

Medicare and Evaluation and Management Changes for 2021

New Rules for Choosing the Right E/M Code

Presented by Evan M. Gwilliam, DC MBA BS
CPC CCPC QCC CPC-I MCS-P CPMA CMHP AAPC Fellow

Clinical Director

evan.gwilliam@paydc.com



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Dr. Evan Gwilliam



- **Education**
 - Bachelor's of Science, Accounting - Brigham Young University
 - Master's of Business Administration - Broadview University
 - Doctor of Chiropractic, Valedictorian - Palmer College of Chiropractic
- **Certifications**
 - Certified Professional Coder (CPC) - AAPC
 - Certified Chiropractic Professional Coder (CCPC) - AAPC
 - Qualified Chiropractic Coder (QCC) - ChiroCode
 - Certified Professional Coder – Instructor (CPC-I) - AAPC
 - Medical Compliance Specialist – Physician (MCS-P) - MCS
 - Certified Professional Medical Auditor (CPMA) – AAPC, NAMAS
 - Certified ICD-10 Trainer – AAPC
 - Certified MIPS Healthcare Professional (CMHP)– 4Med
 - AAPC Fellow

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Take Away

- Get the latest Medicare changes
- Review E/M guidelines from the past
- Learn the E/M guidelines for 2021
- Work through a few clinical examples

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Medicare 2021

Monthly **premium** for Medicare Part B enrollees will be **\$148.50 for 2021**, an increase of \$3.90 from \$144.60 in 2020.

Annual **deductible** for all Medicare Part B beneficiaries is **\$203 in 2021**, an increase of \$5 from the annual deductible of \$198 in 2020.



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Medicare 2021

“CMS is temporarily ceasing revalidation efforts for all Medicare providers or suppliers. During the public health emergency, CMS will not issue any new revalidation notices, deactivate providers who fail to respond to revalidation requests, or update the Medicare Revalidation Tool at <https://data.cms.gov/revalidation> with new revalidation due dates”

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if you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 06/30/2023)

Form Approved OMB No. 0938-0566



ABN

Most recent changes

- The expiration date at the bottom of the form is now 6/30/2023. The original date for mandatory use of the new version was August 31, 2020, but that was pushed back to January 1, 2021 due to COVID-19.
- The wording was changed around in the instructions.
 - There is a revised bullet list of provider types
 - Added instructions about customization and not using the MBI.
 - Clarified the box instructions in several places.
 - Added stuff about dual coverage situations.

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Medicare 2021



- Medicare has increased the RVUs for E/M codes as part of the E/M changes that go into effect 1/1/2021.
- In order to offset this increase, the 2021 Medicare Fee Schedule includes a 10.2% cut to the Conversion Factor from \$36.09 to \$32.41.
- This means 10% lower reimbursement for a bunch of other services, including CMT codes. ☹️

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Evaluation & Management

- 1992 Evaluation and Management (E/M) codes introduced
- 1995 Documentation Guidelines (DGs)
 - 16 pages
 - Exam scored by number of different organ systems
 - Worked better for general practitioners
- 1997 Documentation Guidelines (DGs)
 - 49 pages
 - Single detailed organ system exam with bullet lists
 - Worked better for specialists

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Evaluation & Management

- Tried to combine the 95 and 97 guidelines in 2004 and again in 2010
- Proposed new guidelines in 2017
- Finally approved new guidelines in 2020



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Why Change?

- Reduce administrative burden of documentation and coding.
- Reduce the need for audits, by adding more detail to CPT codes to promote coding consistency.
- Reduce unnecessary documentation that is not needed for patient care. (Note bloat)
- Ensure that payment for E/M is resource-based

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Evaluation & Management

Office/Outpatient New Patient	Office/Outpatient Established Patient
99201	99211
99202	99212
99203	99213
99204	99214
99205	99215

Not changed: A new patient is one who has not received any professional services from the physician....within the past three years.

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Code Descriptors

99203 in 2020

*Office or other outpatient visit for the evaluation and management of a new patient, which requires these **3 key components: A detailed history; A detailed examination; Medical decision making of low complexity.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, **30 minutes** are spent **face-to-face** with the patient and/or family.*

99203 in 2021

*Office or other outpatient visit for the evaluation and management of a new patient, which requires a **medically appropriate history and/or examination and low level of medical decision making.** When using time for code selection, **30-44 minutes of total time** is spent on the date of the encounter.*

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The Old Way

New Patient E/M			
	History	Exam	MDM
99201	Supplied by the patient	Supplied by the provider	Brain power
99202			
99203			
99204			
99205			

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The Old Way

New Patient E/M			
	History	Exam	MDM
99201	Problem Focused	Problem Focused	Straightforward
99202	Expanded Problem Focused	Expanded Problem Focused	Straightforward
99203	Detailed	Detailed	Low Complexity
99204	Comprehensive	Comprehensive	Moderate Complexity
99205	Comprehensive	Comprehensive	High Complexity

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The Old Way

New Patient E/M									
History				Exam		MDM			
CC	HPI	ROS	PFSH	'95 DGs	'97 DGs	Dx	Data	Risk	
99201	Y	1-3	n/a	n/a	1	1-5	1	0-1	min
99202	Y	1-3	1	n/a	2-7	6-11	1	0-1	min
99203	Y	4+	2-9	1-2	2x-7x	12 in 2	2	2	low
99204	Y	4+	10+	3	8+	18 in 9	3	3	mod
99205	Y	4+	10+	3	8+	18 in 9	4	4	high

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The New Way

New Patient E/M	
History & Exam	MDM
99202	Straightforward
99203	Low
99204	Moderate
99205	High

*Code 99201 requires straightforward MDM, the same as 99202, and having two codes requiring the same level of MDM would be redundant, so it's gone.

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The New Way

New Patient E/M			
History & Exam		MDM	Time
99202	Medically Appropriate	Straightforward	15-29 minutes
99203		Low	30-44 minutes
99204		Moderate	45-59 minutes
99205		High	60-74 minutes

Code is selected based on the level of MDM or total clinical time spent on the day of the encounter.

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The New Way

Established Patient E/M			
History & Exam		MDM	Time
99211			
99212	Medically Appropriate	Straightforward	10-19 minutes
99213		Low	20-29 minutes
99214		Moderate	30-39 minutes
99215		High	40-54 minutes

99211 is defined as face-to-face with clinical staff, no physician, no time frame.

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History & Exam

- Documentation of history and physical examination will still need to be medically appropriate but are not a factor used to determine the level of service.
 - The physician determines the nature and extent of the history and exam.
 - The “care team” may collect information, or a portal or questionnaire may be used, but the provider must document that it was reviewed.

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Suggested initial history and exam

Chief Complaint:

History of present illness (at least 4):

Location:

Quality:

Severity:

Timing:

Duration:

Context:

Modifying:

Associated signs and symptoms:

Review of systems (at least 2):

Neurological:

Musculoskeletal:

Past history:

Family history:

Social history:

(1 or 2)

Exam (at least 2):

Musculoskeletal:

Neurologic:

Others (vitals, skin):

Inspired by the requirements for a 99203 in the 1995 Documentation Guidelines

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Time

- You may use time alone to select the correct code from 99202-99205 and 99212-99215.
*Note: 99211 is still around but has no time descriptor and doesn't require a physician to be there.
- Old guidelines only counted time if the patient was in front of the provider, face-to-face.
- New Guidelines count "total time" on the encounter date which includes both face-to-face and non-face-to-face time spent by the provider.



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The following activities count towards time:

Reviewing tests
when preparing to
see the patient

Reviewing
separately obtained
history

Performing an exam

Counseling and
education patient
and family

Ordering test or
procedures

Communicating
with other
healthcare
professionals

Creating the
documentation

Interpreting test
results and
communicating
them to the patient
and family

Care coordination

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Time

Code	Total time spent on date of service
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
99205	60-74 minutes
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes

- Don't count time for activities that clinical staff normally performs
- No double dipping for stuff coded elsewhere
- There is a new prolonged service code if needed

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Documenting Time

Document "in and out" time.

Start 8:05am

End 8:25am

Total 20 minutes (99202 or 99213)

Document "in and out" non-continuous time:

Start 8:05am End 8:15am

(provider took a call for 11 minutes)

Start 8:26am End 8:39am

Total 23 minutes (99202 or 99213)

Statement:

"24 minutes total was spent performing evaluation of the patient" (99202 or 99213)

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Services Reported Separately

- If you take and/or interpret x-rays, then report the radiology code, you can't count that time towards the E/M code.
- If you need to independently interpret some x-rays in order to manage the patient as part of the E/M service, but do not separately report it, it is part of medical decision making.
- Time beyond the 75 minutes of 99205 or 55 minutes of 99215 can be reported in 15-minute increments with 99417 – prolonged E/M.

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Clinical Examples using Time

Patient Status	Scenario	Time-Based Activities- Patient Facing	Same Day Time-Based Activity Pre- and Post-Patient Visit	Time Spent	Code Billed Based On Time
New Patient	Patient presented at first visit with inches of paperwork from prior chiropractic care over the last decade. Some are not relevant to the patient's presenting condition, but the patient asked for the face-to-face time to review and discuss the records and history of treatment. Included are three sets of prior x-rays of the neck and back to review. --The number and complexity of the presenting condition is relatively straightforward and exposes little to no risk	<ul style="list-style-type: none"> • Consultation and documentation of history • Thorough questioning of the patient about previous care and chiropractic experience • Execution of and documentation of orthopedic and neurological examination of affected areas • Review of findings from current visit and verbal recommendations given <p>TIME: 35 minutes</p>	<ul style="list-style-type: none"> • Review of prior films, to include writing x-ray report • Review of current and previous records to arrive at assessment, diagnosis and treatment plan— documentation of same • End of day phone call with patient to check in after evaluation to see how they are feeling <p>TIME: 15 minutes</p>	50 minutes total time	99204 NOTE: MDM would have been limited to 99203 due to minimal complexity of the problem and low risk

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Clinical Examples using Time

Patient Status	Scenario	Time-Based Activities-Patient Facing	Same Day Time-Based Activity Pre- and Post- Patient Visit	Time Spent	Code Billed Based on Time
New Patient	<p>Patient has been under chiropractic care in another office and feels results are not acceptable. Doctor spends significant amount of time collecting the history on this new patient due to patient difficulty recalling the information. Spouse is with them and is interjecting and arguing over the details making the visit take longer than necessary.</p> <p>--Need to spend extra time understanding why previous chiropractic experience failed because the presentation seems very straightforward and minimal risk</p>	<ul style="list-style-type: none"> • Consultation and documentation of history • Thorough questioning of the patient about previous care and chiropractic experience • Execution of and documentation of orthopedic and neurological examination of affected areas • Review of findings from current visit and verbal recommendations given <p>TIME: 35 minutes</p>	<ul style="list-style-type: none"> • Review of previous Chiropractic records/x-ray report <p>TIME: 5 minutes</p>	<p>40 minutes total time</p>	<p>99203</p> <p>NOTE: MDM would have been limited to 99202 due to straightforward complexity of the problem and minimal risk</p>

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Clinical Examples using Time

Patient Status	Scenario	Time-Based Activities-Patient Facing	Same Day Time-Based Activity Pre- and Post- Patient Visit	Time Spent	Code Billed Based on Time
Established Patient	<p>After patient re-evaluation, associate doctor reviews patient case and treatment effectiveness with senior doctor seeking a more effective treatment protocol.</p> <p>Time spent after patient hours reviewing medical record, films, and OATs scores.</p>	<ul style="list-style-type: none"> • Medically necessary history and examination to determine whether a change in treatment plan is necessary • Review of these findings with the patient with explanation of plan to collaborate with senior doctor <p>TIME: 15 minutes</p>	<p>Time spent reviewing patient exam findings and treatment progress with Lead doctor. Discussion of alternate treatment protocol.</p> <p>TIME: 10 minutes</p>	<p>25 minutes total time</p> <p>NOTE: May only account for one doctor's time. Do not count each doctor's time and add together.</p>	<p>99213</p> <p>NOTE: Due to non-acute presentation and minimal risk, MDM would have been 99212</p>

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E/M steps for chiros

1. Document the medically appropriate history and exam
2. Document the time, choose the code
3. If below the time threshold, code based on MDM instead*

*Using MDM is a bit complicated and requires a review of some definitions

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Medical Decision Making the old way

PART 3: COMPLEXITY OF MEDICAL DECISION MAKING (MDM)

This page represents the decision making complexity portion of the EM code. It has three subsections to evaluate independently, and then to assign a value for each. Carry that down to the bottom table to determine the final value for Complexity of Medical Decision Making. This final value will come into play in the final code selection on page four.

A - NUMBER OF DIAGNOSES OR TREATMENT OPTIONS				
Problem to Exam Physician	A	B	C	D
Number of self-limited or minor problems (continue to be used in a CC office since CPT includes E/M)	1	1		
Number of self-limited or minor problems (stable, improved, or in remission)	1		1	
Number of self-limited or minor problems (e.g. documented seasonal allergies) not responding or new episode of previously treated and stable condition	1		2	
Number of new problems (to examine), no additional workup planned	1		3	
Number of new problems (to examine), additional workup planned (e.g. MP and x-ray) (cannot be scored for table with)	1		4	
TOTAL				

B - RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY			
Level of risk	Preexisting Problem(s)	Diagnostic Procedure(s) Performed	Management Options Selected
MINIMAL	One minor problem (e.g. minor occurrence of prior infection, stable chronic condition)	E/M	Short term (2-5 visits) course of antibiotic and/or physiotherapy and other rehabilitation. To include exercises in the office and/or at home
LOW	Two or more minor problems, uncomplicated illness or injury with treatment (e.g. simple sprain, strain, degenerative joint disease, vertigo, sinusitis, etc.)	E/M X-ray MRI CT UA Lab testing Imaging Vaccination	Medium to long term (6-30 visits) course of antibiotic and physiotherapy and active rehabilitation, could include visit, therapy, imaging reports, topical analgesics, with information supplements, and instructions
MODERATE	Two or more minor problems, complicated illness or injury with treatment (e.g. complex sprain, strain, degenerative joint disease, vertigo, sinusitis, etc.)	E/M X-ray MRI CT UA Lab testing Imaging Vaccination	Medium to long term (6-30 visits) course of antibiotic and physiotherapy and active rehabilitation, could include visit, therapy, imaging reports, topical analgesics, with information supplements, and instructions
HIGH	An acute change in neurologic status, e.g. seizure, TIA, weakness or sensory loss, emergent referral condition in patient who is stable in the office	E/M X-ray MRI CT UA Lab testing Imaging Vaccination	Typical first visit care and coordination of care with other healthcare professionals

C - AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED			
Problem Data	1	2	3
Review and/or order of critical Lab Tests	1		
Review and/or order of tests in the radiology section of CPT	1		
Review and/or order of tests in the medical section of CPT (e.g. physical performance test, standardized OB/GYN history)	1		
Discussion of test results with performing Physician (e.g., documented conversation with cardiologist)	1		
Decision to obtain vital records and/or obtain history from someone other than patient (e.g. documented request for relevant records)	1		
Review and interpretation of vital records and/or changing history from someone other than patient and/or discussion of case with another health care provider (e.g. documented review of records on consultation)	2		
Independent evaluation of image (x-ray or ultrasound) that (not simply review of report) and/or blood chemistry and/or other laboratory	3		
TOTAL			

FINAL RESULT FOR COMPLEXITY OF MEDICAL DECISION MAKING

Final Result	1 (Minimal)	2 (Low)	3 (Moderate)	4 (High)
A - Number diagnoses or treatment options	1	2	3	4
B - Highest Risk	1	2	3	4
C - Amount and/or complexity of data	1	2	3	4
Type of decision making	Straight Forward	Low Complexity	Moderate Complexity	High Complexity

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Medical Decision Making the new way

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	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
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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Number and Complexity of Problems Addressed
N/A
Minimal • 1 self-limited or minor problem
Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury
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
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

Definitions associated with the Number and Complexity of Problems Addressed at the Encounter

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Definitions

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.

Problem addressed: A problem is addressed or managed when it is evaluated or treated at the encounter. (referral without evaluation does not qualify)

Minimal problem: A problem that may not require the presence of the physician.

(example: blood pressure check, see 99211)

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: local low back pain without radiculopathy, see 99202 and 99212)

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More Definitions

Acute, uncomplicated illness or injury:

- The problem is recent and short-term.
- There is a low risk of morbidity.
- There is little to no risk of mortality with treatment.
- Full recovery without functional impairment is expected.
- The problem may be self-limited or minor, but it is not resolving in line with a definite and prescribed course.

(example: simple sprain, see 99203 and 99213)

Acute, complicated injury:

- Treatment requires evaluation of body systems that aren't part of the injured organ
- The injury is extensive
- There are multiple treatment options
- There is a risk of morbidity with treatment.

(example: head injury with brief loss of consciousness, see 99204 and 99214)



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Even More Definitions

Stable, chronic illness:

- This type of problem is expected to last at least a year or until the patient's death.
- A change in stage or severity does not change whether a condition is chronic.
- The patient's treatment goals determine whether the illness is stable. A patient who hasn't achieved their treatment goal is not stable, even if the condition hasn't changed and there's no short-term threat to life or function.
- The risk of morbidity is significant without treatment.

(example: osteoarthritis, DDD, see 99203 and 99213)

Chronic illness with exacerbation, progression, or side effects of treatment:

- The chronic illness is getting worse, is not well controlled, or is progressing "with an intent to control progression."
- The condition requires additional care or treatment of the side effects.
- Hospital level of care is not required.

(example: progressive osteoporosis, see 99204 and 99214)

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Number and Complexity of Problems Addressed at the Encounter

- Each symptom is not necessarily a unique condition
- Comorbidities or underlying diseases don't count unless they are addressed or increase data to review or risks of complications.
- The final diagnosis is not the only factor when figuring out risk. Lots of little problems may be risky together, or an extensive evaluation may be needed to figure out that something is pretty low risk.

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Medical Decision Making the new way

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	
			Amount and/or Complexity of Data to be Reviewed and Analyzed	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	• 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
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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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.
N/A
Minimal or none
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)
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)
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Definitions associated with Amount and/or Complexity of Data to be Reviewed and Analyzed

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Still More Definitions

Test: Imaging, lab, psychometric or physiological data. Lab panels are a single test.

External: Records, communications and/or test results are from an external physician, other QHP, facility or healthcare organization.

External Physician or QHP: An individual that is not in the same group practice, or a different specialty or sub-specialty. This includes those practicing independently.

Independent interpretation: The interpretation of a test for which there is a CPT code and an interpretation or report is customary.

Independent Historian: One who provides a history in addition to the patient who may be unreliable or unable.

Appropriate source: For the purpose of the Discussion of Management data element, an 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.

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Medical Decision Making the new way

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making		Risk of Complications and/or Morbidity or Mortality of Patient Management
			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.	
99211	N/A	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	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)	Limited (Must meet the requirements of at least 1 of the 2 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))	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: • 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 (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 Complex 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))	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 Complex 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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Definitions associated with Risk of Complications and/or Morbidity or Mortality of Patient Management

Risk of Complications and/or Morbidity or Mortality of Patient Management
N/A
Minimal risk of morbidity from additional diagnostic testing or treatment
Low risk of morbidity from additional diagnostic testing or treatment
Moderate risk of morbidity from additional diagnostic testing or treatment
<p><i>Examples only:</i></p> <ul style="list-style-type: none"> • 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
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Just a Few More Definitions

Risk: The probability and/or consequences of an event. The terms high, medium, low, and minimal risk are meant to reflect the common meanings used by clinicians.

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.

Social Determinants of Health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.



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Clinical Examples using Medical Decision Making

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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
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 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)	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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		Lower back pain and stiffness after moving a couch	No data to review, other than prior notes from previous episodes of lower back pain	Low risk from manipulation and home exercise stretches

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		Strain of muscles of the neck after a fall while running and bumped head on concrete w/o LOC	Old x-rays from past reviewed. Based on trauma to neck, new cervical x-rays ordered and reviewed	Low risk from x-rays, manipulation, and stretches

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		Left shoulder blade/thoracic spine pain after lifting weights overhead causing decreased ROM	No data to review and no new tests ordered. Brief review of prior patient notes from previous episode.	Low risk from manipulation, laser, and stretching and strengthening exercises®

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Clinical Examples using Medical Decision Making

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99202	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none		Minimal risk of morbidity from additional diagnostic testing or treatment
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		Lower back pain due to gardening that aggravates lumbar spinal stenosis. Presents with inability to stand, numbness, and loss of strength in legs	Reviewed and documented results of prior MRI. Reviewed new lumbar films brought in that were taken at ER yesterday and added independent interpretation to the health record.		Established patient with history of exacerbations. Responds well to muscle work and adjustments. Low risk with instrument CMT, manual therapy, and ultrasound

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E/M steps for chiros

1. Document the medically appropriate history and exam
2. Document the time, choose the code
3. If below the time threshold, code based on MDM instead

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Take Away

- Get the latest Medicare changes
- Review E/M guidelines from the past
- Learn the E/M guidelines for 2021
- Work through a few clinical examples

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Medicare and Evaluation and Management Changes for 2021

New Rules for Choosing the Right E/M Code

Presented by Evan M. Gwilliam, DC MBA BS
CPC CCPC QCC CPC-I MCS-P CPMA CMHP AAPC Fellow
Clinical Director
evan.gwilliam@paydc.com



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