

# The New Evaluation and Management Codes and Services

## What Physical and Behavioral Health Providers Need to Know Starting January 1, 2021



### CareOregon

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# Office-Based Evaluation and Management Services

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**Changes Beginning January 1, 2021 for Office-Based E/M Services Only**

## **Purpose of the changes:**

To reduce the burden of reporting and documentation guidelines for Evaluation and Management enabling more time devoted to psychiatric health care services and putting patients care over documentation and paperwork.

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Application to all providers, organizations and states using Evaluation and Management services currently – we know of no exceptions

# Office-Based Evaluation and Management Services

Current Use of the Three Key Components To Determine The Level of E/M Through December 31, 2020

## Current E/M Quality Key Components:

History	Chief Complaint
	History of Present Illness (HPI)
	Past, Family and/or Social History (PFSH)
	Review of Systems (ROS)
Exam	Number of system/body areas examined
	“Bullets” or elements completed within specific systems
Medical Decision Making	Number of Diagnoses or Management Options
	Amount and/or Complexity of Data to be Reviewed
	Risk of Significant Complications, Morbidity, and/or Mortality

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# Office-Based Evaluation and Management Services

Current Use of Three Components For Assembly Process Leads to the Level of E/M

## Four Types of Each Key Component Currently Used:

History Type
<i>Problem focused (PF)</i>
<i>Expanded problem focused (EPF)</i>
<i>Detailed (DET)</i>
<i>Comprehensive (COMP)</i>

Examination type
<i>Problem focused (PF)</i>
<i>Expanded problem focused (EPF)</i>
<i>Detailed (DET)</i>
<i>Comprehensive (COMP)</i>

Complexity of Medical Decision Making
<i>Straightforward</i>
<i>Low</i>
<i>Moderate</i>
<i>High</i>

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# Most E/M Formatted Templates Are Being Revised

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## Check With Your Medical Records-Quality Management Department – View Early

- New EHR format should prompt for medical necessity support-found in the HPI and Examination Sections-this is carried over from the 1997 E/M Guidelines
- Better tools contain the Medical Decision Making Table
- We recommend testing it for time to complete-target 15 minutes or less for physical health service and 20 minutes or less for specialty service.
- We recommend practicing with the new tool prior to January 1, 2021.

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# E/M Change Snapshot January 1, 2021

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## Summary

- Retains 5 levels of coding for ESTABLISHED patients, reduces the number of levels to 4 for office/outpatient E/M visits for NEW patients, and revises the code definitions (99201 is removed)
- Revises the times and medical decision making process for all of the codes, and requires performance of history and exam only as medically appropriate and not to be used to select the code level
- Reduces the scoring time for History and Psychiatric Exam and promotes more “higher level activities” in Medical Decision Making
- Alters the rules allowing clinicians to choose the E/M visit level (1-5) based on either medical decision making or time.

# Evaluation and Management Summary of Revisions

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History and Psychiatric Examination/Evaluation Elements Not Used for Code Selection Beginning January 1, 2021

- The Key Components of History and the Psychiatric Examination should not determine the appropriate code level for “New” or “Established” patient services.
- Healthcare professionals should perform a “medically appropriate history and/or psychiatric examination” with the goal of establishing medical necessity in accordance with Federal, State and Payer rules.

# Evaluation and Management Summary of Revisions

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## **“Medically Appropriate” History and Psychiatric Examination/Evaluation Supports Quality**

- The History and/or Examination portion of these E/M guidelines explains that office and other outpatient E/M services include “a medically appropriate history and/or physical examination, when performed.”
- “Medically appropriate” means that the physician or other qualified healthcare professional reporting the E/M determines the nature and extent of any history or exam for a particular service.
- The code selection does not depend on the level of history or psychiatric exam as it did in the past.

# CareOregon Medically Appropriate and Medical Necessity Criteria\*

## For Behavioral Healthcare – Medically Appropriate Services

- Recommended by a licensed health provider practicing within the scope of their license
- Safe, effective and appropriate for the member based on standards of good health practice and generally recognized by the relevant scientific or professional community based on the best available evidence
- Not solely for the convenience or preference of a member, or a provider of the services
- The most cost effective of the alternative levels or types of health services, items or medical supplies that are covered

services that can be safely and effectively provided to the individual

All covered services must be medically appropriate for the member, but not all medically appropriate services are covered services.

\*CareOregon Behavioral Health Utilization Management Procedure Handbook

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# Care Oregon Medically Appropriate and Medical Necessity Criteria\*

## For Behavioral Healthcare – Medically Necessary Services

Medically necessary services are those services that are required by a member to address one or more of the following:

- The prevention, diagnosis or treatment of a member's disease, condition or disorder that results in health impairments or a disability
- The ability for a member to achieve age-appropriate growth and development
- The ability for a member to attain, maintain or regain independence in self-care, ability to perform activities of daily living or improve health status
- The opportunity for a member receiving long-term services and supports (LTSS) to have access to the benefits of noninstitutionalized community living, to achieve person-centered care goals and to live and work in the setting of their choice

A medically necessary service must also be medically appropriate. All covered services must be medically necessary but not all medically necessary services are covered services.

\*Behavioral Health Utilization Management Procedure Handbook

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# Know Your Medical Necessity Requirements

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## Medicare Guidelines

*“Services must meet specific medical necessity requirements in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations (if any exist for the service reported on the claim). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.”\**

\*Medicare Learning Network (MLN) Evaluation and Management Services Guide January 2020

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# The Patient's History and Examination Used to Determine Medical Necessity



# Establishing Medical Necessity Using E/M in 2021

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## **Medically Appropriate History and Examination – Sample for Physical Health**

- Location – Where is the pain? Where is the problem?
  - Ex. back pain, nasal congestion
- Quality – Please describe your symptoms (Action words)
  - Ex. sharp or shooting pain, dry cough
- Severity – What is the patient's level of discomfort or pain?
  - Ex. extremely nauseated, moderate pain
- Duration – How long has the patient had this problem?
  - Ex. onset two weeks ago
- Timing – How long does it last? When does this problem happen? What time of day does this problem occur?
  - Ex. worse in the mornings, occurs constantly

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# Establishing Medical Necessity Using E/M in 2021

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## Medically Appropriate History and Examination – Sample for Physical Health

- Context – How or what happened? What is going on?
  - Ex. Dizzy upon standing, worse after exercise
- Modifying factors – What has the patient taken or done for relief?
  - Ex. No relief from OTC meds, improves with rest
- Associated signs and symptoms – This can be positive or negative.
  - Ex. a chief complaint of nausea may be accompanied by associated symptoms of vomiting and diarrhea, no fever

Supporting each diagnosis and the E/M service by documenting the clinical criteria for medical necessity is required.

# Establishing Medical Necessity Using E/M in 2021

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## **Medically Appropriate History and Examination – Sample for Behavioral Health**

There are 8 elements to consider – **Sample for Recurrent Depressive Disorder, Current Episode Moderate, Without Somatic Syndrome**

Location – Not all that relevant for BH-where's the depression?

Quality – unable to enjoy anything in life

Severity – worsening over last 30 days - daily

Duration – three episodes, lasting 3-4 mos. Each, over last 2 years

Timing – always worse in the morning

Context – usually by self and avoids others

Modifying Factors – SSRI and therapy produced results in earlier episodes – worsened recently

Associated Signs and Symptoms – poor concentration, loss of interest and enjoyment, guilt and unworthiness, fatigue, disturbed sleep, says unable to work.

Supporting each diagnosis and the E/M service by documenting the clinical criteria for medical necessity is required.

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# Revised E/M Code Descriptions and Definitions for 2021

# Evaluation and Management Summary of Revisions

## Code Descriptions For All E/M Services Have Been Modified for 2021

- **99211 Code Description – For a Nurse To Utilize**
- **The 99211 does not include a time reference in 2021 nor does it include a History and/or Exam Component-See Below**
- *Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. ~~Typically, 5 minutes are spent performing or supervising these services.~~*

# Evaluation and Management Selected Code Descriptions

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## All E/M Code Descriptions Have Been Modified for 2021

- **Code Description 99213**
- **The 99213 does include a time reference in 2021 and does not require a History and/or Exam Component to determine the level-See Below**
- *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and **low level** of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.*

# Evaluation and Management Selected Code Descriptions

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**All E/M Code Descriptions Have Been Modified for 2021**

- **Code Description 99214**
- **The 99214 does include a time reference in 2021 and does not require a History and/or Exam Component to determine the level-See Below**
- *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.*

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# Evaluation and Management Selected Code Descriptions

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**All E/M Code Descriptions Have Been Modified for 2021**

- **Code Description 99215**
- **The 99215 does include a time reference in 2021 and does not require a History and/or Exam Component to determine the level-See Below**
- *Office or other outpatient visit for the evaluation and management of an established patient, a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40 - 54 minutes of total time is spent on the date of the encounter.*

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# Evaluation and Management Summary of Revisions

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## Selection of Code Level Can Be Based on Medical Decision Making or Time

- The Medical Decision Making (MDM) Subcomponents remain the same (Problems/Diagnoses, Data and Risk).
- However, there are revisions to the elements for code selection and **many clarifying definitions.**
- There are quality and revenue advantages to using Medical Decision Making to determine the level of E/M.



**Diagnosis  
in the  
MDM**

**Data in  
the MDM**

**Risk in  
the MDM**

**Putting it  
all Together**

# Evaluation and Management Summary of Revisions – Medical Decision Making

## MDM 2020

Medical Decision Making 2020
Number of Diagnoses or Management Problems (Problem Points)
Amount and/of Complexity of Data (Data Points)
Risk of Significant Complications, Morbidity, and/or Mortality

## MDM 2021

Medical Decision Making January 2021
<b>Number and Complexity</b> of Problems Addressed during the Encounter
Amount and/of Complexity of Data to Be Analyzed- 3 categories of data: (1) tests, documents, orders, or independent historians, (2) independent test interpretation, and (3) discussion of management or test interpretation with external providers or appropriate sources (non-healthcare, non-family) e.g. case manager, probation officer.
Risk of Significant Complications, Morbidity, and/or Mortality of Patient Management – Can include “shared” MDM with the patient, family or both and options considered but not selected are a factor. E.g. deciding against hosp. for a psychiatric patient with support for OP care.

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# Revised Guidelines Within Medical Decision Making

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## The Number and Complexity of Problems Addressed at the Encounter

- The 2021 guidelines state that the final diagnosis isn't the only factor when you determine the complexity or risk. A patient may have several lower severity problems that combine to cause higher risk, or the provider may have to perform an extensive and medically necessary evaluation/examination to determine a problem is of lower severity.
- The 2021 guidelines expands older guidelines, clarifying that you should not consider comorbidities and underlying diseases when you select the E/M level “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.”

# “Problem” Defined

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A disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed with or without a diagnosis being established at time of visit

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# When Is a Problem Addressed?

**Problem is addressed or managed when it is evaluated or treated at the encounter**

- Problem Addressed (Managed) – to qualify the provider must evaluate or treat the problem at the encounter.
- Consideration of further testing that is decided against because of risks involved or patient choice counts as addressed.
- A simple note that another professional is managing a problem does not count as addressed. There should be additional assessment or care coordination. It is not considered addressing the problem if referral without evaluation (using history, exam, or diagnostic studies) or considering treatment.

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# 2021 MDM Terms and Definitions

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## Changes in 2021

- **Self-limiting 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. This term is relevant for straightforward MDM codes 99202 and 99212.

# 2021 MDM Terms and Definitions

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## Changes in 2021

- ***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 (e.g., 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 who 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. Additional examples may include well-controlled hypertension, noninsulin-dependent diabetes, cataract, or benign prostatic hyperplasia.

# Measurable Treatment Goals and Objectives Offer an Advantage

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## Psychiatric Team-Based Care Example

- 40 Y/O female patient with Recurring, Episodic Depression. Episodes lasting 6-8 months in duration with an average of 4-12 months asymptomatic. Primary symptoms are depressed mood, loss of interest in daily activities, sleep disruption, impaired functioning at work and often feeling unable to work. 4-6 episodes over the last six years.
  - Treatment goal is to improve functioning (measured by a functional assessment screening tool) utilized every 4 weeks during the episode of treatment. An objective would include successive improvements such as completing enjoyable activities 3X week for 4 consecutive weeks (walking 30 min); a measurable improvement in functional scores lowering impairment at each 30-day (4 week) measure.
  - **Stable, Chronic Illness:** documentation of **meeting goals or objectives**
- OR-**
- **Exacerbation/Progression:** documentation of **not meeting goals or objectives**

# Measurable Treatment Goals and Objectives Offer an Advantage

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## Psychiatric Team-Based Care Example

- 40 Y/O female patient with Recurring, Episodic Depression. Episodes lasting 6-8 months in duration with an average of 4-12 months asymptomatic. Primary symptoms are depressed mood, loss of interest in daily activities, sleep disruption, impaired functioning at work and often feeling unable to work.
- **Stable, Chronic Illness:** documentation of **meeting goals or objectives**
  - **1 stable/chronic illness is a “LOW” Number and Complexity Problem (starting of 99213-Need Data or Risk to equal)**
- OR-
- **Exacerbation/Progression:** documentation of **not meeting goals or objectives**
  - **1 chronic illness with exacerbation, progression or side effects of treatment is “MODERATE” Number and Complexity Problem (beginning of 99214-need Data or Risk to equal)**

# 2021 MDM Terms and Definitions

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- ***Acute, uncomplicated illness or injury:*** 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.

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# Several Other Definitions – Not Exhaustive

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Physicians will need to know CPT®'s definitions for many terms

- **Chronic illness with exacerbation, progression, or side effects of treatment:** A chronic illness that is acutely worsening, 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.
- **Chronic illness with severe exacerbation, progression, or side effects of treatment:** 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.

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# Several Other Definitions – Not Exhaustive

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## Physicians will need to know CPT®'s definitions for many terms

- An external physician or other qualified healthcare professional is someone who is not in the same group practice or is classified as a different specialty or subspecialty. Review of external notes is included in the office/outpatient E/M codes for levels 3 to 5. Discussion with an external provider is included in the more complex levels 4 and 5 demonstrating collaborative care.
- An independent historian is a family member, witness, or other individual who provides patient history when the patient can't provide a complete history, or the provider thinks a confirmatory history is needed. Assessment requiring an independent historian is included in office/outpatient E/M levels 3 to 5.
- Morbidity is 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.” Morbidity is an important term to understand for the acute and chronic illness.

# Several Other Definitions – Not Exhaustive

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Physicians will need to know CPT®'s definitions for many terms

- **Independent Interpretation:** The interpretation of a test for which there is a CPT code and an interpretation or report is customary and documented.
- This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient.
- Radiology is an example of providing an independent interpretation.

# Several Other Definitions – Not Exhaustive

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## Physicians will need to know CPT®'s definitions for many terms

- **Drug therapy requiring intensive monitoring for toxicity** is in the 2021 CPT® MDM table as an example of high risk of morbidity from additional diagnostic testing or treatment. To be sure the case you're coding qualifies as intensive monitoring for toxicity, review these conditions listed in the guidelines:
  - The drug can cause serious morbidity or death.
  - Monitoring assesses adverse effects, not therapeutic efficacy.
  - The type of monitoring used should be the generally accepted kind for that agent, although patient-specific monitoring may be appropriate, too.
  - Long-term or short-term monitoring is OK.
  - Long-term monitoring occurs at least quarterly.
  - Lab, imaging, and physiologic tests are possible monitoring methods. History and exam are not.
  - Monitoring affects MDM level when the provider considers the monitoring as part of patient management.
  - An example of drug therapy requiring intensive monitoring for toxicity is testing for clozapine-induced agranulocytosis.

# Several Other Definitions – Not Exhaustive

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## Physicians will need to know CPT®'s definitions for many terms

- **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.
- **Risk** is related to probability of something happening, but risk and probability are not the same for E/M coding purposes. High probability of a minor adverse effect may be low risk, depending on the case. The terms high, medium, low, and minimal risk are meant to reflect the common meanings used by clinicians. For MDM, base risk on the consequences of the addressed problems when they're appropriately treated. Risk also comes into play for MDM when deciding whether to begin further testing, treatment, or hospitalization.

# Medical Decision Making to Determine the Level of E/M



# Evaluation and Management Summary of Revisions

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**Selection of Code Level Can Be Based on Medical Decision Making on January 2021**

## **Modifications to the Criteria for Medical Decision Making**

- AMA created sufficient detail in CPT code set to reduce variation
- Aligned criteria with clinically intuitive concepts
- Used existing CMS tools to reduce disruption in coding patterns



# Evaluation and Management Summary of Revisions

## Modifications to the Criteria for Medical Decision Making

- Current AMA ® CMS Table of Risk Used as foundation to create the level of Medical Decision Making (MDM) table.
- Current CMS Contractor Audit Tools used to minimize disruption in MDM level criteria
- Ambiguous terms have been removed (e.g. Mild) and previously ambiguous concepts have been defined such as acute/chronic illness with “systemic symptoms”.
- In 2021 MDM Guidelines CPT ® states that MDM “includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option.”

# Evaluation and Management Summary of Revisions

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## Level of Medical Decision Making Table – Effective January 1, 2021

- Guide to assist in selecting the level of Medical Decision Making
- Used only for office/outpatient E/M Services
- Includes the four (4) levels of Medical Decision Making which are **Unchanged** from current levels:
  - Straightforward
  - Low
  - Moderate
  - High

# For Medical Decision Making

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**Number of Problems and Complexity; Amount and Complexity of Data; Risk Determination**

- Problems – Minimal, Low, Moderate or High
- Amount and Complexity of Data Used – Three (3) Categories of Data
- Determination of Risk – Minimal, Low, Moderate or High

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# Number of Problems Addressed In Four (4) Levels

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## Minimal

One (1) Self-limited or Minor Problem

- **Low**

One (1) Stable, Chronic Illness; 2 or more self-limited or minor problems; 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

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# Elements of Medical Decision Making

## Levels 1, 2 and 3 E/M

- The number and complexity of problems addressed at the encounter The American Medical Association ©.

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	<b>Minimal</b> • 1 self-limited or minor problem	<b>Minimal or none</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
99203 99213	Low	<b>Low</b> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	<b>Limited</b> <i>(Must meet the requirements of at least 1 of the 2 categories)</i>  <b>Category 1: Tests and documents</b> • 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 <b>Category 2: Assessment requiring an independent historian(s)</b> <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	<b>Low risk of morbidity from additional diagnostic testing or treatment</b>

# AMA Medical Decision Making Table - level 4

<p>99204 99214</p>	<p>Moderate</p>	<p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• <b>1</b> or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• <b>2</b> or more stable chronic illnesses;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• <b>1</b> undiagnosed new problem with uncertain prognosis;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• <b>1</b> acute illness with systemic symptoms;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• <b>1</b> acute complicated injury</li> </ul>	<p><b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• <b>Any combination of 3 from the following:</b></li> <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)</li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately</li> </ul>	<p><b>Moderate risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></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 social determinants of health</li> </ul>
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# AMA Medical Decision Making Table - level 5

<p>99205 99215</p>	<p>High</p>	<p><b>High</b></p> <ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<p><b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li><b>Any combination of 3 from the following:</b> <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)</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	<p><b>High risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>Drug therapy requiring intensive monitoring for toxicity</li> <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 de-escalate care because of poor prognosis</li> </ul>
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# Medical Decision Making Table

To qualify for a particular level of medical decision making, two of the three elements for that level of decision making must be met or exceeded (**concept unchanged from current guidelines**).

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i>  Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test*  or Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment

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\*Use AMA MDM Table

# Amount and Complexity of Data

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## Three Categories of Data

- Category 1 - Tests and documents, independent historian(s)
  - 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)
- Category 2 – Independent interpretation of tests
- 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)-**Collaborative Care**

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# Amount and Complexity of Data

## Minimal and Limited

Data Requirement	Amount of Data	MDM Level
<b>None</b>	<b>Minimal or None</b>	<b>Straightforward</b>
<p>(Meet 1 out of 2 categories)</p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> <li>• Combination of 2 from:               <ul style="list-style-type: none"> <li>• Review of external notes from each source*</li> <li>• Review results of each unique test*</li> <li>• Ordering each unique test*</li> </ul> </li> </ul> <p>Category 2: Independent historian</p> <ul style="list-style-type: none"> <li>• Assessment requiring an independent historian</li> </ul>	<b>Limited</b>	<b>Low</b>

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# Amount and Complexity of Data

**Moderate**

Data Requirement	Amount of Data	MDM Level
<p>(Must Meet 1 out of 3 categories)            Category 1: Tests, documents, historians</p> <ul style="list-style-type: none"> <li>• Combination of 3 from:               <ul style="list-style-type: none"> <li>• Review of external notes from each source*</li> <li>• Review results of each unique test*</li> <li>• Ordering each unique test*</li> <li>• Assessment requiring independent historian</li> </ul> </li> </ul> <p>Category 2: Independent interpretation</p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/provider</li> </ul> <p>Category 3: Discussion</p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation w/ external physician/provider</li> </ul>	<p>Moderate</p>	<p>Moderate</p>

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# Amount and Complexity of Data

High

Data Requirement	Amount of Data	MDM Level
<p>(Must Meet 2 out of 3 categories)            Category 1: Tests, documents, historians</p> <ul style="list-style-type: none"> <li>• Combination of 3 from:               <ul style="list-style-type: none"> <li>• Review of external notes from each source*</li> <li>• Review results of each unique test*</li> <li>• Ordering each unique test*</li> <li>• Assessment requiring independent historian</li> </ul> </li> </ul> <p>Category 2: Independent interpretation</p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/provider</li> </ul> <p>Category 3: Discussion</p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation w/ external physician/provider</li> </ul>	<p>Extensive</p>	<p>High</p>

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# Risk of Complications and/or Morbidity or Mortality of Patient Management

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## Four Levels of Risk – Minimal, Low, Moderate and High

- **Minimal** risk of morbidity from additional diagnostic testing or treatment
- **Low** risk of morbidity from additional diagnostic testing or treatment
- **Moderate**
  - 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.
- **High**
  - 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 deescalate care because of poor prognosis.

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# Risk of Complications and/or Morbidity or Mortality of Patient Management

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- The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), treatment (s).
- This includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family.
- For example, a decision about hospitalization includes consideration of alternative levels of care.
- Two examples may include the following:
  - Psychiatric patient with a sufficient degree of support in the outpatient setting or
  - The decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

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# Four Categories of Medical Decision Making

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## Using Medical Decision Making Category to Select the Appropriate Code

- The Medical Decision Making for each distinct code level is the **same**, regardless of whether the code is for a “New” or “Established” patient.
- Level 2 codes **99202 and 99212** both require **Straightforward** MDM.
- Level 3 codes **99203 and 99213** both require **Low** MDM
- Level 4 codes **99204 and 99214** both require a **Moderate** MDM
- Level 5 codes **99205 and 99215** both require a **High** MDM

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# Medical Decision Making Table

## Four Categories of MDM-Example of a Moderate MDM and Level 4 Service

Problems Addressed	Data	Risk	Level of MDM (Must Based on 2 out of 3 Elements)	E/M Level Established* or New
Minimal	Minimal/None	Minimal	<b>Straightforward</b>	<b>99212/99202</b>
Low	<b>Limited</b>	Low	<b>Low</b>	<b>99213/99203</b>
<b>Moderate</b>	Moderate	<b>Moderate</b>	<b>Moderate</b>	<b>99214/99204</b>
High	Extensive	High	<b>High</b>	<b>99215/99205</b>

\*99211 does not require the MDM elements for Nurses to provide

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# Using TIME to Determine the Level of E/M



# Time Can Be Used to Determine the Level of Office-Based E/M Services

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## Counseling and Coordination of Care Does Not Need to Dominate The Service Greater Than 50%

- Time can be used to select code level for office-based E/M services (99202-99205 and 99212-99215)
- Time can include any of the following **provided on the same day of the service encounter**:
  - Preparing to see patient (e.g. review of tests)
  - Obtaining/reviewing separately obtained history
  - Performing History Exam/Evaluation
  - Counseling and educating patient/family/caregiver
  - Ordering medications, tests, & procedures
  - Referring and communication with other health care professionals
  - Documenting in health record
  - Independently interpreting results and communicating results to patient/family/caregiver
  - Care coordination

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# E/M Time Use Table - 2021

<b>E/M CPT Code New and Established</b>	<b>Medical Decision Making Level</b>	<b>Minutes if Using Time</b>
<b>99202</b>	Straightforward	15-29
<b>99203</b>	Low	30-44
<b>99204</b>	Moderate	45-59
<b>99205</b>	High	60-74
<b>99212</b>	Straightforward	10-19
<b>99213</b>	Low	20-29
<b>99214</b>	Moderate	30-39
<b>99215</b>	High	40-54

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# Use of Time to Determine the Level of E/M

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## Example of Time to Determine the Level of E/M for “Established Patient” On SAME DAY

- Primary care physician reviews lab results ordered in previous encounter on the day of the E/M service – **4 minutes.**
- Primary care physician reviews history of response to treatment from a physical therapist of 8 notes since last visit 90 days prior and creates a two-sentence summary - **8 min.**
- Primary care physician performs a medically necessary history and psychiatric exam (use only “medically appropriate” elements e.g. HPI for two problems and detailed exam-no score from these)– **14 minutes.**
- Primary care provider submits clinical findings through a phone call or written info. To staff member requesting a specialty care service authorization - **5 min.**
- **31 minutes total = Level 4 E/M - 99214**

# Use of MDM to Determine the Level of E/M\*

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## Example of MDM to Determine the Level of E/M for “Established Patient”

- **Number and complexity of problems addressed at the encounter**
  - Recurrent depression, severe with worsening progression (found in HPI, Psychiatric Exam) = **MODERATE**
- **Amount and complexity of data to be reviewed and analyzed** (The Data are divided into three categories – **Category 1 – Tests and Documents**; **Category 2 – Assessment requiring an independent historian for Low MDM and Assessment requiring independent interpretation of tests for Moderate MDM**; **Category 3 – Discussion of management or test interpretation**).
  - None performed = **0 data**
- **Risk of complications and morbidity or mortality of patient management**
  - Prescription Drug Management and treatment is limited by social determinants of health = **MODERATE**
  - To qualify for a particular level of medical decision making, two of the three elements for that level of decision making must be met or exceeded (concept unchanged from current guidelines)
- **MODERATE PROBLEM COMPLEXITY AND MODERATE RISK = LEVEL 4 E/M 99214**

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# References

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- **Proposed Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021** <https://www.cms.gov/newsroom/fact-sheets/proposed-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-4>.
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