


The BIG documentation changes in 2021

Re-establishing Your Practice in the Wake of COVID-19





## The BIG Documentation Changes in 2021

**Presented by:**  
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### Today's Agenda


- 1 Reimbursement Updates
- 2 E&M Review
- 3 E&M Code Changes in 2021
- 4 New Add-on Codes for Time
- 5 New Complex Add-on Code
- 6 Eye Codes
- 7 Prepare for the New Year
- 8 Q&A

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# 1

## Reimbursement Updates



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### Final MPFS 2021

Jan 6, 2021  
+3.75%

While the E/M documentation changes are good...


Other challenges remain.

AMA estimates Ophthalmology and optometry will see a positive impact of 1% and 3% respectively.

The greatest impact to reimbursement is tied to the change in office visit code RVUs.

The 2021 conversion factor decreases ~3% by dropping from \$36.09 to \$34.89.

Sources: [www.ama-assn.org/system/files/2021-01/2021-consolidated-mpfs-table.pdf](http://www.ama-assn.org/system/files/2021-01/2021-consolidated-mpfs-table.pdf)  
 CY 2021 Physician Fee Schedule Final Rule: <https://www.fda.gov/oc/2021/01/06/physician-fee-schedule-final-rule>  
 H.R. 133 – 116th Congress: Consolidated Appropriations Act, 2021: [www.congress.gov/116/bills/133/116hr133/bills/116/hr133/enr/pdf](https://www.congress.gov/116/bills/133/116hr133/bills/116/hr133/enr/pdf)




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### Office Visit Rate Changes for 2021

CPT	2021 Final Rates				
	2020 RVUs	2020 CF	2021 RVUs	2021 CF	% Change
99202	2.14	\$ 77.23	2.12	\$ 73.97	-4.23%
99203	3.03	\$ 109.35	3.26	\$ 113.74	4.01%
99204	4.63	\$ 167.10	4.87	\$ 169.91	1.69%
99205	5.85	\$ 211.13	6.43	\$ 224.34	6.26%
99211	0.65	\$ 23.46	0.66	\$ 23.03	-1.84%
99212	1.28	\$ 46.20	1.63	\$ 56.87	23.11%
99213	2.11	\$ 76.15	2.65	\$ 92.46	21.42%
99214	3.06	\$ 110.44	3.76	\$ 131.19	18.79%
99215	4.11	\$ 148.33	5.25	\$ 183.17	23.49%
92002	2.37	\$ 85.53	2.51	\$ 87.57	2.39%
92004	4.23	\$ 152.66	4.37	\$ 152.47	-0.13%
92012	2.49	\$ 89.86	2.61	\$ 91.06	1.33%
92014	3.55	\$ 128.12	3.68	\$ 128.40	0.22%

Jan 6, 2021  
+3.75%


Source: <https://www.cms.gov/medicare/medicare-fee-schedule/physician-fee-schedule/federal-regulation-notices/cms-1234-f>  
 H.R. 133 – 116th Congress: Consolidated Appropriations Act, 2021: [www.congress.gov/116/bills/133/116hr133/bills/116/hr133/enr/pdf](https://www.congress.gov/116/bills/133/116hr133/bills/116/hr133/enr/pdf)



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## E&M Review



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### E&M Services

E&M services consist of 7 components:

- (3) - History Taking
  - ✓ History of Present Illness (HPI)
  - ✓ Review of Systems (ROS)
  - ✓ Past, Family, and Social History (PFSH)
- (1) - Exam
- (3) - Medical Decision Making
  - ✓ Diagnoses and Management Options
  - ✓ Data to be Reviewed
  - ✓ Risk of Complications

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### History for E&M Codes

History Taking			
History of Present Illness (HPI) 8 Categories	Review of Systems (ROS) 14 Systems	Past, Family & Social History (PFSH) 3 Categories	Type of History
Brief (1-3)	N/A	N/A	Problem Focused
Brief (1-3)	Problem Pertinent (1 System)	N/A	Expanded Problem Focused
Extended (4+)	Extended (2-9)	Pertinent (1)	Detailed
Extended (4+)	Complete (10+)	Complete (NEW - 3, EST: 2)	Comprehensive

→ All three components of History Taking must be met or exceeded for each level. If one component is not met, drop to the lowest level.

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### Exam Elements

#### '97 E/M Single System Ophthalmic Exam

- ✓ Visual acuity (not to include refraction)
- ✓ IOP (except where contraindicated)
- ✓ Gross visual field testing (confrontation fields)
- ✓ Ocular adnexa (lids, lashes, pre-auricular nodes)
- ✓ Ocular motility including gaze and alignment
- ✓ Conjunctiva - bulbar and palpebral
- ✓ Pupils and irises (shape, size, reactivity)
- ✓ Cornea - Epithelium, Endothelium, Stroma, and Tear film
- ✓ Anterior chamber (depth, reaction/clarity)
- ✓ Lens (clarity - capsule, nucleus, and cortex)
- ✓ Posterior segment: Retina/Optic Nerve (dilation required)
- ✓ Mental status

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### Examination

Ophthalmological Elements	Level of Exam
None Required	Minimal
1-5 elements	Problem Focused (PF)
6-8 elements	Expanded Problem Focused (EPF)
9-11 elements	Detailed
12+ elements including mental status	Comprehensive

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### Making Medical Decisions

Medical Decision Making			
Number of Diagnoses &/or Management Options	Data to be Reviewed	Risk of Complications	Type of Decision Making
Minimal	Minimal	Minimal	Straight Forward
Limited	Limited	Low	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexity
Extensive	Extensive	High	High Complexity

→ 2 of 3 components of Medical Decision Making must be met or exceeded for each level. Drop the lowest component and bill the lowest of the remaining components.

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### Table of Risk (Unofficial)

Level of Risk	Presenting Problems	Diagnostic Tests Ordered	Management Options Selected
Minimal	One self-limited or minor problem (itchy eyelids, non irritated bump on lid)	A-scan or B-scan Visual Fields Fundus Photos	Rest Lid scrubs Superficial dressings Compresses (warm or cool)
Low	Two or more self-limited or minor problems One stable chronic illness (glaucoma suspect, cataract, dry AMD) Acute uncomplicated illness, or injury (allergic conjunctivitis, controlled glaucoma)	Conjunctival culture. Needle electroretinography. Skin biopsies. VEP.	Over-the-counter drugs (artificial tears) Minor surgery w/ no identified risk factors (insertion of punctum plugs, eyelid, removal external foreign body)
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment (POD w/ hemorrhage) Two or more stable chronic illnesses. Undiagnosed new problem with uncertain prognosis (red eye) Acute illness with systemic symptoms (diarrhea w/ nausea) Acute complicated injury (MVA w/ multiple, undetermined problems)	debridement Fluorescein/ICG angiograms Vitreous tap A/C tap Corneal culture Temporal artery biopsy	Minor surgery w/ identified risk factors (ALT, N-Avastin, excise lesion, Botox inj., simple suture laceration) Elective major surgery w/ no identified risk factors (blepharoplasty) Prescription drug management (glaucoma) Closed treatment of fracture (orbital floor blow-out)
High	One or more chronic illnesses with severe exacerbation, progression or side effects of treatment (POD w/ hemorrhage) Acute or chronic illnesses or injuries that pose a threat to life or bodily function (acute ACG, amaurosis fugax) An abrupt change in neurological status (sudden blindness)	None for ophthalmology in the CMC supplemental guidelines	Elective major surgery with identified risk factors (open or percutaneous) (cataract, glaucoma, retina, ploss) Emergency major surgery (open or percutaneous) (open reduction of orbital blow out, repair ruptured globe) Drug therapy requiring intensive monitoring for toxicity.

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### Determining E&M

Type of History	Level of Exam	Medical Decision Making
Problem Focused (PF)	Problem Focused (PF)	Straightforward
Expanded Problem Focused (EPF)	Expanded Problem Focused (EPF)	Low Complexity
Detailed	Detailed	Moderate Complexity
Comprehensive	Comprehensive	High Complexity

→ **New Patient**  
The lowest of the three components determines the overall code.

→ **Established Patient**  
2 of 3 components must meet or exceed the level to determine the code

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### Determining E&M - New Patient

Type of History	Level of Exam	Medical Decision Making	New
PF	PF	Str Forward	99201
EPF	EPF	Str Forward	99202
Detailed	Detailed	Low	99203
Comprehensive	Comprehensive	Moderate Complexity	99204
Comprehensive	Comprehensive	High Complexity	99205

→ **New Patient**  
The lowest of the three components determines the overall code.

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### Determining E&M - Established Patient


Type of History	Level of Exam	Medical Decision Making	New
n/a	n/a	n/a	99211
PF	PF	Str Forward	99212
EPF	EPF	Low	99213
Detailed	Detailed	Moderate Complexity	99214
Comprehensive	Comprehensive	High Complexity	99215

→ **Established Patient**  
2 of 3 components must meet or exceed the level to determine the code. Drop the lowest category.

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## 2021 E&M Code Changes

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### Patient Over Paperwork History

**2018**  
In the 2019 MPFS, CMS commits to working to reduce documentation burdens on providers over a 3-year period


**2019**  

- ✓ AMA revised E/M code documentation requirements to become effective in 2021<sup>1</sup>
- ✓ MPFS outlines potential changes for 2021 in the 2020 MPFS

**2020**  


- ✓ CMS announced in the 2021 MPFS Proposed Rule that they would be accepting of the AMA CPT update as part of their Patients Over Paperwork Initiative, with some potential variances<sup>2</sup>
- ✓ August – 2021 Proposed Final Rule published for 60-day comment period.

<sup>1</sup>[https://www.ama-assn.org/system/uploads/attach\\_data/data/2019-08-01/ama-cpt-2021-code-changes.pdf](https://www.ama-assn.org/system/uploads/attach_data/data/2019-08-01/ama-cpt-2021-code-changes.pdf)  
<sup>2</sup><https://www.cms.gov/medicare/medicare-coverage-database/details/2021proposedrule/2021proposedrule.pdf> Federal Register, Notices, Medicare CPT, 1715-E




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### E&M Changes for 2021

 **Eliminates**

- ✓ History and exam as elements for E&M code selection
- ✓ Code 99201, *Office or other outpatient visit for the evaluation and management of a new patient*

 **Allows**

- ✓ Physicians to choose code based solely on Medical Decision Making (MDM) or total time documented in medical record
- ✓ CPT has revised MDM elements to make the requirements less ambiguous




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### 2021 Evaluation & Management (E&M) Codes

<b>New Patient</b>	<b>Established Patient</b>
99202 - 99205	99211 - 99215



Beginning January 1, 2021



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### 2021 E&M Services Components

- Chief Complaint**
- History**
  - History of Present Illness (HPI)
  - Review of Systems (ROS)
  - Past, Family, and Social History (PFSH)
- Exam**
- Medical Decision Making**
  - Diagnoses and Management Options
  - Data to be Reviewed
  - Risk of Complications






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### 2021 History Elements

**History Includes:**

- Chief Complaint
- Medically Appropriate
- Not an element for E&M code selection






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### 2021 Exam Elements

**Exam Includes:**

- Medically Appropriate
- Not an element for E&M code selection






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### 2021 Medical Decision Making (MDM)

**Defined by three elements:**

- Diagnoses and Management Options
- Data to be Reviewed (Big change)
- Risk of Complications






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### 2021 Medical Decision Making (MDM)

**Problem Addressed:**


- Includes:**
  - When evaluated and treated at the encounter
  - Includes consideration of further testing or treatment, even if not elected
- Does NOT include:**
  - Notation of another provider managing the problem with no indication of additional assessment or care coordination
  - Referral or consideration of treatment without evaluation via history, exam, or diagnostic tests
  - Listing a diagnosis without consideration of test/treatment

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### 2021 Amount and/or Complexity of Data to be Reviewed & Analyzed

Category	99202 99212 Min/None	99203 99213 1 of 2	99204 99214 1 of 3	99205 99215 2 of 3
Category 1 – Tests & Documents	-	X	X	X
Category 2 – Independent Historian (E/M 3 only)	-	X		
Category 2 – Independent Interpretation of test (E/M 4, 5)			X	X
Category 3 – Discussion of Management or Test Interpretation			X	X



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### 2021 Risk

#### Risk Levels

1. Minimal
2. Low
3. Moderate
4. High




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### 2021 Medical Decision Making (MDM)

#### Four Levels of MDM

1. Straightforward
2. Low
3. Moderate
4. High



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### 2021 Medical Decision Making (MDM)

Table 2 – CPT E/M Office Revisions Level of Medical Decision Making (MDM) Revisions effective January 1, 2021:

Code	Level of MDM (based on level of problem addressed)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Mortality or Morbidity of Patient Management
99211, N/A	N/A	Minimal or none	Minimal or none	N/A
99202, 99212	Straightforward	Minimal or none	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203, 99213	Low	1 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 notes from each unique source*, • Review of the result(s) of each unique test*, • Ordering of each unique test*, 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

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### 2021 Medical Decision Making (MDM)

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99202, 99212	Straightforward	Minimal or none	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203, 99213	Low	1 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 2 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external notes(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

\*Category 1 - Any combination of 2 from the following

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### 2021 Medical Decision Making (MDM)

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99203, 99213	Low	1 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 2 of 2 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 2 from the following: • Review of prior external notes(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 • 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 another physician/other qualified health care professional (not separately reported)	Low risk of morbidity from additional diagnostic testing or treatment
99204, 99214	Moderate	2 or more chronic diseases with exacerbation, progression, or side effects of treatment, or 2 or more acute chronic illnesses, or 1 complicated new problem with uncertain prognosis, or 1 acute illness with systemic symptoms, or 1 acute complicated injury	Limited (Must meet the requirements of at least 1 out of 2 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external notes(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 • 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 another physician/other qualified health care professional (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment Consider only: • Diagnostic imaging management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding moderate major surgery without identified patient or procedure risk factors • Decision regarding major surgery • Decision or treatment significantly outside usual domain(s) of health
99205, 99215	High	3 or more chronic diseases with exacerbation, progression, or side effects of treatment, or 3 acute or chronic illness or injury that poses a threat to the life of the patient	Limited (Must meet the requirements of at least 2 out of 2 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external notes(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 • 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 another physician/other qualified health care professional (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Consider 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 transplantation • Decision not to resuscitate or to de-escalate care because of poor prognosis

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### 2021 Medical Decision Making (MDM)

#### Amount of Complexity of Data

Table 2 – CPT E/M Office Revisions  
Level of Medical Decision Making (MDM)  
Revisions effective January 1, 2021  
Note: this content will not be included in the CPT 2021 code set release

99204 & 99214	99205 & 99215
<p><b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories)</p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>Any combination of 3 from the following:                             <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>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories)</p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>Any combination of 3 from the following:                             <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>

\*Category 1 - Any combination of 3 from the following  
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### 2021 Selecting E&M Based on TIME

- Total time personally spent by the reporting provider on day of visit.
- Time will include face-to-face and non-face-to-face time

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### Now Included in Time

- Preparing to see the patient (e.g., reviewing tests)
- Obtaining and/or reviewing a separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Documenting clinical information in the electronic (or other) health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Referring and communicating with other health care professionals (when not separately reported)
- Care coordination (not separately reported)

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### 2021 Selecting E&M Based on TIME (cont)

- Identified with a specific CPT code
- Not included in Total Time
- Such as Diagnostic Tests

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### 2021 E&M Criteria for New Patient Codes

99202	Time: 15-29 minutes of total time spent on the date of the visit
99203	Time: 30-44 minutes of total time spent on the date of the visit
99204	Time: 45-59 minutes of total time spent on the date of the visit
99205	Time: 60-74 minutes of total time spent on the date of the visit For Services 75 minutes or longer, see Prolonged Services Codes 99442*

G2212 Effective Jan 1

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### 2021 E&M Criteria for Established Patient Codes

99212	Time: 10-19 minutes of total time spent on the date of the visit
99213	Time: 20-29 minutes of total time spent on the date of the visit
99214	Time: 30-39 minutes of total time spent on the date of the visit
99215	Time: 40-54 minutes of total time spent on the date of the visit For Services 55 minutes or longer, see Prolonged Services Codes 99442*

G2212 Effective Jan 1

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### The Key!



2021 - Medical Decision Making 2 of 3			
Problems Addressed	Amount or Complexity of Data	Risk of Complications	E/M Code New & Est
Minimal	Minimal/None	Minimal	99202/99212
Low	Limited	Low	99203/99213
Moderate	Moderate	Moderate	99204/99214
High	Extensive	High	99205/99215

→ 2 of 3 components of Medical Decision Making must be met or exceeded.  
→ Drop the lowest component and bill the lowest of the remaining components.

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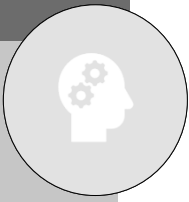
### Coding Scenario – #1

**New diabetic in for diabetic evaluation. No visual complaints.**

- Appropriate complaint/history
- Appropriate exam

**Medical Decision Making**


- Addressed problems
  - DM w/o retinopathy
  - Myopia
- Data reviewed
  - none
- Plan/Mgmt. (Risk)
  - DM – monitor blood sugar, diet, exercise
  - Glasses Rx
  - Return 1 year



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### #1 The Key!



2021 - Medical Decision Making 2 of 3			
Problems Addressed	Amount or Complexity of Data	Risk of Complications	E/M Code New & Est
Minimal	Minimal/None	Minimal	99202/99212
Low	Limited	Low	99203/99213
Moderate	Moderate	Moderate	99204/99214
High	Extensive	High	99205/99215

→ 2 of 3 components of Medical Decision Making must be met or exceeded.  
→ Drop the lowest component and bill the lowest of the remaining components.

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### Coding Scenario – Time #2

**Established patient referred for diplopia after hitting head**

- Appropriate complaint/history
- Appropriate exam

**Medical Decision Making**


- Addressed problems
  - Diplopia: possible 4th nerve
- Data reviewed
  - Review referring doctor records
  - Reviewed referring doctor's VF test
- Risk
  - Occlude one side of glasses
  - Return 1 month
- Exam start at 10:05 AM – Ended at 10:42 (37 minutes)
  - Long discussion regarding diplopia causes related to head trauma and likely to resolve slowly over time.



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### #2 The Key!



2021 - Medical Decision Making 2 of 3			
Problems Addressed	Amount or Complexity of Data	Risk of Complications	E/M Code New & Est
Minimal	Minimal/None	Minimal	99202/99212
Low	Limited	Low	99203/99213
Moderate	Moderate	Moderate	99204/99214
High	Extensive	High	99205/99215


→ 2 of 3 components of Medical Decision Making must be met or exceeded.  
→ Drop the lowest component and bill the lowest of the remaining components.

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### Coding Scenario – Time #2

Code	Minutes
99212	10 – 19
99213	20 – 29
99214	30 – 39
99215	40 - 54

Exam starts at 10:05 AM – Ended at 10:42 AM (37 Minutes)  
Code: 99214



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**Coding Scenario – #3**

Pt returning for 4-month POAG and dry eye syndrome follow up.

- Appropriate complaint/history
- Appropriate exam

**Medical Decision Making**

- Addressed problems
  - POAG OU Stable
  - Dry eye syndrome OU slightly worse
- Data reviewed
  - Order Visual Field
- Plan/Mgmt. (Risk)
  - POAG – refill current medication
  - Dry eye – increase AT to QID

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**#3 The Key!**

**2021 - Medical Decision Making**  
2 of 3

Problems Addressed	Amount or Complexity of Data	Risk of Complications	E/M Code New & Est
Minimal	Minimal/None	Minimal	99202/99212
Low	Limited	Low	99203/99213
Moderate	Moderate	Moderate	99204/99214
High	Extensive	High	99205/99215

→ 2 of 3 components of Medical Decision Making must be met or exceeded.

→ Drop the lowest component and bill the lowest of the remaining components.

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**Coding Scenario – #4**

Pt c/o of bump on RLL with irritation and pain x 3 days.

- Appropriate complaint/history
- Appropriate exam

**Medical Decision Making**

- Addressed problems
  - Chalazion RLL
  - Cataract OU
- Data reviewed
  - none
- Plan/Mgmt. (Risk)
  - Warm compresses
  - Return 1 week

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**#4 The Key!**

**2021 - Medical Decision Making**  
2 of 3

Problems Addressed	Amount or Complexity of Data	Risk of Complications	E/M Code New & Est
Minimal	Minimal/None	Minimal	99202/99212
Low	Limited	Low	99203/99213
Moderate	Moderate	Moderate	99204/99214
High	Extensive	High	99205/99215

→ 2 of 3 components of Medical Decision Making must be met or exceeded.


→ Drop the lowest component and bill the lowest of the remaining components.

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**New Add-on Codes for Time**



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**2021 E&M Criteria for Prolonged Services**

Prolonged Total Time, i.e., combined time with and without direct patient contact that is provided by the physician or other qualified health care professional

- ONLY use with 99205 and 99215
- List in addition to E&M code
- Use to report each 15-minute increment (if less than 15 minutes, do not report)
- Use only if selecting the E&M based on Time
- Do not report in conjunction with 99415 or 99416

**G2212 Effective Jan 1** → **99417**

New Patient	Established Patient
<p><b>99205</b></p> <p>Base time of 74 minutes + a minimum of an additional 15 minutes = <b>89 minutes</b> (1 hour 29 minutes) of physician time</p>	<p><b>99215</b></p> <p>Base time of 54 minutes + a minimum of an additional 15 minutes = <b>69 minutes</b> (1 hour 9 minutes) of physician time</p>



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## New Complex Visit Add-on Code

Note: This is now on hold for 3 years

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### CMS 2021 Visit Complexity Add-on Code: G2211

G2211  
Effective  
Jan-1

G2211

Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition.

(Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established)

Note: This is now on hold for 3 years

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## Eye codes

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### Comprehensive Eye Exam

CPT Codes 92004 & 92014

Requirements from CPT

- History
- Evaluation of the complete visual system
- General Medical Observation
- External & Adnexal Exam
- Gross Visual Fields
- Basic Sensorimotor exam
- Ophthalmoscopy (dilation may or may not be indicated)

Source: CPT 2020

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### Comprehensive Eye Exam

CPT Codes 92004 & 92014

It always includes initiate (or continue) diagnostic and treatment program

<p style="margin: 0;"><u>Diagnostic</u></p> <ul style="list-style-type: none"> <li>- MR</li> <li>- OCT</li> <li>- VF</li> </ul>	<p style="margin: 0;"><u>Treatment</u></p> <ul style="list-style-type: none"> <li>- Rx for glasses</li> <li>- Refer for retinal evaluation</li> <li>- Continue present medications</li> </ul>
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Source: CPT 2020

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### Eye Codes vs. E&M Codes

COMPREHENSIVE EXAM	
Eye Codes	E&M Code 4
<ul style="list-style-type: none"> <li>-Ocular History, CC</li> <li>-Usually 8+ exam elements</li> <li>-Dilation often performed</li> <li>-Diagnostic order/perform</li> <li>-Treatment Program Initiated/ continued                             <ul style="list-style-type: none"> <li>• Only need 1 Dx and 1 Mgmt option</li> <li>• Can be Rx for new glasses, dx test, recommend surgery, etc.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>-Complete History                             <ul style="list-style-type: none"> <li>• Ext. HPI, Complete ROS &amp; PFSH</li> </ul> </li> <li>-All 12 Exam Elements</li> <li>-Dilation Performed</li> <li>-Medical Decision                             <ul style="list-style-type: none"> <li>• Multiple DX/MO</li> <li>• Moderate amount of data</li> <li>• Moderate to High Risk</li> </ul> </li> </ul>

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**Case Study**  
Diabetic

Evaluation	Coding
<ul style="list-style-type: none"> <li>-CC: 12 Mo DM exam, redness/burn OU x 1 wk.</li> <li>-Med Hx – NIDDM x 4 yrs.</li> <li>-Comp exam including CVF, EOMS, adnexa, and fundus with dilation OU</li> <li>-Tests: MR, Schirmer</li> <li>-ICD 10 - E11.9, H04.123</li> <li>-Plan: Monitor BS, diet, AT QID</li> </ul>	<ul style="list-style-type: none"> <li>-History ✓</li> <li>-General Medical Observation ✓</li> <li>-Comp exam with CVF, EOM, Adnexa, Fundus ✓</li> <li>-Diagnostic Test</li> <li>-Treatment ✓</li> <li>-92014 vs <del>99214</del> ✓</li> </ul>

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**Comprehensive Eye Exam (920x4)**  
Key Points

- Flexible history taking, appropriate for each case
  - Always need a CC
- Fewer elements than E/M comprehensive service
- Independent of medical decision making
- Requires diagnostic and treatment program
- Dilation not absolutely required

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**Eye Exams – Intermediate Eye**

You sent in a claim using CPT code 92012. What entry is NOT required in the medical record?

- Examination of the adnexa/lids
- Gross visual fields
- A diagnosis that describes a new condition or a new problem
- General medical observations

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**Intermediate Eye Exam**  
CPT Codes 92002 & 92012

- Requirements from CPT
  - History
  - General Medical Observation
  - External & Adnexal Exam
  - Other exam elements as Necessary
  - Treatment
- New condition  
(or)  
-Existing condition with new problem

Source: CPT 2020

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**Eye Codes vs. E&M Codes**

INTERMEDIATE EXAM	
Eye Codes	E&M Code 3
<ul style="list-style-type: none"> <li>-Brief Ocular History, CC</li> <li>-3 Exam Elements</li> <li>-Including Adnexa</li> <li>-Gen Med Observation</li> <li>-Dilation Not Required</li> <li>-Treatment                             <ul style="list-style-type: none"> <li>• Only need 1 Dx</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>-Expanded Problem Focused History, CC                             <ul style="list-style-type: none"> <li>• Brief HPI, Pertinent ROS</li> </ul> </li> <li>-6-8 Exam Elements</li> <li>-Dilation Not Required</li> <li>-Medical Decision                             <ul style="list-style-type: none"> <li>• Limited Dx/Mgmt Options Limited amount of data to be reviewed</li> <li>• Low Risk - requires minimal treatment plan</li> </ul> </li> </ul>

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**Intermediate Eye Exam**  
92002, 92012

- Not suitable for every follow-up visit
- More frequent than CEE, but no specific limit

Source: CPT 2020

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**Case Study**  
Corneal Abrasion

Evaluation	Coding
<ul style="list-style-type: none"> <li>-CC: Painful red left eye, light sensitive x 1 day</li> <li>-Unremarkable Med Hx</li> <li>-VA, SLE including adnexa</li> <li>- ICD10- S05.02xA K- Abrasion LT</li> <li>-Plan: Gtts, BCL, RTC 3 days</li> </ul>	<ul style="list-style-type: none"> <li>-History ✓</li> <li>-Gen Medical Observation ✓</li> <li>-3+ exam elements including adnexa ✓</li> <li>-New/Worse problem ✓</li> <li>-Treatment ✓</li> <li>-92012 vs 99213</li> </ul>

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**Case Study**  
Glaucoma (3 mo. f/u exam)

Evaluation	Coding
<ul style="list-style-type: none"> <li>-CC: 3 mo. POAG OU check</li> <li>-Unremarkable Med Hx</li> <li>-VA, IOP, SLE including adnexa</li> <li>- ICD10- H40.1131 POAG OU, Mild</li> <li>-Plan: IOP well controlled, CPM</li> </ul>	<ul style="list-style-type: none"> <li>-History ✓</li> <li>-Gen Medical Observation ✓</li> <li>-3+ exam elements including adnexa ✓</li> <li>-New/Worse problem ✓</li> <li>-Treatment ✓</li> <li>-92012 vs 99213</li> </ul>

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Prepare for the New Year

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**Advantages**




Potential exists for: 

- ✓ Simplified documentation
- ✓ Less time required for work ups
- ✓ Charts to contain relevant only and less extraneous information
- ✓ Increased efficiency and possibly more clinic through-put
- ✓ Increased reimbursement for established E&M codes

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**Prepare Your Practice**

-  Expect all payers to adopt the E/M changes
-  Documentation is still important
  - Patient care
  - Malpractice risk management
-  May want to update templates and protocols
  - De-emphasize bullet point compliance
  - Comprehensive history on first visit only
  - History updates annually without completely re-charting

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**Prepare Your Practice**

-  Learn new MDM requirements
-  Document items supporting MDM, such as:
  - Test orders
  - Outside record requests
  - Provider-provider discussions
  - Patient-provider discussions
  - Independent historians
-  Ensure your Telehealth protocols will be compliant with the Final Rule post-pandemic

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**Questions?**

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