

# PCC 2021 E&M FAQ&A

Chip Hart  
Jan Blanchard

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2p, EDT



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## January 2021 Agenda

- Code Updates
- 2021 E&M FAQ&A
- AAP Coding Newsletter



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## Code Updates

### [HCPCS Updates](#)

- Terminated 1/1/21
  - G2061 Qualified nonphysician healthcare professional online assessment and management service, est pt, for up to seven days, cumulative time during the 7 days; 5-10 minutes
  - G2062... 11 - 20 minutes
  - G2063... 21 or more minutes



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## AMA Updates

[AMA's CPT 2021 Corrections \(so far\) \(pdf\)](#)

Effective 1/1/21

Problems:

- "...presenting problems that are likely to represent a highly morbid condition may "drive" MDM even when the ultimate diagnosis is not highly morbid."



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## AMA Updates

[AMA's CPT 2021 Corrections \(so far\) \(pdf\)](#)

Effective 1/1/21

Data:

- In house labs count when the CPT reported does NOT include interpretation
- "...pulse oximetry is not a test."
- "Review of all materials from any unique source counts as one element..."
- Documented considerations of tests that are not ultimately performed (patient requests unnecessary test, risk too high to perform test) counts as discussion of management



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## AMA Updates

[AMA's CPT 2021 Corrections \(so far\) \(pdf\)](#)

Effective 1/1/21

Risk

- "One element used in selecting the level of service is the risk of complications and/or morbidity or mortality of patient management at an encounter. This is distinct from the risk of the condition itself." "The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other qualified health care professional as part of the reported encounter."



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# MDM2021.COM

MDM Tool | E&M Timer

Problems: 0 | Recommended Coding  
Data: 2 | **Level 0**  
Risk: 0 | reset

**Problems** 0

Problems

- 1 minor
- 2 or more minor

New Problems

- Undiagnosed problem with an uncertain prognosis

Acute Illness

- Uncomplicated
- Systemic symptoms
- Posing a threat to life or bodily function



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# E&M 2021 Q&A



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## Question

Q: Would this imply that if we discuss ordering a lab but do not order it, as long as we document it, we can still count it as a point in data? For example - a parents asks if we should check a flu test along with covid. We discuss the low rate of flu in the community and the patient's mild symptoms and decide to only check covid. We still count 2 points - one for the covid test and one for the discussion about the flu test. Is that right?

A: Yes.

Softball thanks to the new guidance: "Documented considerations of tests that are not ultimately performed (patient requests unnecessary test, risk too high to perform test) counts as discussion of management"



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## Question

Q: Under number & complexity of problems, it seems that the choices given for chronic illnesses are either stable or exacerbation/progression/side effects. I'm wondering if a chronic problem that is not well controlled but not necessarily worse counts as a level 4 for number/complexity. For example, a child with ADHD or depression, when you are titrating their medication up because they are still symptomatic. Maybe they are better than they were, but you are still actively managing and adjusting things. How should we be counting that?

A: Level 4, depending on "progression"



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## AAP Coding Newsletters

Access via PCC EHR or Login to [community.pcc.com](https://community.pcc.com)

- Jan 2021
  - [Examples of MDM for Office E&M](#)
- Feb 2021
  - [Tips for Office E&M Documentation](#)
  - [E&M Services and POS codes](#)
- March 2021
  - [Observation](#) and [Preventive Medicine](#) E&Ms



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## Roadmap - [Version 8.15](#)

General Deployment *planned*:

**Sunday, March 21, 2021**

- Automatically Link Diagnoses and Procedures From Orders
- No More Duplicate Diagnoses on the Bill Screen
- Update Billing Provider Separately from Scheduled Appointment Provider
- Apply Past Credits When You Post Charges in PCC EHR
- Review and Fix Invalid ICD-10 Codes When You Post Charges



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Jan Blanchard, CPC, CPEDC, CPMA  
Pediatric Solutions Consultant

PCC  
Pediatric EHR Solutions

jan@pcc.com  
www.pcc.com



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