

2021 Evaluation & Management Workshop

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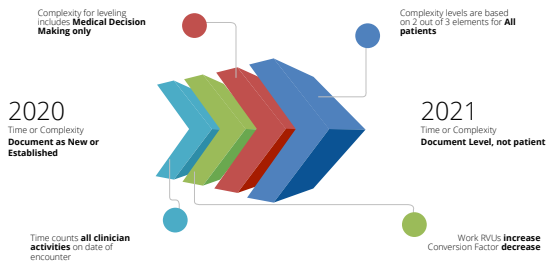
Agenda

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- 12-12:15p Summary of Changes
- 12:15-12:20p Unveil PCC Reference and Audit Tool
- 12:20-12:25p Explain Exercise for Breakout Rooms
- 12:25-12:45p Breakout Exercise
- 12:45-1p Share Favorites, Q&A

Summary of Changes

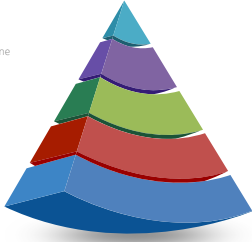
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Visit Levels

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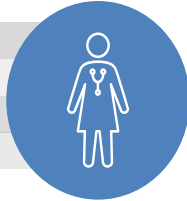
- **Level 1**
No MD/QHCP work done
- **Level 2**
Straightforward
- **Level 3**
Low
- **Level 4**
Moderate
- **Level 5**
High



Time Leveling Activities

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	Before the Visit	Reviewing records, results, correspondence, etc
	During the Visit	History from patient and others, exam, conversation, counseling, education, planning, ordering, referrals, documenting
	After the Visit	Reviewing and communicating results, independent interpretation, care coordination
	TOTAL	The combined time of all of these activities not separately reported and performed by the clinician on the date of service



Visit Levels - Time

New Patient vs. Established Patient

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99204 (MDM identical to 99202)	99211 N/A
99202 15-29 minutes	99212 10-19 minutes
99203 30-44 minutes	99213 20-29 minutes
99204 45-59 minutes	99214 30-39 minutes
99205 60-74 minutes	99215 40-54 minutes

+ Prolonged Care Codes

Prolonged Care Coding 2021

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MODIFIED: Prolonged care for outpatient services

99354 Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, **except with office or other outpatient services (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215)**)

99355 ...each additional 30 minutes

Prolonged Care Coding 2021

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ADDED: **99417** Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service,

each 15 minutes of total time (List separately in addition to codes **99205, 99215** for office or other outpatient Evaluation and Management services)

- MD/DO/NP/PA/QHCP time
- Use only when base E&M was leveled using Time
- Use only when total time exceeds the minimum time for the E&M selected

Prolonged Care Coding 2021

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ADDED: Prolonged Clinical Staff Services for outpatient services

99415 Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision first hour (List separately in addition to code for outpatient Evaluation and Management service)

99416 ...each additional 30 minutes

PCC Reference & Audit Tool

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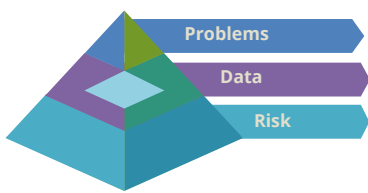
2021 E&M Coding Tool

TIME		REFERENCE
Activity	Time Spent (MINUTES)	New Patient / Established Patient
Pre-Visit		
Reviewing notes, results, correspondence, orders (pre-visit only)		LEVEL 1 10-14 min. 99203
Other		LEVEL 2 15-19 min. 99204
Risk		
History from patient and others (pre-visit)		LEVEL 3 20-29 min. 99205
History, examination, discussion concerning, education, planning		LEVEL 4 30-39 min. 99206
Ordering, initiating, documenting		LEVEL 5 40-49 min. 99207
Other		LEVEL 6 50-59 min. 99208
Post-Visit		
Examining		
Reviewing and communicating results		
Independent interpretation of tests (pre-visit only)		
Case coordination (pre-visit only)		
Other		
TOTAL TIME ON DOC		

PCC
 2021 E&M Coding Tool
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 For more information, visit
 www.pcc.com

Medical Decision Making

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2 of 3 rule

To support a particular visit level, two of the three MDM elements must be documented to meet or exceed the visit level

Medical Decision Making Language

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- Number and Complexity of **Problems** Addressed: self-limited, minor, stable, chronic, acute, uncomplicated with exacerbation, progression, or side effects, undiagnosed new, uncertain prognosis, illness with systemic symptoms, complicated, severe exacerbation, progression, poses a threat to life or bodily function
- Amount and/or Complexity of **Data** to be Reviewed and Analyzed: external note(s) from each unique source, result(s) or ordering of each unique test, Assessment requiring independent historian(s), Independent interp of tests or a test performed by another physician/other QHCP, discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source
- **Risk** of Complications and/or Morbidity or Mortality of Patient Management: EXAMPLES - Drug therapy requiring intensive monitoring for toxicity, decision regarding elective major surgery with identified patient or procedure risk factors, emergency major surgery, hospitalization, decision not to resuscitate or to de-escalate care because of poor prognosis

Breakout Activity

NO PHI

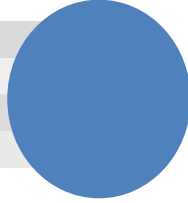
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Examine your note Compare the encounters you brought to the requirements for the E&M level billed

Identify what's already in place Highlight 2021 compliant elements

What's missing? Note the missing 2021 compliant elements

Consider components? Brainstorm the components which would assist with capturing the missing pieces



Resources

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[Chart, Code, and Bill for E&M Office Visits in 2021](#)



[PCC 2021 E&M Coding Tool 1.0](#)



AAP Coding Newsletters - Access via PCC EHR or Login to community.pcc.com



CPT 2021 Manual (AMA) - Definitions begin p13

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