2021 Evaluation and Management (E/M) Changes for Radiation Oncology

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Agenda

E/M Revisions: Office and Other Outpatient Services

- New Patient (99201-99205)
- Established Patient (99211-99215)
- Medical Decision Making (MDM)
- Time

Sample Case Study

Radiation Oncology Case Scenarios

Discussion and Q&A

CAUTION

Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services

Eliminated history and examination as key components

- Continue to require a medically appropriate history and/or examination

Components for code selection. Use either:

- MDM level or
- Total time on the date of the encounter

Deleted code 99201 and revised codes 99202-99215

- Codes 99201 and 99202 both required straightforward MDM in 2020

Created guidelines specific to E/M office and other outpatient services

Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services

►Select the appropriate level of E/M services based on the following:

1. The level of the MDM as defined for each service, **or**

2. The total time for E/M services performed on the date of the encounter.◄

Extensive clarifications in the guidelines to define the elements of MDM

- *Total* time spent on the date of the encounter
  - Including non-face-to-face services
  - Clearer time ranges for each code

Addition of a shorter 15-minute prolonged service code (99417)

- To be reported only when the minimum time required for time-based coding has been exceeded by 15 minutes

Overview of Major E/M Revisions: Office or Other Outpatient Services Compared to Other E/M Codes

Component(s) for Code Selection	Office or Other Outpatient Services	Other E/M Services (Hospital Observation, Hospital Inpatient, Consultations, Emergency Department, Nursing Facility, Domiciliary, Rest Home or Custodial Care, Home)
History and Examination	• As medically appropriate. Not used in code selection	• Use Key Components (History, Examination, MDM)
Medical Decision Making (MDM)	• May use MDM or total time on the date of the encounter	• Use Key Component (History, Examination, MDM)
Time	• May use MDM or total time on the date of the encounter	• May use face-to-face or time at the bedside and on the patient's floor or unit when counseling and/or coordination of care dominates. *Time is **not** a descriptive component for E/M levels of emergency department services*
MDM Elements	• Number and complexity of problems addressed at the encounter • Amount and/or complexity of data to be reviewed and analyzed • Risk of complications and/or morbidity or mortality of patient management	• Number of diagnoses or management options • Amount and/or complexity of data to be reviewed • Risk of complications and/or morbidity or mortality

MDM Table Changes (Only for Office and Other Outpatient; Effective January 1, 2021)

MDM 2020		MDM Effective January 1, 2021
Number of Diagnoses or Management Options	→	Number and Complexity of Problems Addressed at the Encounter
Amount and/or Complexity of Data to be Reviewed	→	Amount and/or Complexity of Data to be Reviewed and Analyzed
Risk of Complications and/or Morbidity or Mortality	→	Risk of Complications and/or Morbidity or Mortality of Patient Management

Medical Decision Making (MDM)

Modifications to the criteria for MDM:

Create sufficient detail in CPT code set to reduce variation between contractors/payers

Attempt to align criteria with clinically intuitive concepts

Use existing CMS and contractor tools to reduce disruption in coding patterns

E/M Workgroup came back to real-life examples in their deliberations.

MDM: Number and Complexity of Problems Addressed at the Encounter

- Based on CMS Documentation Guidelines' Table of Risk

Table of Risk

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis, eg, lump in breast Acute illness with systemic symptoms, eg, pyelonephritis, pneumonitis, colitis Acute complicated injury, eg, head injury with brief loss of consciousness	Physiologic tests under stress, eg, cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors, eg, arteriogram, cardiac catheterization Obtain fluid from body cavity, eg lumbar puncture, thoracentesis, culdocentesis	Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation

MDM: Number and Complexity of Problems Addressed at the Encounter

- Added guidelines and definitions to clarify each type of problem addressed in the MDM table, for example:
  - Stable, chronic illness
  - Acute, uncomplicated illness or injury
- Removed some Table of Risk examples
  - Some were not office-oriented
  - Placed examples in guidelines (ie, in the definitions) to make MDM table less complex

MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed

▶…Data are divided into three categories:

- Tests, documents, orders, or independent historian(s). (Each unique test, order, or document is counted to meet a threshold number.)
- Independent interpretation of tests.
- Discussion of management or test interpretation with external physician or other qualified health care professional or appropriate source...◀

MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management

- Rely on clinical common sense, with some examples from CMS Risk Table
- Straightforward
  - No example for “Minimal risk”
- Low
  - No example for “Low risk”
- Moderate
  - Examples: elective major surgery without patient or procedure risk factors, consideration of social determinants limitations on diagnosis or treatment
- High
  - Examples: emergency major surgery, decision to de-escalate care due to a poor prognosis

MDM Table

To qualify for a particular level of MDM, 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 **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	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

Time: Office and Other Outpatient E/M Services

Effective January 1, 2021

►Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service. Time may only be used for selecting the level of the ***other*** E/M services when counseling and/or coordination of care dominates the service…◄

There is **no minimum time** when using MDM for code selection

Time: Office and Other Outpatient E/M Services

►…***Total time on the date of the encounter (office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]):*** For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff)…◄

Total Time on the date of the encounter

- Includes physician/other qualified health care professional (QHP) face-to-face and non-face-to-face time
- Time spent by clinical staff is not included
- More than one clinician addressed (count only 1 person per minute)

Time: Office and Other Outpatient E/M Services—New Patient *(Total Time On the Date of the Encounter)*

New Patient E/M Code	Typical Time (2020)	Total Time Range (2021)
99201	10 minutes	Code deleted
99202	20 minutes	15-29 minutes
99203	30 minutes	30-44 minutes
99204	45 minutes	45-59 minutes
99205	60 minutes	60-74 minutes

When selecting level based upon time

Time: Office and Other Outpatient E/M Services—Established Patient *(Total time on the Date of the Encounter)*

Established Patient E/M Code	Typical Time (2020)	Total Time Range (2021)
99211	5 minutes	Time component removed
99212	10 minutes	10-19 minutes
99213	15 minutes	20-29 minutes
99214	25 minutes	30-39 minutes
99215	40 minutes	40-54 minutes

When selecting level based on time

Office or Other Outpatient Services: Established Patient

Office or Other Outpatient Services/Established Patient

★▲99215 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires ~~at least 2 of these 3 key components :~~a medically appropriate history and/or examination and high level of medical decision making.

- ~~**A comprehensive history;**~~
- ~~**A comprehensive examination;**~~
- ~~**Medical decision making of high complexity.**~~

~~Counseling and/or coordination 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 the family's needs.~~

~~Usually the presenting problem(s) are of low to moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.~~

When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

▶(For services 55 minutes or longer, see Prolonged Services 99417)◀

A Sample Case Study

Case Study 1: What Code and Why

A 64-year-old female established patient presents to the office complaining of pain and what she describes as a tingling/burning sensation in her extremities that has been occurring the past several weeks. She was otherwise stable being managed for **diabetes mellitus type 2 and hypertension**. The physician performs a **relevant physical examination** and **orders a TSH, Vitamin B12, Basic Metabolic Panel and A1c.** Idiopathic or diabetic peripheral neuropathy leads the differential. It is determined that the patient should be evaluated for peripheral neuropathy by neurology and the physician refers the patient. Total time spent on the date of the encounter is 21 minutes.

Case Study 1: Applying the Guidelines

▶Guidelines for Office or Other Outpatient E/M Services◀

▶History and/or Examination◀

▶…The nature and extent of the history and/or physical examination are determined by the treating physician or other qualified health care professional reporting the service. …The extent of history and physical examination is not an element in selection of the level of office or other outpatient codes.◀

So, let's move on to MDM selection

Case Study 1: Applying the Guidelines

▶**Number and Complexity of Problems Addressed at the Encounter**◀

▶…***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. ...◀

Diabetes mellitus (DM) with new neuropathy?

Case Study 1: Applying the Guidelines

▶Number and Complexity of Problems Addressed at the Encounter◀

▶…***Undiagnosed new problem with uncertain prognosis:*** A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. An example may be a lump in the breast. …◀

Neuropathy symptoms is a new problem with risk of morbidity, with or without treatment.

Case Study 1: Applying the Guidelines

▶Number and Complexity of Problems Addressed at the Encounter◀

▶…***Two or more stable chronic illnesses:*** A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). “Stable” for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient.

Case Study 1: Applying the Guidelines

A patient who is **not at his or her 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, in 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. Examples may include well-controlled hypertension, noninsulin-dependent diabetes, cataract, or benign prostatic hyperplasia. …◀

Controlled DM and HTN

Case Study 1: Applying the Guidelines

▶Medical Decision Making◀

▶…MDM in the office or other outpatient services codes is defined by three elements:

- **The amount and/or complexity of data to be reviewed and analyzed.** These data include medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. This includes information obtained from multiple sources or interprofessional communications that are not reported separately and interpretation of tests that are not reported separately. Ordering a test is included in the category of test result(s) and **the review of the test result is part of the encounter and not a subsequent encounter.**

Case Study 1: Applying the Guidelines

Data are divided into three categories:

- **Tests, documents, orders, or independent historian(s)**. (Each unique test, order, or document is counted to meet a threshold number.)
- **Independent interpretation of tests.**
- **Discussion of management or test interpretation** with external physician or other qualified health care professional or appropriate source…

Case Study 1: Applying the Guidelines

- **The risk of complications and/or morbidity 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 MDM with the patient and/or family. For example, a decision about hospitalization includes consideration of alternative levels of care…

…Four types of MDM are recognized: straightforward, low, moderate, and high. ...◀

Case Study 1: Code Selection

E/M Office Visit Code = 99214 (Established Patient)

Level of MDM = Moderate (2/3)

Number and Complexity of Problems Addressed = Moderate

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

Amount and/or Complexity of Data to be Reviewed and Analyzed = Moderate

Category 1: Tests, documents, or independent historian(s)

Review of prior external note(s) from each unique source (none);

Review of the result(s) of each unique test (none);

Ordering of each unique test (four).

Risk of Complications and/or Morbidity or Mortality of Patient Management = Low

Low risk of morbidity from additional diagnostic testing or treatment

Case Study 1: Applying the MDM Table

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

Case Study 1: Lessons and Questions

You seem to have made a case for 3 different Moderate MDM level problems. Doesn't that add up to a high level of MDM?

- No, other than what is specifically stated in the tables there is no summing up of problems

Case Study 1: Lessons and Questions

I understand giving credit for 2 or more stable chronic illnesses, but the physician did not manage the neuropathy

- It was "addressed"

  ►…**Problem addressed: A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service.** This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient's medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service. Referral without evaluation (by history, examination, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service. …◄

Case Study 1: Lessons and Questions

The risk level of low seems wrong. Wouldn't someone with DM and HTN be on medications? Don't these count as prescription drug management?

- Good point. You may be correct. The CPT code set does not define prescription drug management in detail. There is no rule that medication must be started, changed, or stopped. Most importantly, however, in this case, it seems the MDM revolves around the new symptom. The key is to always tie it back to the clinical care, ie, the clinical MDM that is addressed at the encounter. One might have to read the whole note, but it seems the DM and HTN were not really addressed. But it also does not matter for code selection in this specific case. Only 2 of the 3 MDM elements must be met to qualify for the **moderate level**.

Case Study 1: Lessons and Questions

That's nice, but you only spent 21 minutes. The correct code is 99213.

- Code selection can be by time or MDM. The times in the descriptors are not minimums **UNLESS** the basis of code selection is by time.

How to apply the new E/M changes to radiation oncology coding scenarios

New Patient - Clinical Scenario #1

55 year old male new patient with Stage III right tonsil cancer

- Reviewed ENT note, pathology report from biopsy, CT neck report
- Opened PET scan and interpreted images
- Discussed case with medical oncologist and ENT
- Decided to treat with concurrent chemoradiation
- Extensive time spent discussing treatment options and referring to dentist, nutrition, speech and swallow rehab, social work
- Total time 90 minutes

What level with MDM?

What level with Time?

Clinical Scenario 1: Applying the Guidelines

▶Number and Complexity of Problems Addressed at the Encounter◀

▶…***Acute or chronic illness or injury that poses a threat to life or bodily function:*** An acute illness with systemic symptoms, an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Examples may include acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status. …◀

New oropharyngeal cancer that is life-threatening

Clinical Scenario 1: Applying the MDM Table

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	Elements of Medical Decision Making: 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.*	Elements of Medical Decision Making: Risk of Complications and/or Morbidity or Mortality of Patient Management
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

Clinical Scenario # 1: Code Selection

E/M Office Visit Code = 99205 (New Patient)

Level of MDM = High (3/3)

Number and Complexity of Problems Addressed = High
1 acute or chronic illness or injury that poses a threat to life or bodily function

Amount and/or Complexity of Data to be Reviewed and Analyzed = High

Category 1:

Review of prior external note(s) from each unique source (one);

- ENT note

Review of the result(s) of each unique test (two);

- Biopsy and CT neck results

Category 2: Independent interpretation of tests (PET images)

Category 3: Discussion of Management or test interpretation (ENT and Medical Oncologist)

Risk of morbidity from additional diagnostic testing or treatment = High

Decided to treat with definitive concurrent chemotherapy and radiation therapy

But what about if we looked at time?

We spent so much face-to-face time with the patient going over risks, benefits of concurrent chemoradiation

We also spent so much non face-to-face time on the day of the encounter reviewing records, PET images, making phone calls to discuss management with other providers, as well as scheduling referrals with support services.

All totaling 90 minutes!

Prolonged Services (99417)

Effective January 1, 2021

- Shorter prolonged services code to capture each 15 minutes of total time of physician/other QHP work beyond the minimum time captured by the E/M office or other outpatient service code.
    - Used only when the office/other outpatient code is selected using time
    - **For use only with 99205, 99215**
    - Prolonged services of less than 15 minutes are not reported

Prolonged Services (99417)

- Allows for face-to-face and non-face-to-face care on the date of the encounter
- Therefore, do not report 99354 or 99358 for time on the date of the encounter
- 99358 (non-face-to-face prolonged services of 30 minutes in a single day) may be reported on a date ***other than*** the date of the encounter, just as it may be reported in 2020

  (Per CPT code set, but note CMS comments in 2020 PFS Final Rule)

TIMELINE							
NEW	1-14	15-29	30-44	45-59	60-74	75-89	90-104 
	Do not use time (99202 by MDM)	99202	99203	99204	99205	99205+ 99417	99205+2 units 99417
ESTABLISHED	1-9	10-19	20-29	30-39	40-54	55-69	70-84
	Do not use time (99212 by MDM)	99212	99213	99214	99215	99215+ 99417	99215+2 units 99417

New Patient - Clinical Scenario #2

- **60 year old new patient presented to multi-disciplinary breast clinic for early-stage, luminal type A breast cancer**
  - Viewed mammogram and pathology images at the multi-D conference
  - Discussed case at the multi-d conference with medical oncologist, breast surgeon, radiologist, and pathologist
  - Decided to treat with radiation therapy with tangents only
  - Total face to face 50 minutes

What level with MDM?

What level with Time?

Clinical Scenario #2: Applying the MDM Table

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	Elements of Medical Decision Making: 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.*	Elements of Medical Decision Making: Risk of Complications and/or Morbidity or Mortality of Patient Management
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

Clinical Scenario #2: Code Selection

E/M Office Visit Code = 99204? (New Patient)

Level of MDM = Moderate (2/3)

Number and Complexity of Problems Addressed = High
1 acute or chronic illness or injury that poses a threat to life or bodily function

Amount and/or Complexity of Data to be Reviewed and Analyzed = Moderate

Category 1:

Review of the result(s) of each unique test (two);
- mammogram and pathology results

Category 2: Independent interpretation of tests (none)

Category 3: Discussion of Management or test interpretation (Breast surgeon, med onc, pathologist, radiologist)

Risk of morbidity from additional diagnostic testing or treatment = Moderate?

Decided to treat with adjuvant breast tangent radiation therapy

We discussed management and interpretation of tests with several different physicians so don't we meet high MDM for amount and complexity of data to be reviewed?

No, we can't sum across categories.

- We met two of three needed criteria for category 1 by reviewing tests
- We did not review any external notes
- Did not meet category 2.
- For category 3, it doesn't matter if we spoke to one or 10 providers, it still only counts as one.

What if we coded by Time?

TIMELINE							
NEW	1-14	15-29	30-44	45-59	60-74	75-89	90-104
	Do not use time (99202 by MDM)	99202	99203	99204	99205	99205+ 99417	99205+2 units 99417
ESTABLISHED	1-9	10-19	20-29	30-39	40-54	55-69	70-84
	Do not use time (99212 by MDM)	99212	99213	99214	99215	99215+ 99417	99215+2 units 99417

But can we use review of test results and discussion of management at multi-d conf?

IT DEPENDS . . .

- If the conference is on the same day as the encounter and the purpose is just to discuss the case and not also have a separate education/teaching component we can use that part for either time or MDM
- If we spent 10 minutes discussing that case we could also add those 10 minutes to total time to give us **99205 by time**

What if patient was 70 years old and we decided to not treat with radiation but hormonal therapy instead?

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 *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
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◄

Revised Clinical scenario #2:

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

Revised Clinical Scenario #2: Code Selection

E/M Office Visit Code = 99204 (New Patient)

Level of MDM = Moderate (2/3)

Number and Complexity of Problems Addressed = High
1 acute or chronic illness or injury that poses a threat to life or bodily function

Amount and/or Complexity of Data to be Reviewed and Analyzed = Moderate

Category 1:

Review of the result(s) of each unique test (two);

- mammogram and pathology results

Category 2: Independent interpretation of tests (none)

Category 3: Discussion of Management or test interpretation (Breast surgeon, med onc, pathologist, radiologist)

Risk of morbidity from additional diagnostic testing or treatment = Moderate

Decided to treat with adjuvant hormonal therapy (*not* moderate risk breast tangent radiation therapy)

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New Patient - Clinical Scenario #3

- 85 year old male with newly diagnosed early-stage prostate cancer
  - Reviewed PSA labs and pathology reports
  - Reviewed notes from urologist
  - Discussed management with urologist
  - Decided to treat with watchful waiting
  - Total time 60 minutes

What level with MDM?

What level with Time?

Clinical scenario #3: Applying the MDM Table

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

Clinical Scenario #3: Code Selection

E/M Office Visit Code = 99204 (New Patient)

Level of MDM = Moderate (3/3)

Number and Complexity of Problems Addressed = Moderate
1 acute, complicated injury, (low risk prostate cancer in an 85-year-old not life threatening)

Amount and/or Complexity of Data to be Reviewed and Analyzed = Moderate

Category 1:

Review of the result(s) of each unique test (two);

- PSA and pathology results

Review of the prior of each external notes from each unique source (one);

- Urologist

Category 2: Independent interpretation of tests (none)

Category 3: Discussion of Management or test interpretation (Urologist)

Risk of morbidity from additional diagnostic testing or treatment = Moderate?

Decided to treat with active surveillance (not treat with moderate risk prostate only radiation therapy)

What if we coded by Time?

TIMELINE							
NEW	1-14	15-29	30-44	45-59	60-74 ←	75-89	90-104
	Do not use time (99202 by MDM)	99202	99203	99204	99205	99205+ 99417	99205+2 units 99417
ESTABLISHED	1-9	10-19	20-29	30-39	40-54	55-69	70-84
	Do not use time (99212 by MDM)	99212	99213	99214	99215	99215+ 99417	99215+2 units 99417

What if patient was 50 years old?

This is tricky . . . if we coded by MDM would this now rise to the level of acute life-threatening illness given patient's life expectancy?

		Elements of Medical Decision Making		
Code	**Level of MDM** (Based on 2 out of 3 Elements of MDM)	**Number and Complexity of Problems Addressed at the Encounter**	**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.*	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
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◄

Established Patient - Clinical Scenario #4

65 year old female follow up visit for new radiation pneumonitis

- Reviewed pulmonologist notes
- Reviewed CT chest report
- Opened CT chest to view and interpret images
- Discuss management with pulmonologist
- Start on steroids
- Total time 30 minutes

What level with MDM?

What level with Time?

Clinical Scenario #4: Applying the MDM Table

		Elements of Medical Decision Making		
Code	**Level of MDM** (Based on 2 out of 3 Elements of MDM)	**Number and Complexity of Problems Addressed at the Encounter**	**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.*	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
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

Clinical Scenario #4: Code Selection

E/M Office Visit Code = 99215 (Established Patient)

Level of MDM = High (2/3)

Number and Complexity of Problems Addressed = High
1 or more chronic illness or injury with severe exacerbation

Amount and/or Complexity of Data to be Reviewed and Analyzed = High

Category 1:

Review of prior external note(s) from each unique source (one);

- Pulmonologist note

Review of the result(s) of each unique test (one);

- CT chest results

Category 2: Independent interpretation of tests (CT chest images)

Category 3: Discussion of Management or test interpretation (Pulmonologist)

Risk of morbidity from additional diagnostic testing or treatment = Moderate

Decided to treat with steroids (prescription drug therapy)

What if we coded by Time?

TIMELINE							
NEW	1-14	15-29	30-44	45-59	60-74	75-89	90-104
	Do not use time (99202 by MDM)	99202	99203	99204	99205	99205+ 99417	99205+2 units 99417
ESTABLISHED	1-9	10-19	20-29	30-39	40-54	55-69	70-84
	Do not use time (99212 by MDM)	99212	99213	99214	99215	99215+ 99417	99215+2 units 99417

Established Patient - Clinical Scenario #5

60 year old female here for routine breast follow up

- Reviewed mammogram
- Reviewed medical oncologist and breast surgeon notes
- Follow up in 6 months
- Total time 15 minutes

What level with MDM?

What level with Time?

Clinical Scenario #5: Applying the MDM Table

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**

Clinical Scenario #5: Code Selection

E/M Office Visit Code = 99213 (Established Patient)

Level of MDM = Low (2/3)

Number and Complexity of Problems Addressed = Low

One stable chronic illness

Amount and/or Complexity of Data to be Reviewed and Analyzed = Low

Category 1: Tests, documents, or independent historian (2 of 3 categories met)

Review of prior external note(s) from each unique source (two – breast surgeon, med onc);

Review of the result(s) of each unique test (one – mammogram);

Order unique tests (none)

Assessment requiring an independent historian(s) (not present)

What if we coded by Time?

TIMELINE							
NEW	1-14	15-29	30-44	45-59	60-74	75-89	90-104
	Do not use time (99202 by MDM)	99202	99203	99204	99205	99205+ 99417	99205+2 units 99417
ESTABLISHED	1-9	10-19	20-29	30-39	40-54	55-69	70-84
	Do not use time (99212 by MDM)	99212	99213	99214	99215	99215+ 99417	99215+2 units 99417

What if the patient called back later in the day to ask further questions for 10 min?

It would change total time since it is within the same 24 hours and includes non face-to-face time

This would add 10 minutes and bring total time to 25 minutes or 99213

Established Patient - Clinical Scenario #6

70 year old male with prostate cancer with very high PSA at follow up

- Reviewed PSA labs
- Reviewed urology note
- Discuss management with urologist
- Urologist and you recommend prostate biopsy
- Total time 25 minutes

What level with MDM?

What level with Time?

Clinical scenario #6: Applying the MDM Table

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

Clinical Scenario #6: Code Selection

E/M Office Visit Code = 99214 (Established Patient)

Level of MDM = Moderate (3/3)

Number and Complexity of Problems Addressed = Moderate
1 chronic illness with exacerbation or progression (prostate cancer with progression)

Amount and/or Complexity of Data to be Reviewed and Analyzed = Moderate

Category 1:

Review of the result(s) of each unique test (one);

- PSA results

Review of the prior of each external notes from each unique source (one);

- Urologist

Category 2: Independent interpretation of tests (none)

Category 3: Discussion of Management or test interpretation (Urologist)

Risk of morbidity from additional diagnostic testing or treatment = Moderate

Decided to treat with biopsy

What if we coded by Time?

TIMELINE							
NEW	1-14	15-29	30-44	45-59	60-74	75-89	90-104
	Do not use time (99202 by MDM)	99202	99203	99204	99205	99205+ 99417	99205+2 units 99417
ESTABLISHED	1-9	10-19	20-29	30-39	40-54	55-69	70-84
	Do not use time (99212 by MDM)	99212	99213	99214	99215	99215+ 99417	99215+2 units 99417

What if rising PSA was borderline and you just wanted to repeat PSA?

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

Revised Clinical Scenario #6: Code Selection

E/M Office Visit Code = 99214 (Established Patient)

Level of MDM = Moderate (2/3)

Number and Complexity of Problems Addressed = Moderate
1 chronic illness with exacerbation or progression (prostate cancer with progression)

Amount and/or Complexity of Data to be Reviewed and Analyzed = Moderate

Category 1:

Review of the result(s) of each unique test (one);

- PSA results

Review of the prior of each external notes from each unique source (one);

- Urologist

Ordering of each unique test (one);

- Repeat PSA

Category 2: Independent interpretation of tests (none)

Category 3: Discussion of Management or test interpretation (none)

Thank you

Discussion and Questions?