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MIPS, MACRA, RAF, HCC, CPC, CPT, ICD-10, EM Auditing, CPC Boot Camps, Compliance and Certification

# 2021 Compliant EM Documentation & Coding

*A documentation and coding workshop*

*Presented by*

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## 2021 Evaluation & Management Coding Summary – Outpatient and Office

| <u>Code</u>                    | <u>Minutes</u> | <u>History</u>                                       | <u>Examination</u>                                       | <u>Decision-Making – Examples for Two of the Three Requirements</u>   |  |
|--------------------------------|----------------|--|--|---|--|
| 99202                          | 15-29          | Medically Appropriate History                        | Medically Appropriate Exam                               | <b>Straightforward</b><br>1 self-limited or minor problem   | <b>Minimal Risk</b><br>Rest<br>Gargles<br>Bandages   |
| 99212                          | 10-19          |  |  |   |  |
| 99203                          | 30-44          | Medically Appropriate History                        | Medically Appropriate Exam                               | <b>Low</b><br>1 stable chronic illness<br>1 acute uncomplicated illness or injury   | <b>Low Risk</b><br>OTC drugs<br>Antibiotics<br>Minor surgery w/o risk factors<br>PT/OT   |
| 99213                          | 20-29          |  |  |   |  |
| 99204                          | 45-59          | Medically Appropriate History                        | Medically Appropriate Exam                               | <b>Moderate</b><br>1 chronic condition that is worsening<br>2 stable chronic illnesses<br>1 undiagnosed new problem with uncertain prognosis<br>1 acute illness with systemic symptoms  | <b>Moderate risk</b><br>Prescription drug management<br>Minor surgery w/ risk factors<br>Decision for major surgery w/o risk factors<br>Diagnosis/treatment significantly limited by Social Determinants of Health (Z59)   |
| 99214                          | 30-39          |  |  |   |  |
| 99205                          | 60-74          | Medically Appropriate History                        | Medically Appropriate Exam                               | <b>High</b><br>1 or more chronic illnesses with severe exacerbation and extensive data or risk<br>1 acute or chronic illness or injury that poses a threat to life or bodily function and extensive data or risk.   | <b>High risk</b><br>Drug monitoring for toxicity<br>Major surg w/risk factors<br>Decision for emergency surg<br>Decision for hospitalization<br>Decision DNR because of poor prognosis   |
| 99215                          | 40-54          |  |  |   |  |
| Prolonged & Time Documentation | Each 15 min.   | <u>CMS</u><br>15 minutes over<br>99205/99215 – G2212 | <u>AMA/CPT</u><br>15 minutes over<br>99205/99215 - 99417 | <ul style="list-style-type: none"> <li>• Reviewing patient’s record prior to visit</li> <li>• Obtaining/review history from someone other than the patient</li> <li>• Performing a medically appropriate history and exam</li> <li>• Counseling/educating the patient, family, or caregiver</li> <li>• Ordering prescription medications, tests, or procedures</li> </ul> | <ul style="list-style-type: none"> <li>• Referring and communicating with another healthcare provider(s) (when not separately reported)</li> <li>• Documenting clinical information in the patient’s electronic health record</li> <li>• Independently interpreting results (not separately reported)</li> <li>• Coordination of care for the patient (not separately reported)</li> </ul> |

# Elements of Medical Decision Making

(Based on 2 out of 3 Elements of MDM)

| Code           | Level of MDM    | Elements of Medical Decision Making<br>(Based on 2 out of 3 Elements of MDM)   |  |  |
|----------------|-----------------|--|--|--|
|                |                 | Number and Complexity of Problems Addressed  | Amount and/or Complexity of Data to be Reviewed and Analyzed<br>*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<br>99212 | Straightforward | <b>1 self-limited or minor problem</b> – A problem that is transient in nature and is not likely to permanently alter health status. A self-limited or minor problem is one in which the resolution is expected to be fairly rapid, with minimal medical intervention. Examples would be a cold or an insect bite  | Minimal or none  | Minimal<br><br>Minimal risk of morbidity from additional diagnostic testing or treatment   |
| 99203<br>99213 | Low             | <p><b>2 or more self-limited or minor problems</b> – A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.</p> <p>or</p> <p><b>1 stable chronic illness</b> – A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). ‘Stable’ for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant. Examples may include well-controlled hypertension, non-insulin dependent diabetes, cataract, or benign prostatic hyperplasia.</p> <p>or</p> <p><b>1 acute, uncomplicated illness or injury</b> - A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. Examples may include cystitis, allergic rhinitis, or a simple sprain.</p> | <p><b>Limited</b></p> <p>(Must meet the requirements of at least 1 of the 2 categories)</p> <p><b>Category 1:</b> Tests and documents</p> <p>Any combination of 2 from the following:</p> <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*.</li> <li>• review of the result(s) of each unique test*.</li> <li>• ordering of each unique test*</li> </ul> <p>or</p> <p><b>Category 2:</b> Assessment requiring an independent historian(s)</p> <p>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</p> | <p><b>Low</b></p> <p>Low risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> <li>• OTC drugs</li> <li>• Antibiotics</li> <li>• Minor surgery w/o risk factors</li> <li>• PT/OT</li> </ul> |

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| <p>99204<br/>99214</p> | <p>Moderate</p> | <p><b>Moderate</b></p> <p><b><u>1 or more chronic illnesses that is/are acutely worsening</u></b> – Poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.</p> <p><b>or</b></p> <p><b><u>2 or more stable chronic illnesses</u></b> - An illness with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). ‘Stable’ for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. Examples may include well-controlled hypertension, non-insulin dependent diabetes, cataract, or benign prostatic hyperplasia.</p> <p><b>or</b></p> <p><b><u>1 undiagnosed new problem with uncertain prognosis</u></b> - The differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. An example may be a lump in the breast.</p> <p><b>or</b></p> <p><b><u>1 acute illness with systemic symptoms</u></b> – An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for ‘self-limited or minor’ or ‘acute, uncomplicated.’ Systemic symptoms may not be general but may be single system. Examples may include pyelonephritis, pneumonitis, or colitis.</p> <p><b>or</b></p> <p><b><u>1 acute complicated injury</u></b> – Condition which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity. An example may be a head injury with brief loss of consciousness.</p> | <p><b>Moderate</b></p> <p>(Must meet the requirements of at least 1 out of 3 categories)</p> <p><b>Category 1:</b> Tests, documents, or independent historian(s)</p> <p>Any combination of 3 from the following:</p> <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*.</li> <li>• Review of the result(s) of each unique test*.</li> <li>• Ordering of each unique test*.</li> <li>• Assessment requiring an independent historian(s) (a history in addition to a history provided by the patient who is unable to provide a complete or reliable history)</li> </ul> <p><b>or</b></p> <p><b>Category 2:</b> Independent interpretation of tests</p> <p>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported).</p> <p><b>or</b></p> <p><b>Category 3:</b> Discussion of management or test interpretation</p> <p>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</p> <p><b>Appropriate source</b> includes professionals who are not health care professionals, but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.</p> | <p><b>Moderate</b></p> <p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by <i>social determinants of health</i></li> </ul> <p><b>Social determinants of health:</b> Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.</p> |
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| <p>99205<br/>99215</p> | <p>High</p> | <p><b>High</b></p> <p><b><u>1 or more chronic illness with severe exacerbation, progression, or side effects of treatment:</u></b> The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.</p> <p>.</p> <p><b>or</b></p> <p><b><u>1 acute or chronic illness or injury that poses a threat to life or bodily function.</u></b></p> <p>Examples may include</p> <ul style="list-style-type: none"> <li>• acute myocardial infarction,</li> <li>• pulmonary embolus,</li> <li>• severe respiratory distress,</li> <li>• progressive</li> <li>• severe rheumatoid arthritis,</li> <li>• psychiatric illness with potential threat to self or others,</li> <li>• peritonitis,</li> <li>• acute renal failure, or</li> <li>• an abrupt change in neurologic status.</li> </ul> | <p><b>Extensive</b></p> <p>(Must meet the requirements of at least 2 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <p>Any combination of 3 from the following:</p> <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*.</li> <li>• Review of the result(s) of each unique test*.</li> <li>• Ordering of each unique test*.</li> <li>• Assessment requiring an independent historian(s) (a history in addition to a history provided by the patient who is unable to provide a complete or reliable history)</li> </ul> <p><b>or</b></p> <p>Category 2: Independent interpretation of tests</p> <p>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported).</p> <p><b>or</b></p> <p>Category 3: Discussion of management or test interpretation</p> <p>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</p> | <p><b>High</b></p> <p>High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> </ul> <p><b>Examples may include</b> monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis.</p> <p><b>Examples of monitoring that does not qualify</b> include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.</p> <ul style="list-style-type: none"> <li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization</li> <li>• Decision not to resuscitate or to deescalate care because of poor prognosis</li> </ul> |
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