44** minutes
- 99204: **45-59** minutes
- 99205: **60-74** minutes

ESTABLISHED Patients

- 99212: **10-19** minutes
- 99213: **20-29** minutes
- 99214: **30-39** minutes
- 99215: **40-54** minutes

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2/3 Elements Must Be Met or Exceeded

CODE	MDM LEVEL	NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED	AMOUNT &/OR COMPLEXITY OF DATA REVIEWED OR ANALYZED	RISK OF COMPLICATIONS &/OR MORBIDITY/MORTALITY OF PATIENT MANAGEMENT
99202/99212	Straightforward	Minimal	Minimal or None	Minimal risk of morbidity from additional diagnostic testing or treatment
99203/99213	Low	Low	Limited	Low risk of morbidity from additional diagnostic testing or treatment
99204/99214	Moderate	Moderate	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment
99205/99215	High	High	Extensive	High risk of morbidity from additional diagnostic testing or treatment

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AMA MDM Chart: Level 1-3

Code	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 **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; **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**

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AMA MDM Chart: Levels 4-5

99204 **99214**	**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
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 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

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Time Vs MDM?

TIME

- Significant pre/post visit work
  - New patients
- Visits with “lots of talking”
  - Counseling
  - Lots of questions
  - Pulling teeth to get a good story
  - Some Telehealth?
- Visits with reluctant/complex exam
  - Anxious/developmentally challenged patients
  - Wrestling w/toddlers
- Slow providers (visit & documenting)

MDM

- Address & Document those “oh by the ways!”
- Telehealth with Rx and/or orders for tests
- Quick providers (both in the visit and documenting)
- Independent historians!

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Time Reminders

- **Clinical** time of the **provider** on the **same day** as the visit
- Can count documentation if done same day
- Can count pre and post visit work if done same day
- Cannot count time that you spend on something that has its own CPT code (such as reviewing Vanderbilt's or performing a urine cath)

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MDM Reminders

- Number/complexity of problems **addressed**
- Not every ICD10 on a visit is a problem
- Chronic stable problems: *Stable* is *defined as pt is at their treatment goal*
- Current guidance: you ***cannot*** count diagnostic tests ordered or reviewed that are performed in your office (only external labs)
- When counting “unique” diagnostic tests, it equates to each test having their own CPT code
- When discussing management with external sources, it cannot be a family member/caregiver, but it can be a teacher or other professional relevant to the care/management
- **Prescription** medication management is level 4 for **RISK**

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And as always.....

If it’s not documented.....

to an auditor.....

It is NOT DONE!

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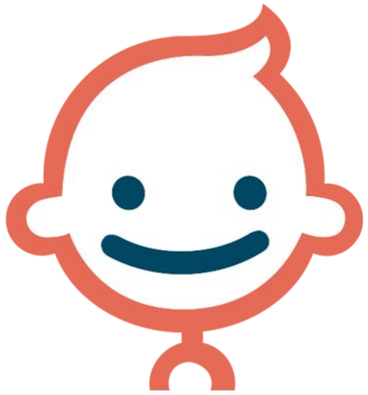
Let’s Get To it!



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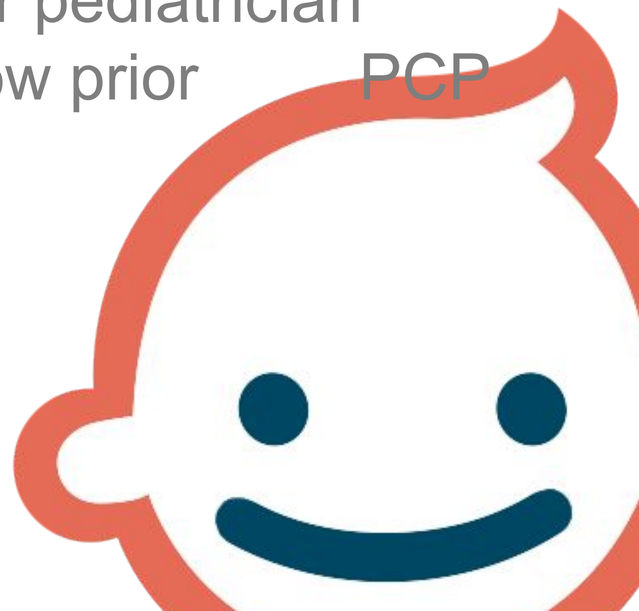
8 y/o new patient w/ear pain: DOV 12/8/20

- Practice received old records 12/1: you abstracted information into the EHR on 12/2 (15 minutes)
- HPI, ROS provided by dad (accompanied pt to visit)
- During visit you re-review ENT letter from old records w/dad (4 minutes)
- Exam notable for: not ill appearing, no distress; ENT: nasal congestion, bilaterally erythematous/bulging TMs, mild pharyngeal erythema, Lungs: clear CV: gr 1-2/6 systolic murmur w/o radiation, RRR
- Father unsure if murmur was there before or discussed by prior pediatrician
- He says he will ask mom and get back to you, you say you know prior PCP and will call to inquire

Assessment:
URI (J06.9)
BOM (H66.43)
Cardiac Murmur, unspec (R01.1)



8 y/o new patient w/ear pain: DOV 12/8/20

Plan:

- Rx written for Augmentin (dad says “amox never works”)
- You document that you will re-review old records looking for documentation of murmur to see if it is new or noted, and will reach out to prior PCP if needed
- You spend 20 minutes during visit, 2 minutes completing documentation after the visit

Mom calls back later 12/8 to say nobody ever told her about a murmur (5 minute discussion that you believe is innocent, but want to talk w/prior PCP). After you review old records again (5 minutes) and see a note “referred to cardiology for murmur” but no report from specialist, you leave a message for your colleague prior PCP to call back.

8 y/o new patient w/ear pain: DOV 12/8/20

Prior PCP calls back 12/10 to report that pt was seen by cardiologist and dx w/innocent murmur, will fax report to your office (4 minutes)

You code it!

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Key Elements TIME: 8 y/o new patient w/ear pain

- Chart review prior to DOV: doesn't count ~~15 minutes~~
- Time spent re-reviewing ENT record with Dad can't count again, already in total length of visit (OK to document, but can't count again) ~~4 minutes~~
- Total length of visit: 20 minutes ✔
- Additional time documenting: 2 minutes ✔
- Discussion w/mom about murmur: 5 minutes ✔
- Re-review old records for more info about murmur: 5 minutes ✔
- Discussion w/prior PCP: ~~4 minutes~~ can't count since not DOV

Countable total time: 32 minutes **99203: 30-44** minutes

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Key Elements MDM: 8 y/o new patient w/ear pain

- Problems Addressed: URI, BOM, murmur: 2+ self-limited or minor problems (Level 3)
- Data Reviewed/Analyzed: (Level 4)
  - Review of ENT report
  - Review of “old records from PCP visits” for murmur
  - Independent historian
  - Discussion of management w/external source
- Risk: wrote a prescription which you will manage (Level 4)

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Key Elements MDM: 8 y/o new patient w/ear pain

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* **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**
99204 **99214**	**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:** 2 • 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

CPT: 99204

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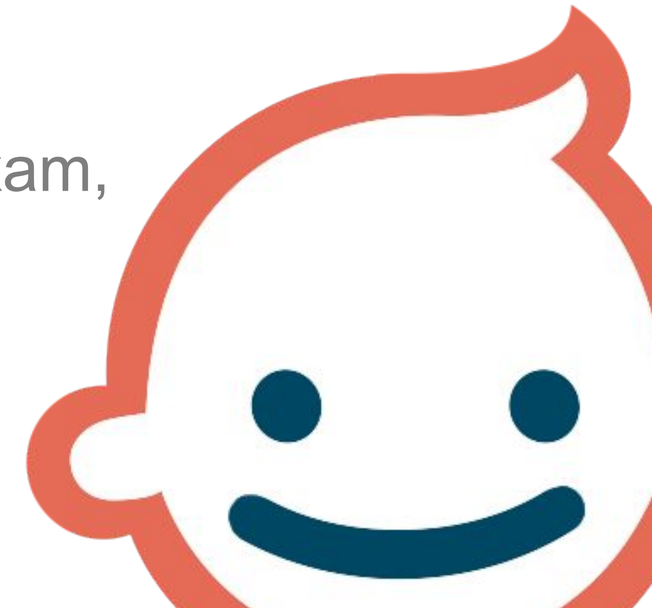
4 y/o established pt not sleeping well: DOV 12/4/20

- Pt well known to you, former 32 week preemie with developmental delays, feeding issues, little verbal communication skills, in process of work-up by genetics, hx of BMTs, getting OT/speech
- HPI: mom reports 2 week hx of increased difficulty going to/staying asleep, wants ears checked
- ROS: extensive looking for clues, ? maybe worsened snoring, some increased burping
- Exam: afebrile, you note 3-4+ tonsils, otherwise her baseline

Because lengthy discussion of ROS and patient is a difficult exam, takes her a bit to warm up to you, visit length = 25 minutes



4 y/o established pt not sleeping well: DOV 12/4/20

Assessment:

Sleep disorder, unspecified (G47.9)
Tonsillar hypertrophy (J35.1)
Developmental d/o of speech language (F80.9)
Feeding difficulties (R63.3)
Other acute nonsuppurative otitis media, recurrent, bilateral (H65.196)

Plan:

Discuss w/mom unsure of what could be causing worsening sleep issues. Ears look fine, tubes dry/intact. With increased burping could be GER? With large tonsils, could be sleep apnea. Want to discuss with ENT first then will reach back out to mom for more definitive plan. May include sleep study but for her age that requires hospitalization and may not be warranted at this time. Also discussed with mom potential trial of GER meds, but will regroup after ENT conversation.

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4 y/o established pt not sleeping well

- Spend 10 minutes end of day reading through ENT report (to see if they note/mention tonsillar hypertrophy) and documenting note
- Call ENT and speak with NP (4 minutes) who reviews concerns and reports that they will call family to schedule an OV and possible sleep study
- You send mom a portal message notifying her to expect a call from ENT to schedule a visit and possible f/u sleep study and to contact your office if she hasn’t heard from them by the end of the week (2 minutes)

You code it!

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Key Elements TIME:4 yo established pt not sleeping well

- No pre-visit work, pt well known to you
- Visit face-to-face time: 25 minutes ✔️
- Post-visit review ENT records & write note: 10 minutes ✔️
- Discussion with NP from ENT office: 4 minutes ✔️
- Send mom portal message: 2 minutes ✔️

Countable total time: 41 minutes

99215: 40-54 minutes

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Key Elements MDM: 4 yo established pt not sleeping well

- Problems (addressed?): Sleep disorder, tonsillar hypertrophy, ~~speech delay~~, ~~feeding difficulties~~, ~~recurrent OM~~
- Data reviewed/analyzed:
  - ENT report
  - Independent historian
  - Discussion of management
- Risk: ?

Pediatric Success SERIES

Key Elements MDM: 4 yo established pt not sleeping well

99203 **99213**	**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**
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CPT: 99214

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16 y/o F established patient w/ sore throat: DOV 12/5

- Well known to practice. Accompanied by dad who stays in waiting room/car
- HPI: sore throat x 4 days
- ROS: no cough, slight congestion, fluctuating fever (not taken), boyfriend sick (hasn't been evaluated)
- No significant PMHx, FHx, no recent travel
- Exam: Temp 100.9, not ill appearing, ENT: mild nasal congestion, o/p: MMM with erythema, no exudate/ulcers, Neck: supple, shotty ant cvx LN, Chest: clear

Assessment:

Fever (R50.9)
Pharyngitis (J02.9)
Nasal Congestion (R09.81)

16 y/o F established patient w/ sore throat: DOV 12/5

Plan:

Labs: Rapid strep: neg, Rapid COVID: neg, TC: sent to lab (phone f/u when results known)
Working dx: likely viral illness
Symptomatic tx including OTC acetaminophen or ibuprofen, inc fluids, avoid airway irritants, discussed when can return to school with father at end of appointment

Length of appointment: 8 minutes initially
Ordered labs, patient in room additional 9 minutes
Provider reviewed labs and discussed with patient/father: 2 minutes
Documentation of note: 2 minutes
Sent portal message with negative TC results on 12/7: 2 minutes

Key Elements TIME: 16 yo F est patient w/ sore throat

- Length of appointment: 8 minutes initially ✔️
- Ordered labs, patient in room additional ~~9 minutes~~
- Provider reviewed labs and discussed with patient/father: 2 minutes ✔️
- Documentation of note: 2 minutes ✔️
- Sent portal message with negative TC results on 12/7: ~~2 minutes~~

Countable total time: 12 minutes **99212: 10-19** minutes

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Key Elements MDM: 16 yo F est patient w/ sore throat

- Problems (addressed?): ~~fever, pharyngitis, nasal congestion~~ really all one problem, likely viral pharyngitis
- Data reviewed/analyzed:
  - ~~Rapid strep~~ *
  - ~~Rapid COVID~~ *
  - Send out TC
- Risk: Low

* Most recent AMA guidance: cannot count in house tests since you are already paid by their specific CPT

Pediatric Success SERIES

Key Elements MDM: 16 yo F est patient w/ sore throat

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; **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**

X

1

X

CPT: 99213

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Brief Common Scenarios

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5 y/o with extensive poison ivy rash

- Little HPI, ROS (which mother provides) Exam limited
- Rx for topical or oral steroids

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; **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**
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CPT: 99213

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Telehealth visit: 13 y/o with likely OE, significant pain

- Little HPI, ROS (which patient provides) Exam limited but +tragal tenderness
- Rx for pain relief and antibiotic/steroid drops

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; **or** • **1** stable chronic illness; **or** • **1** acute, uncomplicated illness r 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**
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CPT: 99213

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Resources

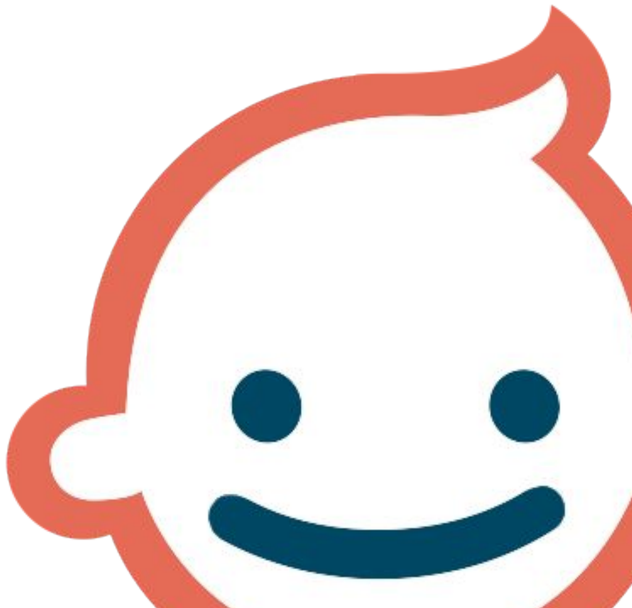
- CMS 2021 Final Rule for Physician Fee Schedule
- CMS Announcement re PFS and Conversion Factor
- AMA Guidance
- AAP Guidance including
  - Summary of Time Changes
  - New Prolonged Service Code
  - FAQs (updated frequently)
  - Coding Newsletter (subscription required but well worth it!)
  - Coding for Pediatrics 2021 Edition (purchase but a must have!)
  - Pediatric Evaluation and Management: Coding Quick Reference Card 2021 ($21.95 for non members, $16.95 for AAP Members)
- Section on Administration and Practice Management AAP FAQs: http://bit.ly/faq2021cpt (and while you are there, join SOAPM!)

Pediatric Success SERIES

For your time & attention

And stay tuned for Q&A session and a peek at how Office Practicum will help you do this work!


Q
A



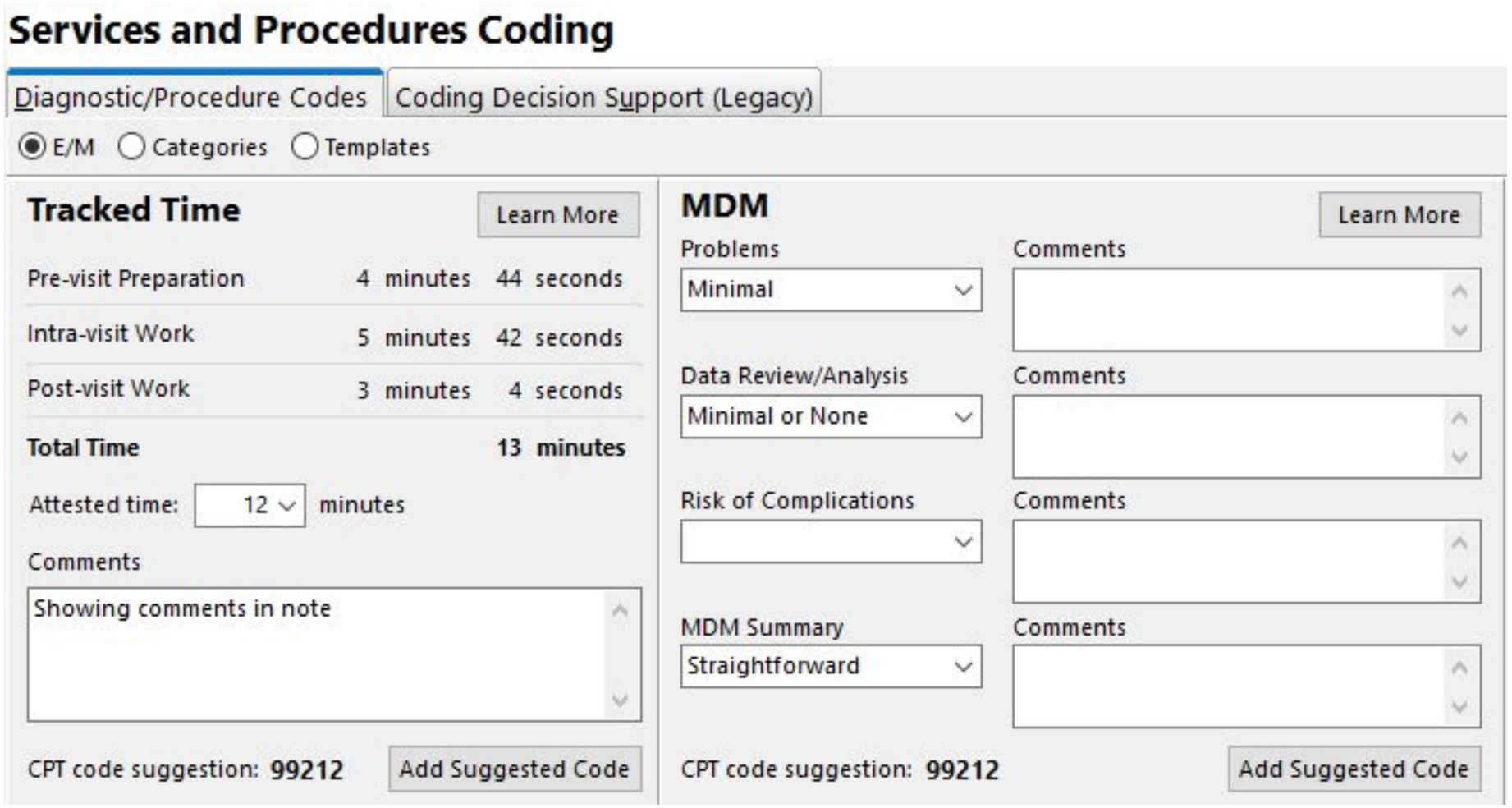
Our Mission:
Improving Health Through Technology

Office Practicum™

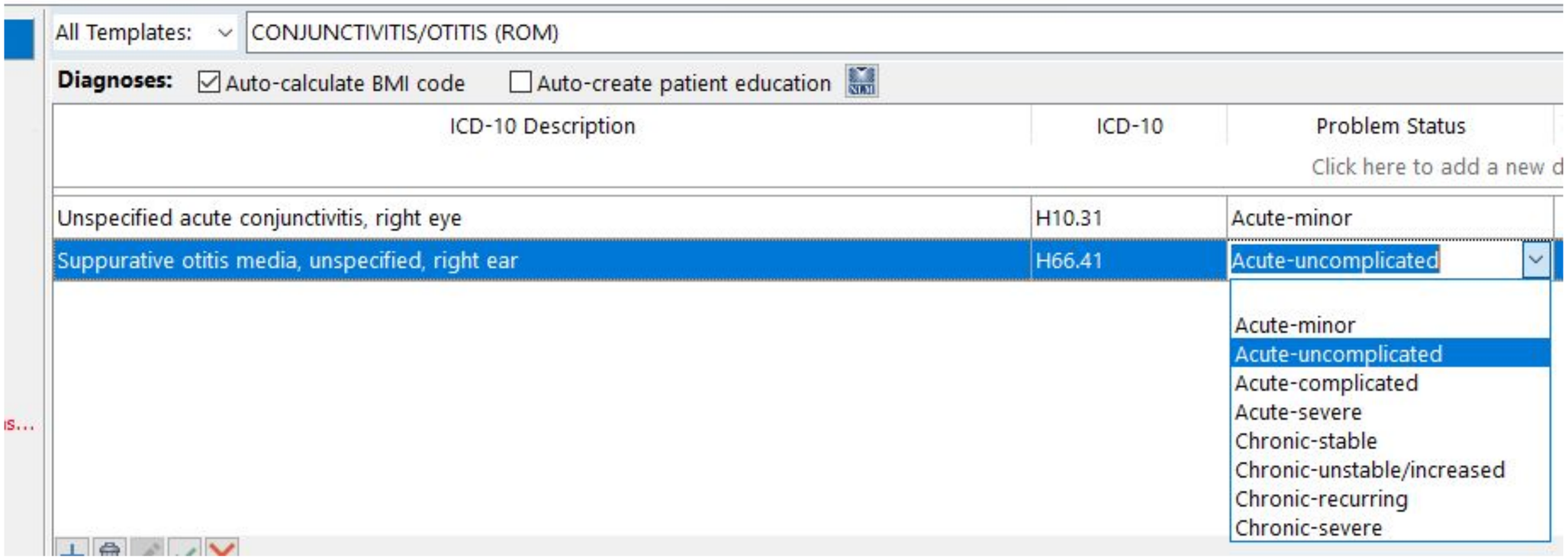
About the Sponsor

We are committed to providing the best **pediatric technology**, **resources**, and **community** to drive practice success and quality patient outcomes.

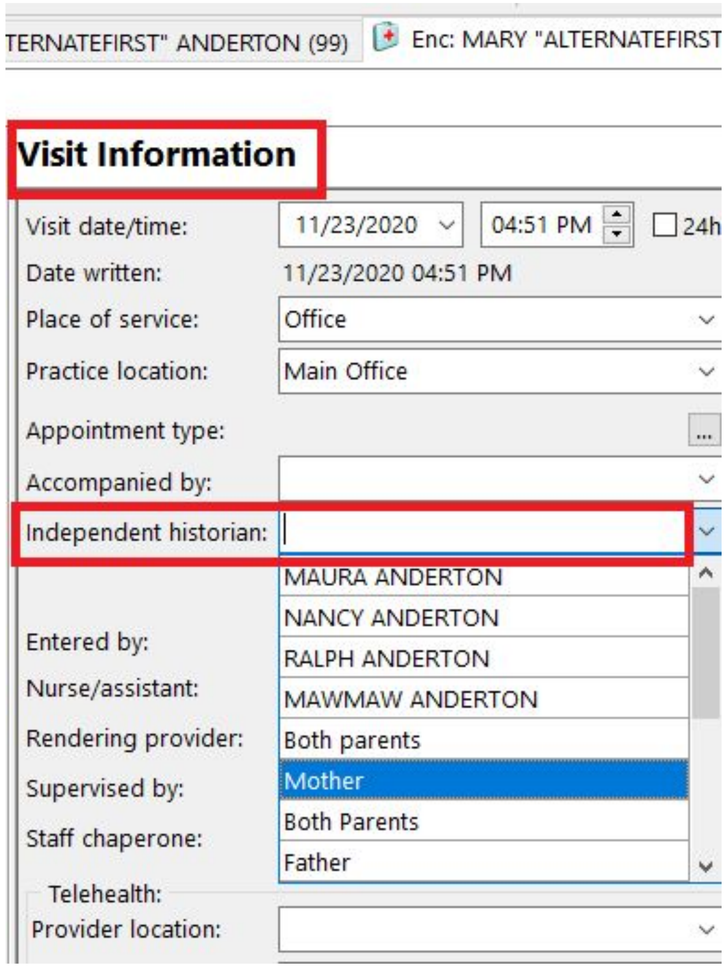
OP’s Time vs MDM Assistance



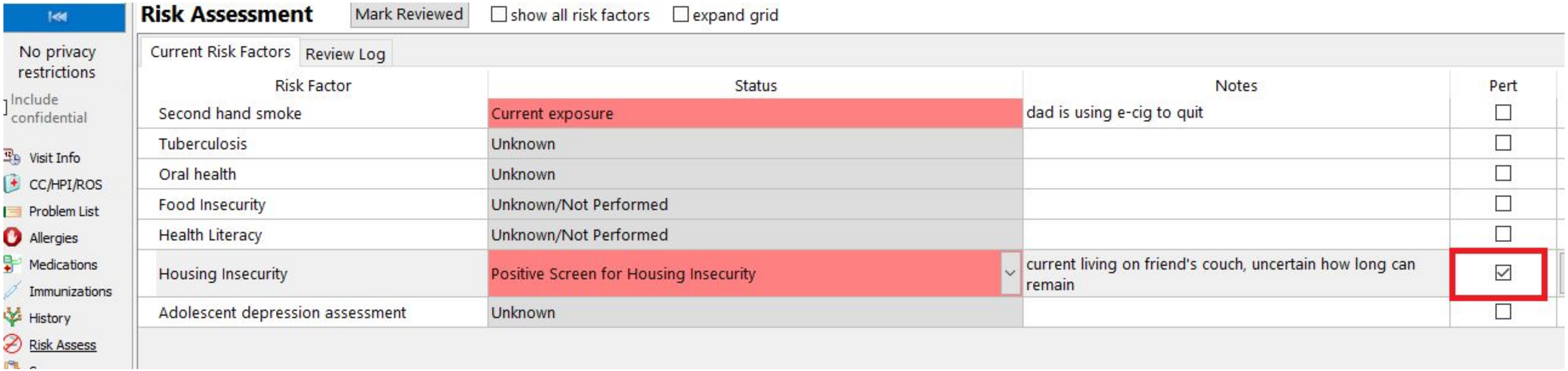
OP & MDM: Problems Addressed



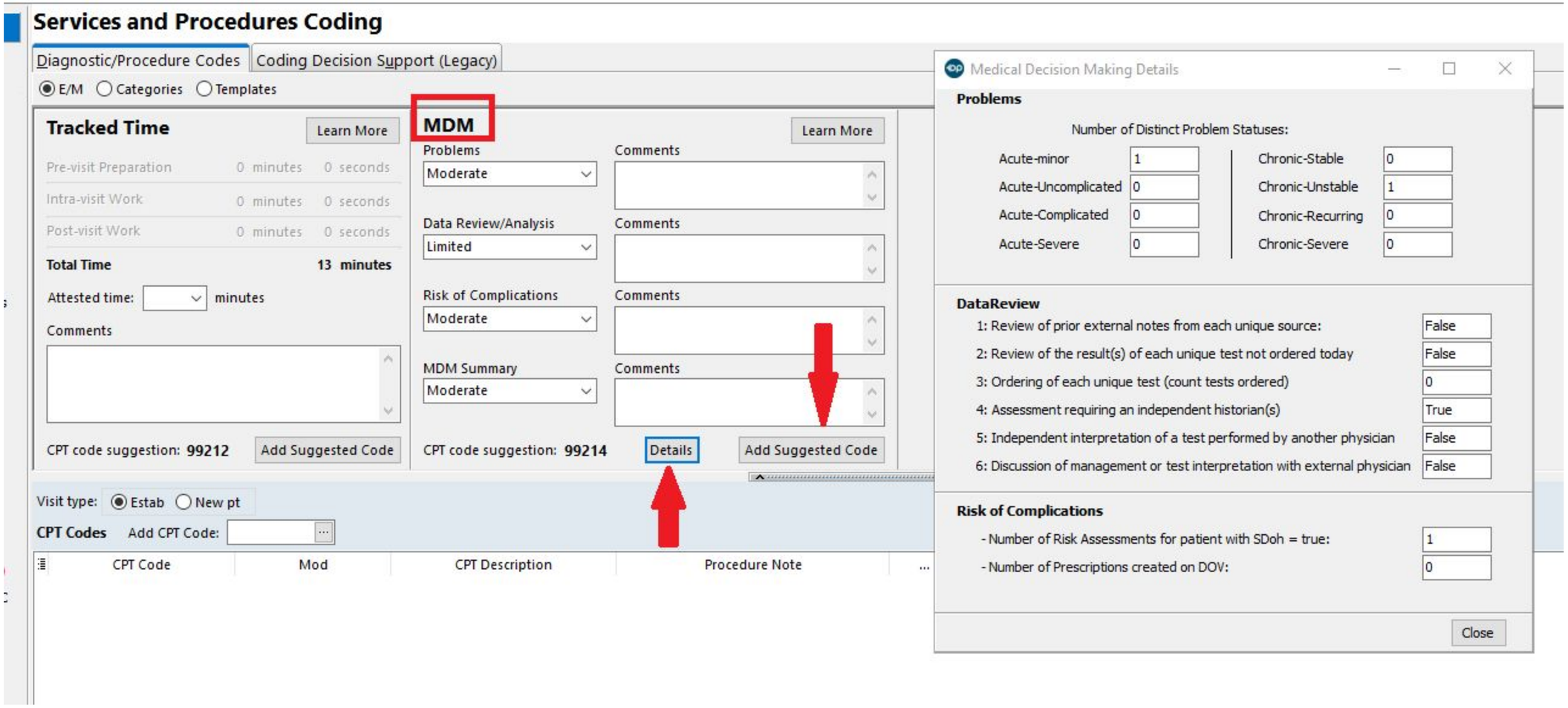
OP & MDM: Independent Historian



OP & MDM: Social Determinants of Health



OP's MDM Assistance



Take Care

Stay Safe

Thanks for All You Do!