



MEDICAL CODING

2021 UPDATES IN CPT CODING

PRACTICAL EXAMPLES AND REMINDERS FOR RESIDENTS

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OUTLINE AND GOALS

- Goal: To give a brief overview of new CMS Evaluation and Management CPT Codes as of January 1, 2021; to review common coding errors and coding tips; **not bore you to death**
 - Freddy and I are making a code card with new rules and tips, you'll each get one and we'll hang them in the charting room at FHC to use on-site
 - AAFP also has a handy reference card that I can send around
- Outline
 - New CPT Coding rules w/ case examples
 - Coding by medical decision making (MDM)
 - Coding by time
 - Reminder about code nuances

WHY SHOULD YOU CARE ABOUT BILLING? \$\$\$

- You see 20 patients a day. You are paid based on RVU's and you work 230 days a year.
 - If you code all 20 level 3, you make \$184,000 a year
 - If you code 10 level 3 and 10 level 4, you make \$230,000 a year
 - If you code 5 level 3 and 15 level 4, you make \$253,000 a year
 - If you code all 20 level 4, you make \$276,000 a year
 - The difference is \$92,000 / year, \$920,000 every 10 years, \$2,760,000 over a 30 year career (before tax)



UPDATES IN EVALUATION & MANAGEMENT (E/M) OUTPATIENT CPT CODES

- Centers for Medicare & Medicaid Services (CMS)
 - Revisions debated for 10+ years prior to this years update
 - Updates informed in part by American Medical Association (AMA) RUC (Relative Value Scale Update Committee) with multispecialty input
 - Goal: “simplify the work of the health care provider and improve the health of the patient” – **this has been accomplished!**
 - Key Revisions:
 - **Eliminating history, review of systems, physical exam as required elements for choosing CPT code**
 - **Code selection based on total time or medical decision-making (MDM)**

CASE #1: LLQ PAIN

- 37 y/o male (Aetna PPO) hx of morbid obesity, anxiety, GERD, ADD, asthma p/w 2 days of LLQ abdominal pain.
- History / PE : x 2 days, LLQ, non-radiating, dull, constant, no alleviating / exacerbating factors, 6-8/10; BMs with straining, small pieces of stool, hx of constipation, no abdominal surgery, no testicular pain; exam with mildly distended abdomen, mild TTP
Ddx: Constipation, Abdominal Muscle Strain; less likely diverticulitis given no systemic sx
- Other issues addressed: HTN on amlodipine, last checked at home 122/76, needs no medication refill, asymptomatic
- Billing?

CODE SELECTION: MEDICAL DECISION MAKING

- Elements of Medical Decision Making
 1. Number and complexity of problems addressed
 2. Amount and/or complexity of data reviewed and analyzed
 3. Risk of complications and/or morbidity or mortality of patient management
- Levels of Medical Decision Making (2/3 criteria of above required)
 - Straightforward
 - Low
 - Moderate
 - High

CODE SELECTION: MEDICAL DECISION MAKING

- Levels of Medical Decision Making (2/3 criteria of above required)
 - Straightforward (99202 / 99212)
 - Low (99203 / 99213)
 - Moderate (99204 / 99214)
 - High (99205 / 99215)

MEDICAL DECISION MAKING: A FEW DEFINITIONS – INTUITIVE!

- Self-limited or minor problem: a problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.
- Stable, chronic illness: a problem with an expected duration of at least a year or until the death of the patient. “Stable” is defined as at their treatment goal; if they’re not at their treatment goal, even if their condition is unchanged or asymptomatic, this is not stable. Examples include HTN, DM, BPH. This depends on the goal of the patient.
- Acute, uncomplicated illness or injury: A recent problem with low risk of morbidity, full recovery is expected. Examples may include cystitis, allergic rhinitis, ankle sprain.
- Independent Historian: a representative of the patient who provides history
- Social determinates of health: food insecurity, inability to afford healthy food, inability to afford medication, housing insecurity, lack of transportation, unemployment, lack of health insurance, inadequate access to education

CODE SELECTION: MEDICAL DECISION MAKING

I. NUMBER AND COMPLEXITY OF PROBLEMS ADDRESSED

99202 / 99212	Straightforward: one self limited or minor problem
99203 / 99213	Low-level: 2 or more self-limited problems OR 1 stable chronic illness OR 1 acute, uncomplicated illness or injury
99204 / 99214	Moderate-level: 1 or more chronic illnesses with exacerbation / progression or side effect of tx OR 2 or more stable chronic illnesses OR 1 undiagnosed new problem with uncertain prognosis OR 1 acute illness with systemic sx OR 1 acute complicated injury
99205 / 99215	High-level: 1 or more chronic illnesses with severe exacerbation, progress or side effects of treatment OR 1 acute or chronic illness or injury that poses a threat to life or bodily function

CODE SELECTION: MEDICAL DECISION MAKING

2.AMOUNT / COMPLEXITY OF DATA TO BE REVIEWED / ANALYZED

99202 / 99212	Minimal or none
99203 / 99213	Limited (meet requirements of 1 of the 2 categories) <ul style="list-style-type: none">• Category 1: Review at least 2 of prior external note, lab results, order test• Category 2: Use of an independent historian
99204 / 99214	Moderate (meet requirements of 1 of 3 categories) <ul style="list-style-type: none">• Category 1: Review at least 3 of prior external note, lab results, order test, independent historian• Category 2: Independent interpretation of a test performed by another physician• Category 3: Discussion of management / test with external health professional
99205 / 99215	High (meet requirements of 2 of 3 categories) <ul style="list-style-type: none">• Category 1: Review at least 3 of prior external note, lab results, order test, independent historian• Category 2: Independent interpretation of a test performed by another physician• Category 3: Discussion of management / test with external health professional

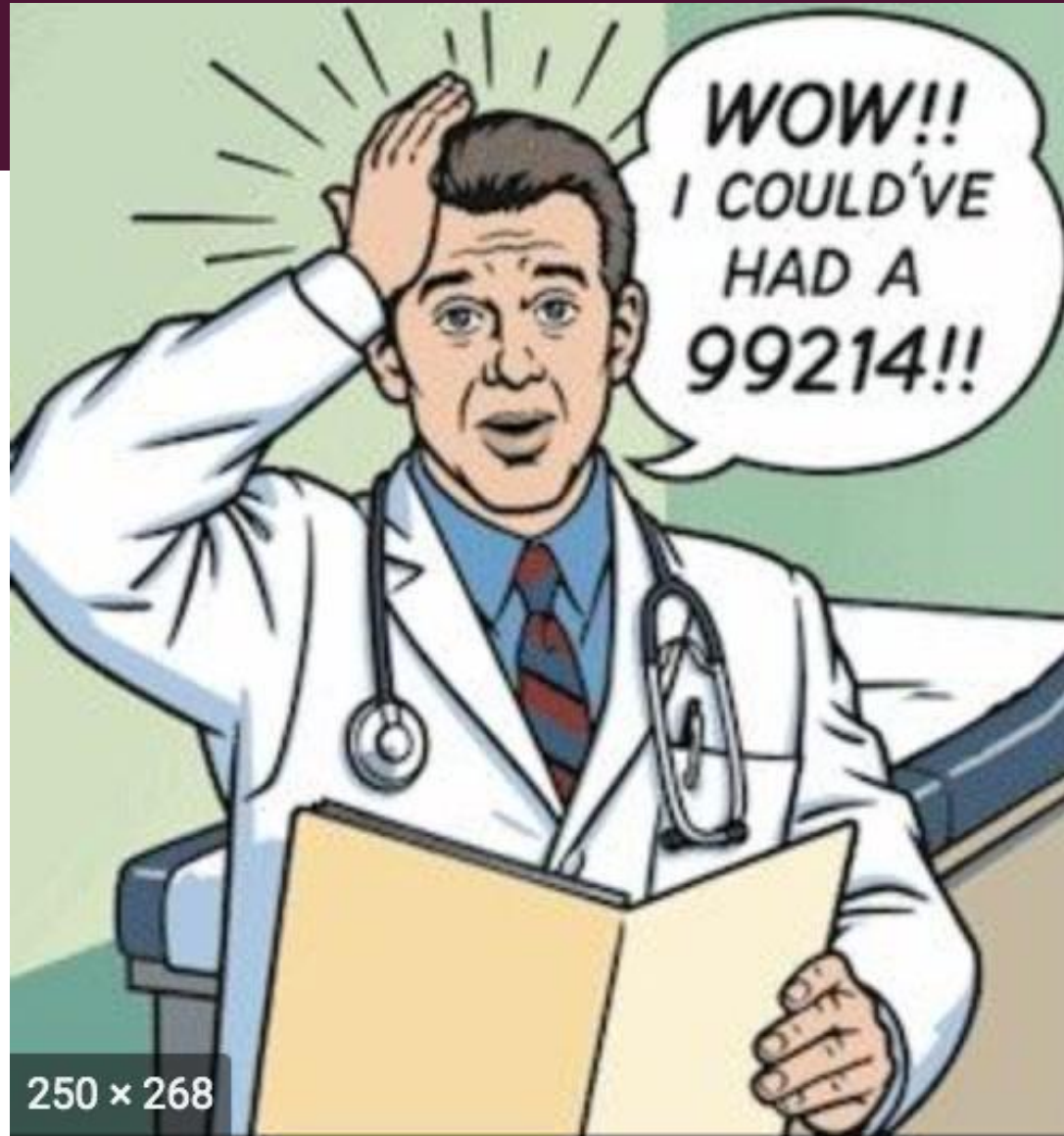
CODE SELECTION: MEDICAL DECISION MAKING

3. RISK OF COMPLICATION / MORBIDITY / MORTALITY

99202 / 99212	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 / 99213	Low risk of morbidity from additional diagnostic testing or treatment
99204 / 99214	Moderate risk of morbidity from additional diagnostic testing or treatment, i.e. <ul style="list-style-type: none">• Prescription drug management• Decision regarding minor surgery with risk factor discussion• Decision regarding elective major surgery• Diagnosis or treatment limited by social determinants of health
99205 / 99215	High risk of morbidity from additional diagnostic testing or treatment, i.e. <ul style="list-style-type: none">• Drug therapy requiring monitoring for toxicity• Decision regarding elective major surgery with risk factor discussion• Decision regarding emergency major surgery• Decision regarding hospitalization• Decision regarding de-escalation of care or change in code status

BACK TO OUR...CASE #1: LLQ PAIN

- 37 y/o male (Aetna PPO) hx of morbid obesity, anxiety, GERD, ADD, asthma p/w 2 days of LLQ abdominal pain.
- Ddx: Constipation, Abdominal Muscle Strain; less likely diverticulitis given no systemic sx
- Other issues addressed: HTN on HCTZ last checked at home 122/76, needs no medication refill, asymptomatic, last BMP 2 years ago; you order repeat BMP
- Billing?
- Medical Decision Making; coding can change based on whether you addressed his hypertension
 - 99213: Low-level: 2 or more self-limited problems OR 1 stable chronic illness OR **1 acute, uncomplicated illness or injury + low risk of morbidity from additional diagnostic testing or treatment + GE/GC**
 - 99214: Moderate-level: 1 or more chronic illnesses with exacerbation / progression or side effect of tx OR 2 or more stable chronic illnesses + Review at least 3 of prior external note, lab results, order test, independent historian
 - You CAN bill a 99214 without the attending present!



250 x 268

CASE #2: WCC + TESTICULAR PAIN

- 14 y/o M (LA Care) p/f a WCC. Mom states he's been having testicular pain.
- WCC
- Testicular Pain: X 1.5 months, intermittent lasting a few days at a time, no alleviating / exacerbating factors, no nausea, no vomiting, no dysuria, not sexually active
 - Ultrasound
- Billing?
 - WCC adolescent age 12 – 17: 99384 + GE
 - 99213 + modifier 25
 - 2 or more self-limited problems OR 1 stable chronic illness OR 1 **acute, uncomplicated illness or injury**
 - Review at least 2 of prior external note, lab results, order test OR use of an independent historian
- Z71.82 for exercise counseling and Z71.3 dietary counseling and surveillance

CASE #3: ADJUSTMENT DISORDER

- 31 y/o male otherwise healthy presenting after his cousin was murdered in what is thought to be a business deal gone wrong. For one month, he has been feeling very sad, anxious, sometimes worries that something like this could happen to him. He's having trouble sleeping and has lost his appetite but states that he doesn't feel depressed, he is just having a hard time adjusting to his new normal with loss of his cousin as they were very close. He is seeing a therapist but would like to talk through his feelings with you today and what he can do to handle the situation. No history of depression, SI; no current SI / HI.
- Billing?

CODE SELECTION: TIME

- Previous CMS requirement: “50% of time had to be counseling / coordination of care”
- 2021: Time may be used to select a code in office or other outpatient services whether or not counseling / coordination of care dominates the service
- Total time:
 - Physician face-to-face and non face-to-face time on the date of service
 - Includes: pre-charting including obtaining and reviewing labs / history, performing a medically necessary / appropriate evaluation, counseling and educating patient / family / caregiver, ordering medications / tests / procedures, communicating with other health care professionals, documenting clinical information in the EMR, care coordination
 - Does not include: clinical staff time, interpretation of labs / follow up after the date of service

CPT CODE REQUIREMENTS NEW* OUTPATIENTS

- 99202
 - Time: **15 – 29 minutes** of total time
- 99203
 - Time: **30 – 44 minutes** of total time
- 99204
 - Time: **45 – 59 minutes** of total time
- 99205
 - Time: **60 – 74 minutes** of total time
- 99417*
 - Prolonged Services if > 89 min; only used if coding by time, using a level 5, can use more than once
 - If Medicare must use G2212 instead

*new means either new or hasn't been seen by you or anyone else in your practice with the same subspecialty in the last three years.

CPT CODE REQUIREMENTS ESTABLISHED OUTPATIENTS

- 99211 – minimal presenting problem; usually a nurse visit, no MD required, no time requirement
- 99212
 - Time: **10 – 19 minutes** of total time
- 99213
 - Time: **20 – 29 minutes** of total time
- 99214
 - Time: **30 - 39 minutes** of total time
- 99215
 - Time: **40 – 54 minutes** of total time
- 99417*
 - Prolonged Services if > 69 minutes; only used if coding by time, using a level 5, can use more than once
 - If Medicare must use G2212 instead

CASE #3: ADJUSTMENT DISORDER

- 31 y/o male otherwise healthy presenting after his cousin was murdered in what is thought to be a business deal gone wrong. He is feeling very sad, anxious, sometimes worries that something like this could happen to him. He's having trouble sleeping and has lost his appetite but states that he doesn't feel depressed, he is just having a hard time adjusting to his new normal with loss of his cousin as they were very close. He is seeing a therapist but would like to talk through his feelings with you today and what he can do to handle the situation.
- Billing?
 - Good case to bill by time
 - You spend 40 minutes talking to the patient about his loss + 15 minutes filling out and faxing paperwork he gave you in the end for some leave he has taken from work
 - 99204 (45 – 59 minutes)
 - **Also this is a video visit! You CAN bill a level 4 or level 5 without attending present for a video visit!**

CASE #4: ESTABLISH CARE + CPE + “AORTIC EXPLOSION”

- 70 y.o. female (Medicare) with PMH of “aortic explosion” s/p repair at USC c/b pseudomonas bacteremia, ischemic stroke, GERD, bilateral knee OA, depression/anxiety presenting to establish care after she left her ARU. Problems addressed this visit: Type A Aortic Dissection, Hypertension, Depression w/ hx of suicidality (in current episode), Amiodarone-induced hypothyroidism, Dizziness
- Labs ordered: CBC, CMP, Mg, TSH, Lipids, A1c; Referrals: CT surgery, Cardiology, Psychiatry
- Billing
 - Time: 40 minutes in the visit + 30 minutes reviewing USC records + 20 minutes placing orders and documenting
 - 99215 Time: 60 – 74 minutes of total time + G2212 x1 (as > 89 minutes)
 - Medical Decision Making
 - 99215
 - High-level: 1 or more chronic illnesses with severe exacerbation, progress or side effects of treatment OR 1 acute or chronic illness or injury that poses a threat to life or bodily function
 - High level: (meet requirements of 2 of 3 categories): Review at least 3 of prior external note, lab results, order test, independent historian / Independent interpretation of a test performed by another physician
 - High risk of morbidity from additional diagnostic testing or treatment, i.e. drug therapy requiring monitoring for toxicity

CASE #5: ENDOMETRIAL BIOPSY

- 54 y/o F with hx of obesity, HTN, HLD, referred by her PCP to procedure clinic for endometrial biopsy after some vaginal bleeding. She went through menopause 4 years ago and has not had bleeding since then until 2 weeks ago.
- Billing?
 - Charge Capture → Procedure Code: 99999
 - Biopsy of Uterine Lining: 58100
 - What if you also addressed her HTN, hyperlipidemia, obesity? Her PCP had ordered labs – CBC, BMP, lipid panel, A1c – and you gave her the results and recommended a statin.
 - 99214 + modifier 25

CASE #6: PDC CLINIC

- 64 y/o F w/ hx of osteoporosis, hypervitaminosis D, tobacco use (still smoking), HLD (refuses statin), opiate use disorder, alcohol use disorder who presents for follow up 5 days after a STEMI.
- Pt requests medication refills, you counsel her on smoking cessation and importance of a statin
- Billing?
 - 99496 if <7 days since d/c
 - Remember can still bill 99495 if <14 days
 - OK if admitted under observation but NOT if only went to ED

SUMMARY: CPT CODE UPDATES

- January 1, 2021 New CPT Codes went into effect
- New codes eliminate history, review of systems, physical exam as required elements for choosing CPT code; must still have a relevant history / physical
- Code selection is based on medical decision-making (MDM) or total time
 - Must meet criteria of 2/3 components in code category to meet MDM criteria
 - Number and complexity of problems addressed at the encounter
 - Amount and/or complexity of data to be reviewed and analyzed
 - Risk of complications and/or morbidity or mortality of patient management
 - Total time ranges from 10 – 75 minutes for new or established patients, can use additional prolonged services code

SUMMARY: OTHER DR. LEE TIPS TO REMEMBER

- Don't forget GE / GC modifier
 - GC = attending "sees" the patient; GE – attending doesn't see the patient
- Video Visit modifier codes: GE + 95 if audio and video component
 - You can bill a 99214 or 99215 for a video visit without an attending present!
- CPE: double bill if HMO or LA-Care EL3/EL4 + modifier 25, NOT if PPO
 - Medi-cal and Medicare don't recognize preventive visit codes, can schedule Medicare patients for annual wellness visits
- Pre-operative patients: 99243 if low complexity, 99244 if moderate complexity
 - Not if Medi-cal or Medicare – EL3 / EL4
- Post-DC clinic: 99496 if <7 days since d/c, 99495 if <14 days
 - Not if ED visit only OR >14 days, EL3 / EL4; OK if admitted under observation
- Pre-natal intake 99070274; Antepartum visit 99080002
- Procedures: 99999 under charge capture + EL3 / EL4 + modifier 25

SOURCES

- American Academy of Family Physicians. 2021 Office Visit Evaluation and Management Coding and Documentation Reference Card. 2020.
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- Levy, Barbara. CPT® E/M Office Visit changes: Using time to select a code level. AMA Presentation. <https://www.youtube.com/watch?v=FdyqEAvxtIk>

THANK YOU
QUESTIONS?