Medical Decision Making: A Deeper Dive into the 2021 Office Visit E/M Coding Changes

Susan J. Kressly, MD, FAAP
Medical Director, Office Practicum

Agenda

- Brief Review of 2021 Changes
- Overview of the MDM and the Office Visit CPT codes
- Closer look at the 3 components of MDM:
  - Problems addressed
  - Data reviewed/analyzed
  - Risk
- Explore note documentation to support MDM

Pediatric Success SERIES

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
- I do not have a crystal ball
- ***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***

What's Changing?

- Effective 1/1/2021 Office Visit Coding and Documentation is changing to use only Time OR **Medical Decision Making (MDM)** when choosing an E/M level
- There is no longer a difference between coding levels for new/established patients
- The RVUs for these office visit E/M services have been increased
- ~~99201~~ will be removed

Pediatric Success SERIES

What is “Medical Decision Making (MDM)”

- *“Medical Decision Making Medical decision making includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option.”* (AMA definition)
- Medical decision making in the office and other outpatient services code set is defined by three elements (problems, data, risk).
- To qualify for a particular level of medical decision making, ***two of the three elements*** for that level of medical decision making ***must be met or exceeded.***
- MDM is the ***cognitive process*** required to manage the patient’s problems at the time of the encounter that you are billing for.

Pediatric Success SERIES

Medical Necessity vs Medical Decision Making

Medical Necessity is defined as health care interventions that are:

- evidence based, evidence informed, or based on consensus advisory opinion
- are recommended by recognized health care professionals, such as the AAP
- to promote optimal growth and development in a child and to prevent, detect, diagnose, treat, ameliorate, or palliate the effects of physical, genetic, congenital, developmental, behavioral, or mental conditions, injuries, or disabilities

AAP Policy statement (2005, updated August 2013, reaffirmed October 2017)

New/Established Patients and MDM

- **99202/99212: Straightforward** MDM
- **99203/99213: Low** MDM
- **99204/99214: Moderate** MDM
- **99205/99215: High** MDM
- **~~99201~~: Has been deleted**
- **99211**: MDM is N/A

Pediatric Success SERIES

MDM: What Counts?

- Number ***and*** Complexity of Problems **addressed**
- Data reviewed/analyzed
- Risk

Pediatric Success SERIES

What is **NOT** Included in MDM?

- Extent of HPI/ROS complexity
- Extent of history reviewed
- Extent of exam

Pediatric Success SERIES

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

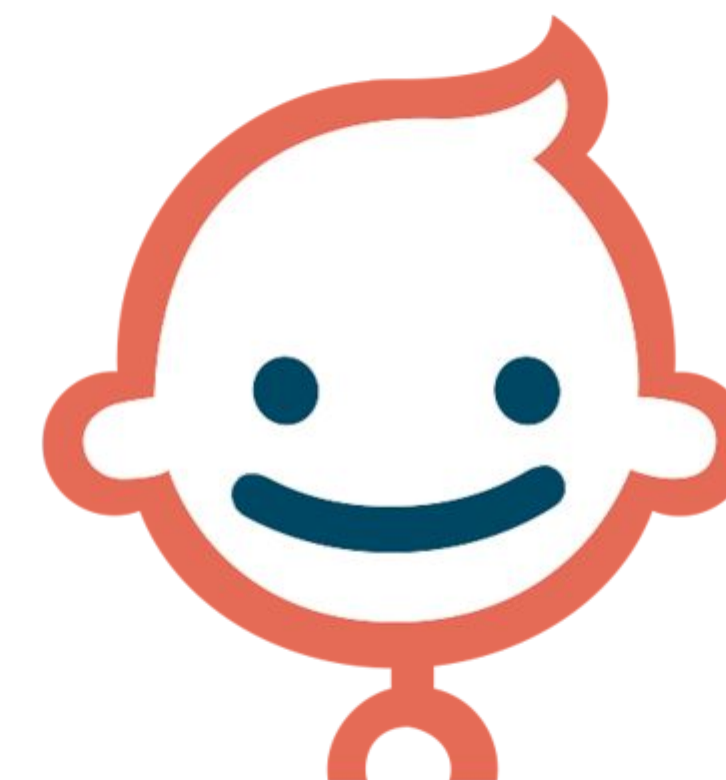
Pediatric Success SERIES

Reminder: Why Do We Document?

- To communicate our thoughts and findings to other members of the healthcare team (internal and external)
- To communicate information to patients/families
- For medical-legal reasons
- For coding/billing

It is only the coding/billing documentation needs that are changing

Problems Addressed



Pediatric Success SERIES

Problems Addressed

- The number **and** complexity of problem(s) that are ***addressed*** during the encounter
- Simply listing problems from the patient's problem list is ***not sufficient***
- Problems do not necessarily = ICD10s listed
- Levels of MDM are ***not additive***

Pediatric Success SERIES

Problems and MDM

- Multiple new or established conditions may be addressed at the same time and may affect MDM
- Symptoms may cluster around a specific diagnosis and each symptom is ***not necessarily a unique condition***.
- Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services 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.***
- Multiple problems of a lower severity may, in the aggregate, create higher ***risk*** due to interaction.

What is a Problem?

"A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter."
(AMA Definition)

Pediatric Success SERIES

What Does it Mean to “Address” a Problem?

A problem is addressed or managed:

- When it is evaluated or treated at the encounter by the physician or other qualified health care professional (QHP) reporting the service
- Includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian choice
- Notation in the patient’s medical record that another professional is managing the problem without additional assessment or care coordination documented ***does not qualify*** as being ‘addressed’ or managed
- Referral without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment ***does not qualify*** as being addressed or managed

Pediatric Success SERIES

Problem Complexity/Status

- Minimal
- Self-limited or minor
- Stable chronic illness
- Acute, uncomplicated illness or injury
- Chronic illness with exacerbation, progression, or side effects of treatment
- Undiagnosed new problem with uncertain prognosis
- Acute illness with systemic symptoms
- Acute, complicated injury
- Chronic illness with severe exacerbation, progression, or side effects of treatment
- Acute or chronic illness or injury that poses a threat to life or bodily function

Pediatric Success SERIES

Minimal Problem (99211)

- A problem that may not require the presence of the physician or other qualified healthcare professional
- The service is provided under the supervision of a physician's or other qualified healthcare professional

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

Example: *mild irritant diaper rash*

Pediatric Success SERIES

Stable, Chronic Illness

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 MDM 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.
- The risk of morbidity without treatment is significant.
- *Examples: well-controlled ADHD or asthma*

Pediatric Success SERIES

Acute, Uncomplicated Illness or Injury

- A recent or new short-term problem
- Low risk of morbidity for which treatment is considered
- Little to no risk of mortality with treatment
- 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." (AMA Definition)

Examples: worsening diaper rash despite symptomatic treatment, ankle sprain

Pediatric Success SERIES

Chronic Illness w/ Exacerbation, Progression, or Side Effects of Treatment

- A chronic illness that is acutely worsening, poorly controlled or progressing
- Intent to control progression
- Requires additional supportive care or attention to treatment for side effects
- Does not require consideration of hospital level of care

Example: ADHD with weight loss

Pediatric Success SERIES

Undiagnosed New Problem with Uncertain Prognosis

"A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment." (AMA Definition)

Example: abdominal mass, petechiae w/splenomegaly

Pediatric Success SERIES

Acute Illness with Systemic Symptoms

- 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: pyelonephritis, fever with recent tick bite, joint pain with fever

Acute, Complicated Injury

An injury 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

Example: head injury with brief loss of consciousness

Pediatric Success SERIES

Chronic Illness w/ SEVERE Exacerbation, Progression, or Side Effects of Treatment

- Severe exacerbation or progression of a chronic illness
- Or severe side effects of treatment
- Have significant risk of morbidity
- May require hospital level of care

Examples: severe depression with potential threat to self or others, severe asthma exacerbation with hypoxia

Pediatric Success SERIES

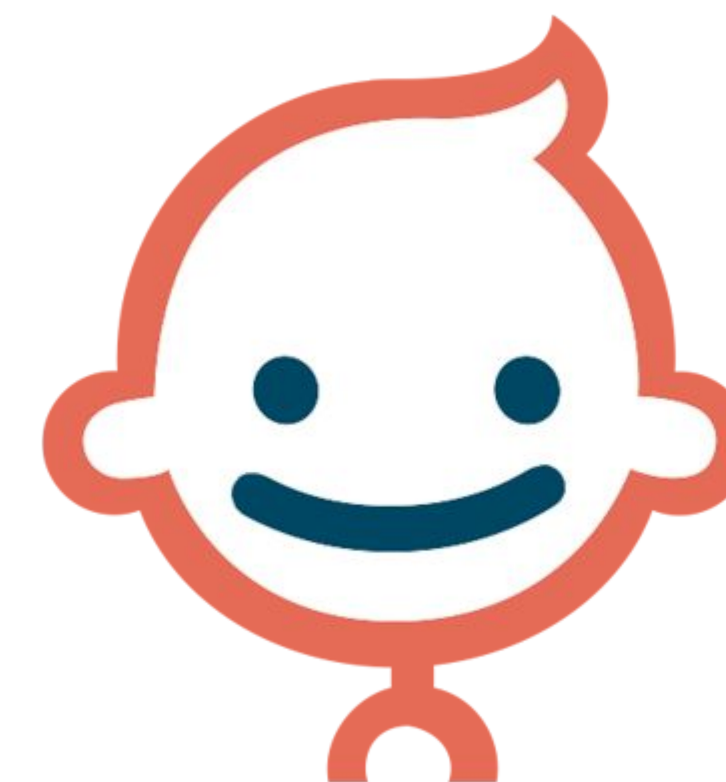
Acute or Chronic Illness or Injury that Poses a Threat to Life or Bodily Function

"An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment." (AMA Definition)

Examples: severe respiratory distress from suspected RSV, dehydration with poor perfusion and tachycardia, progressively worsening seizures with altered consciousness and concerns for hypoxia , abrupt change in neurologic status.

Pediatric Success SERIES

CPT Codes and Problems Addressed



Pediatric Success SERIES

99202/99212 Straightforward (Problems)

Number and Complexity of Problems Addressed:

Minimal • 1 self-limited or minor problem

Pediatric Success SERIES

99203/99213 Low (Problems)

Number and Complexity of Problems Addressed: **Low**

- 2 or more self-limited or minor problems

or

- 1 stable chronic illness

or

- 1 acute, uncomplicated illness or injury

Pediatric Success SERIES

99204/99214 Moderate (Problems)

Number and Complexity of Problems Addressed: **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

Pediatric Success SERIES

99205/99215 High (Problems)

Number and Complexity of Problems Addressed: **High**

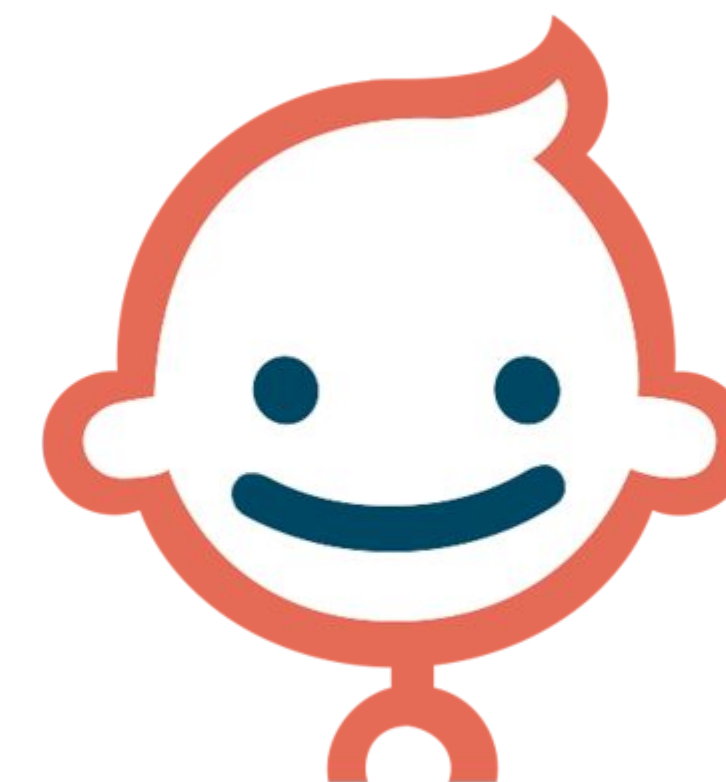
- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment

or

- 1 acute or chronic illness or injury that poses a threat to life or bodily function

Pediatric Success SERIES

CPT Codes and Data Reviewed/Analyzed



Pediatric Success SERIES

Data Reviewed/Analyzed

- Amount and/or complexity of data
- Includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed *for the encounter*.
- Includes information obtained from multiple sources or interprofessional communications that are *not separately reported*

Pediatric Success SERIES

3 Categories of Data

- Category 1: tests,documents, or independent historian(s)
  - Each *unique* test, order or document is counted separately
- Category 2: Independent interpretation of tests
- Category 3: Discussion of management or test interpretation with external physician or OQHP or appropriate source

Pediatric Success SERIES

99202/99212 (Data)

Minimal or none

99203/99213 Limited (Data)

Must meet the requirements of ***at least one*** of the 2 categories:

- Category 1: tests & documents

  Any combination of 2 from the following:
  - Reviewing 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)

Pediatric Success SERIES

99204/99214 Moderate (Data)

Must meet the requirements of ***at least one*** of the 3 categories:

- Category 1: tests & documents or independent historian(s)

  Any combination of 3 from the following:

  - Reviewing 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

OR

- Category 3: Discussion of management or test interpretation

Pediatric Success SERIES

What is “Independent Interpretation of Tests?”

- A test which was performed by another physician or other QHP
- External to your practice
- Not already reported by someone in your practice with a separate CPT code
- Not already reviewed by someone in your practice who is the same specialty

Example: you read the EKG that was interpreted by the ER and include in your note your own interpretation (and not just normal/abnormal)

What is “Discussion of Management or Test Interpretation”

- **Documented** discussion with an *external* physician/other qualified health care professional\appropriate source
- External: is an individual who is not in the same group practice or is a different specialty or subspecialty
- Appropriate source: 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.*
- Cannot be work that you are already coding/billing for in a different way (such as care coordination codes, consult codes, etc.)

Pediatric Success SERIES

99205/99215 Extensive (Data)

Must meet the requirements of ***at least two*** of the 3 categories:

- Category 1: tests & documents or independent historian(s)

  Any combination of 3 from the following:
  - Reviewing 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

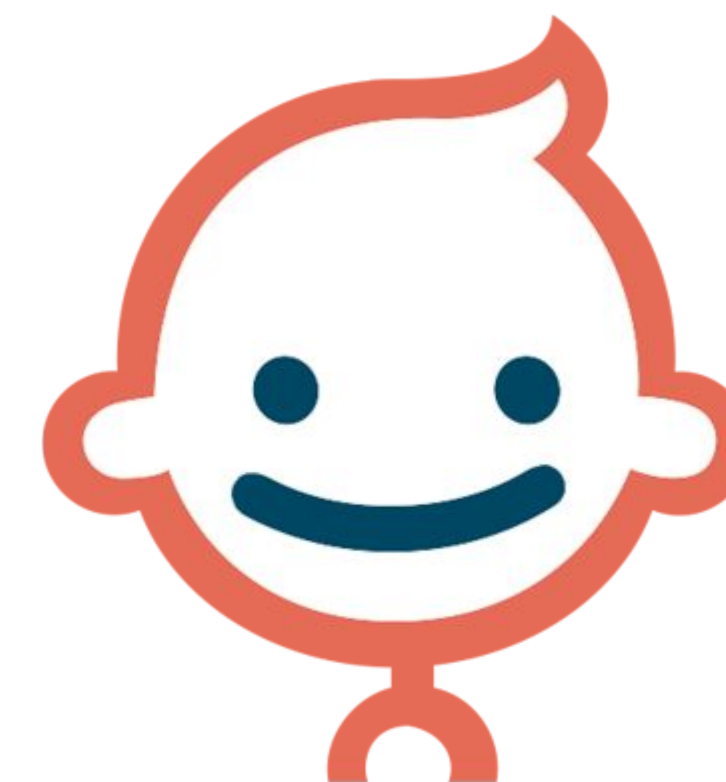
- Category 2: independent interpretation of tests

OR

- Category 3: Discussion of management or test interpretation

Pediatric Success SERIES

CPT Codes and Risk



Pediatric Success SERIES

What is Risk?

- The probability and/or consequences of an event
- For MDM purposes: level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated
- Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization
- Does ***not*** have to do with the complexity of the patient overall
- **Is** related to the risk of the provider initiating a diagnostic work up (or not) and the treatment plan

Pediatric Success SERIES

What is "Morbidity"

"A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment." (AMA definition)

Examples: general anxiety disorder resulting in child unable to attend school for 3 months or uncontrolled seizure disorder with intermittent alteration in level of consciousness

What Counts as Social Determinants of Health?

- SDoH: Economic and social conditions that influence the health of people and communities
- Examples may include food or housing insecurity
- SDoH must directly influence the risk of the problem(s) being addressed/treated
- Must be documented how the SDoH may impact outcome/risk

Pediatric Success SERIES

“Drug Tx Requiring Intensive Monitoring for Toxicity”

- Therapeutic agent that has the potential to cause serious morbidity or death
- Monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy.
- Monitoring should be that which is generally accepted practice for the agent, but may be patient specific in some cases
- Intensive monitoring may be long-term (not less than quarterly) or short term
- Monitoring may be by a lab test, a physiologic test or imaging. Monitoring by history or examination does not qualify

Pediatric Success SERIES

Drug Monitoring for Toxicity Examples

- Measuring drug levels for seizure meds likely does NOT count as you are monitoring efficacy
- Monitoring Lipids for patients who are on Isotretinoin, likely DOES count because
  - Not monitoring labs for treatment efficacy
  - Monitoring labs baseline then for at least for the first few months to monitor for elevation of lipids and LFTs
  - Initial monitoring is more frequent than every 3 months
  - Lack of agreement on protracted long term monitoring/frequency
- Initial lab monitoring of patients on atypical antipsychotics likely counts
  - Once space to less frequent than every 3 months, doesn't count

Pediatric Success SERIES

99202/99212 Minimal (Risk)

Minimal risk of morbidity from additional diagnostic testing or treatment

Pediatric Success SERIES

99203/99213 Low (Risk)

Low risk of morbidity from additional diagnostic testing or treatment

Examples: treating seasonal allergies with OTC antihistamines, treating an insect bite with OTC steroids and OTC antihistamines

Pediatric Success SERIES

99204/99214 Moderate (Risk)

Moderate risk of morbidity from additional diagnostic testing or treatment

Examples:

- 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

Pediatric Success SERIES

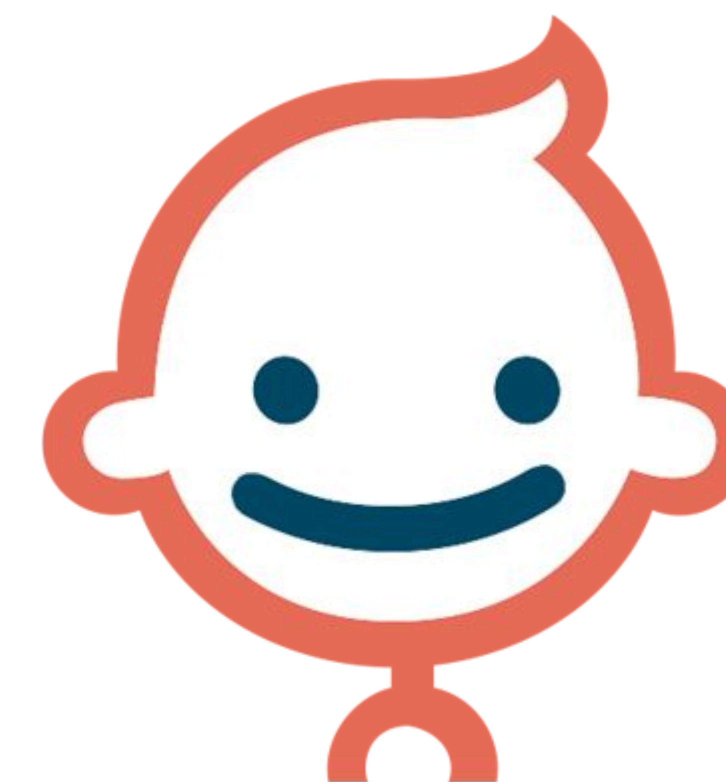
99205/99215 High (Risk)

High risk of morbidity from additional diagnostic testing or treatment

Examples:

- 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

Payers, Audits & Summary



Pediatric
Success
SERIES

Payers and Audits Reminders

- This is new to **everyone**: we do not know how payers are going to react and what they will require regarding documentation
- When you send the CPT code you are not telling them which you chose, MDM or time
- It is likely on the audit that there will be any challenges: so make sure your note reflects your work (whichever path you choose)
- Some payers are now requiring "pre-adjudication" audits for "outliers": where they require notes ***before*** they will pay the claim
- Code appropriately, document thoroughly
- ***It is the provider that did the work who is responsible for choosing the appropriate code and for making sure the documentation reflects what they chose***

Pediatric Success SERIES

What is "Best Practice" Documentation for MDM?

- There is no "clear" CPT guidance on this
- We have never been in this situation before and so do not know what payers will be looking for
- Likely a good idea to document what you are thinking and "connect the dots" for auditors
- Use 'key words' outlined on AMA definitions such as "*monitoring for toxicity" or "prescription drug management" or "moderate risk of morbidity due to...*"
- Follow the principle "If it's not documented, it's not done"

Pediatric Success SERIES

Where Can I Learn More?

- 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

Look for more info to come on Medical Decision Making!