

2021 - O.V. - MDM

A MINI WEBINAR BY DON SELF, CASA, CMCS, CPC

**DISCLAIMER TO KEEP THE ATTORNEY FROM
GOING WEE-WEE ON HIMSELF. DISCLAIMERS
REALLY DON'T HELP, THOUGH.**

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Don't read this. It means absolutely nothing. Attorneys and people who think too much of themselves waste their time telling you that if you read something you're not supposed to, then you're required by some fictitious law created by an idiot elected by other idiots, but that fictitious law doesn't exist. I can't believe you're still reading this. Email disclaimers mean nothing - but take up space on your screen. So - quit reading this or you will be in violation of USC 501.9103.4 which says nothing because it doesn't exist either.

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It is up to you whether you follow it or whether you ignore it. We can help some – but we cannot fix stupid.

MDM OR TIME –

WHICHEVER IS GREATER

▶ **MEDICAL NECESSITY IS STILL KEY** – MUST BE DOCUMENTED

99202 - 99215

**TIME
OR
MDM
ONLY**



“starting in 2021, the office/outpatient E/M visit codes will be substantially redefined to allow time or medical decision-making for code level selection”

Dec 2nd Federal Register, Page 271

2021 E&M Components for 99202-99215

History and Exam	Document only as medically appropriate but not used for code selection. CC & HPI needed for Medical Necessity
Medical Decision Making (MDM)	One of the components for code selection 2 of 3 Elements Include: <ul style="list-style-type: none">-Number and complexity of problems addressed during encounter-Amount and/or complexity of data reviewed and analyzed-Risk of complications and/or morbidity or mortality of patient management
	OR
Time	One of the components for code selection

MDM –New Guidelines for 2021

Outpatient E&M

- **Number and Complexity of Problems Addressed at the Encounter**
- **Only the actively treated diagnoses are credited to the level of service**
- **Amount and/or Complexity of Data to be Reviewed and Analyzed**
- **Risk of Complications and/or Morbidity or Mortality of Patient Management**

Code	Level	Problems	Data Analysis	Risk
99202	Straightforward	Minimal	Minimal or none	Minimal
99203	Low	Low	Limited	Low
99204	Moderate	Moderate	Moderate	Moderate
99205	High	High	Extensive	High
99211	NA	NA	NA	NA
99212	Straightforward	Minimal	Minimal or none	Minimal
99213	Low	Low	Limited	Low
99214	Moderate	Moderate	Moderate	Moderate
99215	High	High	Extensive	High

MDM: Number and Complexity of Problems Addressed at the Encounter: Clinically Relevant

- Straightforward **A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status**
 - Self-limited
- Low **Controlled diabetic followup**
 - Stable, uncomplicated, single problem
- Moderate **Controlled diabetic/hypertensive or uncontrolled diabetic or uncontrolled hypertensive**
 - Multiple problems or significantly ill
- High **Acute MI, pulmonary embolus, severe respiratory distress, severe rheumatoid arthritis, psych illness w potential threat, Acute , Renal Failure or patient requires hospital care, etc.**
 - Very ill

M-D-M



What Is the Problem?

PROBLEM DEFINED

A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, and/or other matters addressed during the visit, with or without a diagnosis being established at the time of the visit

MDM

**MAJOR
OR
MINOR**

**“A MINOR SURGERY IS A
PROCEDURE OR SURGERY THAT
HAPPENS TO SOMEONE ELSE
AND A MAJOR ONE IS WHEN IT
HAPPENS TO ME”**

MDM

**PROBLEM =
STRAIGHTFORWARD**

- **SELF-LIMITED OR MINOR PROBLEM**
- 1928 Dictionary: *“typhoid fever is an example of a self-limited disease”*
- Sprain, common cold, URI, measles, etc
- **NO** exhaustive list exists of self-limited problems

MDM

PROBLEM =
LOW

Chronic Stable Illness

- Expected duration of at least one (1) year or until the death of the patient
- Patient is at their specific treatment goal(s)
- A patient that is not at their treatment goal is not stable even if the condition has not changed

Acute, Uncomplicated Illness or Injury

- Recent or short-term problem w/low risk of morbidity based on the treatment considered
- Full recovery is expected w/o deterioration
- A problem that is normally minor, self-limiting but not resolving

MDM

PROBLEM =
MODERATE

Chronic w/ exacerbation

- Illness that is acutely worsening, poorly controlled, uncontrolled or progressing....requiring additional supportive care, or attention to side effects but does not require hospital level of care

Undiagnosed w/ Uncertain Prognosis

- A differential diagnosis represents a condition likely to result in a high risk of morbidity without medical intervention

MDM

PROBLEM =
MODERATE

Acute Illness w/ Systemic Symptoms

- Illness that causes systemic symptoms AND has high risk for morbidity w/o medical intervention

Acute Complicated Injury

- Injury requiring medical intervention that includes evaluation of other body systems that are not directly related to the injured organ
- Injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity

MDM

**PROBLEM =
HIGH**

Acute or Chronic or Injury w/ severe exacerbation, progression or side effects of Tx

- Illness or injury w/severe progression or severe side effects of treatment that have a significant risk of morbidity and may require hospitalization
- Or that pose a threat to life or bodily function in the short-term w/o treatment

TESTS

Definition of Test

- Tests are laboratory services, diagnostic imaging, psychometric, or physiologic data
- The differentiation between single or multiple unique test is defined in accordance with the CPT® code set
- A clinical laboratory panel (e.g. 80047 Basic Metabolic Panel) is a single test, 71046, chest x-ray 2 views is a single test)

**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






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 <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	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 <i>(Must meet the requirements of at least 1 of the 2 categories)</i> 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*; or • ordering of each unique test* Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	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 <i>(Must meet the requirements of at least 1 out of 3 categories)</i> 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*; or • 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); 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 <i>Examples only:</i> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without patient 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 <i>(Must meet the requirements of at least 2 out of 3 categories)</i> 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*; or • 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); 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 <i>Examples only:</i> • 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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Patient: _____ DOB __/__/__ DOV __/__/__

Chief Complaint(s):

HPI: _____

Smoker: Y N Alcohol: Y N LMP __/__/__ LAWV: __/__/__

Vitals: Wt _____ Ht _____ BMI _____ BP _____ T _____ Age: _____

Exam: _____

MDM: (2 of 3) #/Complexity of Problems, Amount/complexity of data, Risk:

Problems Addressed: (C/A) _____

Data Reviewed/Ordered: _____

Risk: Minimum Risk of morbidity from additional testing or treatment [_____]

Low: _____

Mod: (RX Mngmt) _____

High: _____

Time Pre: _____

Time During: _____

Time Post: _____

Signed: _____ Date: __/__/__



DON SELF & ASSOCIATES, INC

Medical Reimbursement Consultants

Thank You

I will spend an hour with your doctor & manager on a Zoom call asking questions & making suggestions. At the end of the hour, I'll ask your doctor if that hour just helped them increase the clinic income by \$20,000 p/ year. If they say yes, they pay my consult fee & if not – they don't owe me a penny

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