Leveling Your Care-It's All About Medical Decision Making for 2021!

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What Questions Do You Have?

Questions posted in the Socio will be read aloud by moderator for the presenter to answer. Please post your questions in Socio

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My Goals-Yes I Dream Big!!

- Understand the Medical Decision Making or Time are your keys to picking your evaluation and management level of care
  - 99202-99205: new patient
  - 99212-99215: established patient.
- Realize the importance of documenting the assessment and plan to demonstrate the complexity of the visit.
- Remember that time is now before, during and after a visit-no longer just counseling.

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What Is In The New MDM

- Still have to use two of the three to determine MDM
    - Table of Risk
        - Included presenting problems, diagnostic procedures and management options
    - Number of diagnosis and/or management options
    - Amount and/or complexity of data to be reviewed
- **New MDM:**
    - Number and complexity of problems addressed
    - Amount and/or complexity of data to be reviewed and analyzed
    - Risk of complications and/or morbidity or mortality of patient management

What Happened With the RVU Increase

New Patient: 2020 vs 2021

- 99202 - $72 $73
- 99203 - $109 $113
- 99204 - $167 $169
- 99205 - $211 $224

Est. Patient: 2020 vs 2021

- 99212 - $46 $56
- 99213 - $76 $92
- 99214 - $110 $131
- 99215 - $148 $183

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Quick Overview of Sick Visit Criteria

- **99202**: Straightforward MDM or 15-29 minutes of total time spent on the date of the encounter
- **99203**: Low MDM or 30-44 minutes of total time …
- **99204**: Moderate MDM or 45-59 minutes of total time …
- **99205**: High MDM or 60-74 minutes of total time …
    - 99417: prolonged care only for 99215 for services 75 minutes or longer.

- **99212**: Straightforward MDM or 10-19 minutes of total time spent on the date of the encounter
- **99213**: Low MDM or 20-29 minutes of total time …
- **99214**: Moderate MDM or 30-39 minutes of total time …
- **99215**: High MDM or 40-54 minutes of total time
    - 99417 : prolonged care only for 99215 for services 55 minutes or longer

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Problems-update

- **Number and Complexity of Problems addressed at the encounter.**
  - Very Important: Presenting symptoms that are likely to represent a highly morbid condition may “drive” MDM even when the ultimate diagnosis is not highly morbid.
  - RISK, in this sense, **relates to the risk from the condition**. While condition risk (problem) and management risk (Risk) may often correlate, the risk from the condition is distinct from the risk of the management!
    - Examples:
      - Seizure is high risk even if, after evaluation, it is a febrile seizure due to roseola
      - Rectal bleeding is high risk even if the diagnosis is hemorrhoids
      - Chest pain is high risk even if the diagnosis is costochondritis
      - Severe abdominal pain and vomiting is high risk even if appendicitis is ruled out by exam.

Problems

- **ALWAYS DOCUMENT THE DIAGNOSIS AND YOUR THINKING SO THAT THE RISK IS CLEARLY DEMONSTRATED!!! Document your differential diagnoses.**
  - The evaluation and treatment should be consistent with the likely nature of the condition.
  - Multiple problems of lower severity MAY create higher RISK (problem) due to interaction.
- A problem is addressed when it is evaluated or treated at the encounter. A referral without evaluation (by history, examination, or diagnostic studies) or consideration of treatment does NOT qualify as being addressed or managed by the physician or QHCP.
- Undiagnosed new problem: defined as a problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.

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Problems:

- Problem/s addressed-list all that are appropriate and ONLY those that you discussed to show complexity of the problem
  - Remember that a level 3 has 2 or more self limited problems, 1 stable chronic or 1 acute uncomplicated illness-MOST patients presenting in Pediatrics easily present with more than 1 self limited problem and if you have a historian listed, this would make a visit be a 99213 very easily.
  - Remember 2 or more chronic stable problems are of moderate, level 4 range – again, especially in specialty groups, this is very common.
    - List all problems IF THEY ARE ADDRESSED during the visit and needed to be addressed due to the presenting problems.
  - For systemic general symptoms such as **fever, body aches or fatigue in a minor illness** that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see self-limited or minor or acute uncomplicated. Systemic symptoms may not be general, but may be single system.
    - However, this implies that these are minor or self limited problems, NOT problems that may require a prescription medication.
  - Try to list all problems as acute, chronic- stable or unstable, recurrent if possible.
  - A problem can be a chronic problem that is in exacerbation, or having side effects of treatment or having progression
    - IE: asthma in exacerbation, Depression with significant weight loss while on medication, otitis media recurrent.

Examples of Problems

- URI- straight forward
- Rhinitis – straight forward
- Simple sprain/strain – low
- Allergic rhinitis – low
- Uncomplicated pharyngitis – low
- Worsening headaches/migraines – moderate
- Pneumonia – moderate
- Concussion with brief LOC - moderate
- Chronic asthma with chronic allergic rhinitis, stable- moderate
- Severe Respiratory distress – high
- New seizure onset – high
- Dehydration requiring hospitalization – high

Data

- **2 Big changes: Point of service testing and discussion with other provider/source!!!**
  - **Now can count point of care tests performed in the office and separately billed as long as they do not require a written interpretation or report.**
    - **Most point of care labs, screenings are just result only testing EG: strep test, u/a, Rapid Covid, Mono**
      - **EG: doing strep, flu A/B will be 3 unique tests.**
    - **For the purposes of data reviewed and analyzed, pulse oximetry IS NOT a test.**
    - **Tests that require interp/report such as EKG/x-ray cannot be counted in the data portion of the MDM.**
  - **Ordering a test MAY include those considered BUT NOT selected after shared decision making**
    - Patient requests diagnostic testing/imaging that is not necessary for their condition and discussion of the lack of benefit may be required.
    - Alternately, a test may normally be performed but due to risk for a specific patient is not ordered.
    - These considerations must be documented.
  - Review of ALL materials (hospital notes/ER notes/consultant notes) from any unique source (provider other than in your group practice) counts as 1 data element-you cannot count review of labs or x-rays as another data point from those notes.

Data-Continued

- Data elements can be from multiple categories (labs, x-rays, review of notes, independent historian) and will all count- in other words, you do not need all different areas to count-all could be ordering of outside labs for example.
  - IE: 1. Reviewed hospital notes 2. independent historian and 3. review of consultant notes different than in the hospital- 3 unique data points for moderate data.
  - IE: 1. Review of labs from other provider 2. independent historian and 3. ordering of lab. – 3 unique data points
  - Ordering of 3 labs- 3 unique data points
- **Discussion with other source-**
  - **Discussion requires an interactive exchange.**
  - **Must be direct and NOT through clinical staff or trainees.**
  - **Chart notes DO NOT COUNT as discussion**
  - **Discussion DOES NOT NEED TO BE ON THE DATE OF THE ENCOUNTER!!!**
    - It may be asynchronous (does not need to be in person). But must be initiated and completed within a short period of time (eg: within a day or two).
    - IE: Data-high
      - Category 1- unique tests etc- review of hospital records, 2. Review of consults note not from hospital record, 3. Historian
      - Category 3 -discussion via interactive email to consultant on day of and day after encounter.

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Risk Is Next!

- **The risk of patient management criteria applies to the patient management decisions made by the reporting physician or QHP as part of the reported encounter.**
- **Biggest change:**
  - **Decision to do minor/major surgery**
  - **This is a CPT definition of minor or major surgery**
    - **IS NOT based on the surgical package classification!!!**
      - **EG: Cauterization of granuloma tissue (silver nitrate to umbilical cord-considered "minor" surgery) would NOT be considered moderate risk even though it is considered a minor procedure in a surgical package classification.**
      - **Emergent procedures may be considered minor or major**
        - **I&D, Foreign body removal even silver nitrate to umbilical cord if concerned could get infected.**
      - **Risk factors are those that are relevant to the patient and procedure.**
- **One element 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.**
  - **Sending patient to ED is moderate risk but FB in ear may be low risk as a problem.**
- Definitions of risk are based upon the usual behavior and thought processes of a physician or other QHCP in the same specialty.
- The risk of patient management criteria applies to the patient management decisions made by the reporting physician or QHCP as part of the reported encounter.

More About Risk

- Part of risk: shared MDM-this involves eliciting patient and/or family preferences, providing patient and/or family education, and explaining risks and benefits of management options. IE**: decision about hospitalization that includes consideration of alternative levels of care - high**.
- **Social Determinants-Moderate risk**: Persons with potential health hazards related to socioeconomic and psychosocial circumstances (Z55-65)
    - This goes beyond housing and food insecurity, including education and literacy, occupational exposure to risk factors, economic circumstances, and other social factors.
    - Social determinants of health are relevant in the context of MDM level selection when they must be considered or affect the decisions regarding management.
        - IE: income issues leading to underdoing of medication; asthma flare up due to housing; lice or scabies due to poor hygiene.

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Factors of Medical Decision Making

- **Must meet or exceed 2 of the 3 factors**
- **99202/99212: Straightforward/Minimal**
  - **Minimal problems**
    - self limited
  - **minimal or no data**
  - **minimal risk**
    - patient with runny nose, eating great and no fever; push fluids and watch; with independent historian
- **99203/99213: Low MDM**
  - **Low problems**
    - 2 or more self limited
    - 1 stable chronic
    - 1 acute uncomplicated illness/injury
  - **limited data- must meet 1 of 2 categories**
    - Category 1: 2 of - unique tests, review of unique tests, review of external record
    - Category 2: Independent historian
  - **low risk**
    - Blood draw, OTC Med, X-ray, PFT, EKG
      - Patient with allergic rhinitis but no fever; OTC medications and independent historian

Factors of Medical Decision Making (cont)

- **99204/99214**: **Moderate MDM**
- **Moderate problems**
  - 1 chronic with exacerbation or progression or side effects of treatment
  - 2 or more stable chronic
  - 1 undiagnosed new problem with uncertain prognosis
  - 1 acute with systemic symptoms
  - 1 acute complicated inj
- **moderate data**
  - Meet at least 1 of 3 Categories.
    - Category 1
      - 3 of: ordering of unique tests, review of prior external record, review of results of unique test, historian
    - Category 2
      - Independent interpretation of test performed by another provider (not separately reported)
    - Category 3
      - Discussion of management with appropriate source
- **moderate risk**:
  - RX drug mgmt.
  - decision regarding minor surgery
  - decision regarding elective major surgery
  - diagnosis or treatment significantly limited by social determinants of health
    - **Known asthmatic with exacerbation and prescription drug**

Factors of Medical Decision Making (cont)

- **99205/99215: High MDM**
- **High problems**
  - 1 or more chronic with severe exacerbation, progression or side effects of treatment
  - 1 acute or chronic illness or inj. that poses threat to life or limb
- **High Data**-
  - Meet at least 2 of 3 categories:
    - Category 1
      - 3 of: ordering of unique tests, review of prior external record, review of results of unique test, historian
    - Category 2
      - Independent interpretation of test performed by another provider (not separately reported)
    - Category 3
      - Discussion of management with appropriate source
        - historian and 1 unique tests and review of previous tests and independent interpretation of tests from an external provider
        - independent interpretation and discussion with external provider on care/management;
- **High Risk**:
  - Intensive drug therapy for toxicity
  - decision regarding elective major surgery with identified risks
  - decision regarding hospitalization
  - decision not to resuscitate or de-escalate care because of poor prognosis.
    - Patient with symptoms of diabetes but not diagnosed presents with blood sugar of 500, historian and discussion with endocrinology and admit to hospital.

Risk Level

- **99202/99212:** Minimal risk of morbidity from additional diagnosis testing or treatment
  - Supportive care at home; swab for further test.
- **99203/99213**: Low risk of morbidity…
  - Blood draw for labs, x-ray, EKG, Spirometry, OTC, referrals (but with discussion)
- **99204/99214**: Moderate risk of morbidity…i.e.:
  - Prescription drug management
  - Decision regarding minor surgery with identified patient or procedure risk factors
    - NOT defined as in CPT what is minor or major-is specific to the risk from the procedure to the patient.
  - Decision regarding elective major surgery without identified patient or procedure risk factors
  - Diagnosis or treatment significantly limited by social determinants of health.
    - New prescription drug; on-going management of chronic condition through RX mgmt;
    - decision to perform minor surgery-income issues leading to underdoing medication-
- **99205/99215**: High risk of morbidity…i.e.
  - 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 or alternative option**
  - Decision not to resuscitate
  - Decision not to resuscitate or to deescalate because of poor prognosis

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Documenting Your Visit

- Remember that the history and exam is completely up to you as to what you obtain, it is what is needed by you to treat the patient for the presenting problems. **All notes should have an appropriate history and/or examination.**
- You **DO NOT** have to have specific information like history of present illness terminology (duration, assoc. S/S, location, quality, quantity, modifying factor, timing or severity). You also do not have to have specific number of ROS or number of systems in an exam.
- **MDM will be the most important piece of documentation.**
    - **Demonstrate how complex problem is by what you are doing for the patient, even if you are ruling out differential dx by doing labs or even x-rays. OR if you determine that obtaining further treatment IS NOT beneficial to the patient due to risk.**

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Classic Documentation

- Father as historian: 10 year old with c/o sore throat for a couple days and it seems to be getting worse. Dad thinks has had some fever but never took it. No RN, Congestion, Cough or V&D.
- Exam: General- alert active, not ill appearing, ENT-some erythema-throat, ears clear, Resp-CTA, and Skin-no rash, normal
- Strep test- neg
- Assessment: acute pharyngitis
- Plan: Tylenol every 4-6 hours for pain and push fluids and call if further problems.
- MDM:
    - Problem-acute uncomplicated illness- low
    - Data- historian – low
    - Risk – OTC - low

99213

ALWAYS document some type of exam-even if a system exam is negative unless no examination performed.

Time

- **I know you all believe you do not spend a great deal of time with the patient BUT you do!**
- The following visits need to be considered as a timed visit:
  - ADHD initial evaluations and could be revisits
  - Mental health visits in general
  - Feeding Problems in newborn
  - Asthma exacerbation
  - Concussions/head injury
  - OM now requiring tubes or any visit where patient is referred to a specialist and parent has many questions.

- Remember time NOW includes time before the visit reviewing notes, labs, consultant notes etc, the encounter itself and time spent after the visit to review new labs, determine a treatment plan, discuss patient care with other provider (not in your group) or appropriate source AND documenting your note

  - This can also include the time involved in a phone call to the parents to discuss further treatment plans if on the same date of the encounter.

  - **DO NOT** have to have >50% in counseling during the encounter!

New Listed Times

Code	2020 Typical Time	2021 Total Time
99201	10 mins	Code deleted
99202	20 mins	15-29 mins
99203	30 mins	30-44 mins
99204	45 mins	45-59 mins
99205	60 mins	60-74 mins
99211	5 mins	No time listed
99212	10 mins	10-19 mins
99213	15 mins	20-29 mins
99214	25 mins	30-39 mins
99215	40 mins	40-54 mins

Last but not least about time…

- Be sure to clearly document your time and all of the things that you did for that patient, both before and after the visit on that day! You deserve to get paid for the great work you do! Time cannot include any support / clinical staff time or time spent the previous day or next day.
- **DO NOT list the same amount of time for every visit! This is a red flag to an auditor!!**
  - Listing total time of 40 minutes for every 99215 visit can cause an auditor to question if you are really spending that amount of total time with the patient OR whether you are just clicking on a template line that puts that statement into the note!
  - All visits have varied times – Occasionally, there may be some visits at the same amount of time on one date but it would be unusual to have multiple visits with the same time.
    - i.e., if you do five visits on one date and list 40 minutes on all five of them, this will be questioned. Instead, one may be 41 minutes, another 45, two may be 40 etc. Be as accurate as possible when counting your time and document, document, document!

Prolonged Care-Sick Visits

- If you exceed the time for **99205 or 99215**, you may also bill an add-on code, 99417, for the additional time:
  - 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 example, if your total time pre, during, and post the actual established patient encounter was 70 minutes, you would bill as follows:
- 99215 – quantity of one - first 40 – 54 minutes
- 99417 – quantity of two* - each additional 15 minutes
  - **yes, bill it twice, in addition to your 99215! First is 55 – 69 minutes, second is 70-85 minutes.*
- **Remember that you cannot use the 99417 prolonged service code until you have exceeded the minimum time for either 99205 or 99215 by at least 15 minutes.**

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AAP Updates

- The American Academy of Pediatrics has created the following page to act as a single point of reference for these changes and any future changes or clarifications:
- **https://services.aap.org/en/practice-management/2021-office-based-em-changes/new-2021-office-based-em-updates-from-cpt-errata.**

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Later Viewing

- This and all other UC2021 course recordings will be available for later viewing through Socio and PCC's YouTube Channel

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Thank You!!

- **Remember: you all are the best there is in medicine!!! Show that you are!!**
- **Don’t give your care or knowledge away**
- **Stay safe, stay healthy and don’t forget**
- ***DOCUMENT DOCUMENT DOCUMENT your MEDICAL DECISION MAKING!!!***

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Just SomeExamples

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Visits that are 99212

- Patients with short time of URI symptoms with only supportive care
- Patients presenting for removal of sutures that were placed by ER 10 days earlier and are healed and ready to be removed
- Patients with eczema with only advice on how to treat it without use of OTC meds
- Patients with ear pain but no infection, no use of medication
- Patients with short time of runny nose but no congestion. Suggest use of humidifier, push fluids.
- Patients with rash that is not draining or spreading and does not appear to be causing any health issues, no treatment.
- Patient with “feared or worried well” condition- use Z05.89 or if 0-28 days of age use Z03.8- no problem noted, no treatment

Common 99213 Visits

- Uncomplicated viral illness with OTC meds
- Uncomplicated pharyngitis with fever- historian - fluids and supportive care,
- Sprain of left ankle requiring ordering of x-ray but no referral
- Pt. with c/o pain in ear, no other symptoms-Acute Otitis media (acute uncomplicated illness) with ordering an antibiotic.
- Baby or toddler with decrease in stooling with probable constipation, discussed increasing fluids to aid in stools including possible use of suppository, increasing fruits and no rice cereal (mom is historian).
- Bilateral Impacted Cerumen with removal of cerumen procedure, historian. (acute uncomplicated illness (low) with Mom as historian for low data)
- Umbilical granuloma with cauterization of granulation tissue (silver nitrate to umbilicus)-acute uncomplicated illness (low) with parent as historian –data low.

More Common 99213

- Eczema, new diagnosis, using OTC meds or even RX med-problem is going to be acute uncomplicated problem and with a historian it will be limited data and low problem.
- URI/OM and prescription ordered-problem is acute uncomplicated illness UNLESS you believe this is an acute illness with systemic symptoms. If uncomplicated illness and RX, visit will be a 99213 with problem and risk. IF acute with systemic symptoms, then visit will be 99214 with problem and risk.
- URI with rule out of covid- covid test out of office-problem is acute illness UNLESS again you believe this could be an acute illness with systemic symptoms BUT unless there is a prescription written, even if problem is moderate, risk and data would be low.
- Wart that has been present for months and mom has tried OTC treatment with no help. Treated in office. Problem: acute illness (low), limited data (historian)
- Pharyngitis with fever but no RX ordered, did recommend OTC meds: problem is acute uncomplicated illness and low Risk with OTC meds.

How About 99214?

- Patient with dysuria and abdominal pain, u/a in office and urine cx sent out, u/a abnormal so RX ordered- consider problem as acute with systemic symptoms (moderate) and RX (moderate)
- Headache-non-pathological-has had frequent headaches throughout the year and seems to be getting worse. Migraine medication ordered (problem: chronic with progression and RX)
- Headache, abdominal pain and just doesn't feel well. Ordered (out of office) CBC, x-ray of abdomen, U/A- in office with culture (out of office) and historian- moderate problem acute with systemic symptoms and moderate data
- Chronic asthma and chronic allergic rhinitis presenting for a recheck and doing well, both stable. Discussion concerning medications and use and will re-order medication and recheck in 6 months. Problem – moderate 2 or more stable chronic and moderate risk with on-going RX management.
- Head injury with possible loss of consciousness and headache significant enough that will order prescription Tylenol high dose. Problem: acute illness with systemic symptoms- moderate and moderate risk with RX drug management.
- Cellulitis of left knee with swelling and redness and performing I&D (minor procedure): Risk is moderate with decision for minor surgery – there is risk to the patient if I&D not performed and problem is moderate with acute illness with systemic symptoms
- Child presenting with COVID type symptoms and has cough and fever-exposed to covid and ill appearing-order out of office COVID test, RX drug management for possible pneumonia. Prob: acute illness with systemic symptoms OR undiagnosed new problem with uncertain prognosis – moderate; risk - moderate

More 99214

- Patient presents with Mom as historian for ADHD recheck-also has anxiety, on medications but seems to have problems in afternoon- will add medication: Problem: 1 chronic with exacerbation-moderate; Data: historian – limited; Risk: Rx drug management-moderate
- Parent's historian: Newborn with feeding problems and significant jaundice, significant weight loss-reviewed previous lab not by you, order of outside lab-bili and historian, ; Problem: acute illness with systemic symptoms- moderate; Data: moderate- category 1 with review of lab, order of outside lab and historian; Risk: low- add supplement, place in sunlight see in 48 hours.
- Patient (dad historian) with headache for a number of days even with occasional feeling of nausea with no help with OTC meds, was exposed to Covid from friend. Order of outside lab covid-order of RX med for possible migrane headache. Problem: acute illness with systemic symptoms- moderate Data: limited; Risk: RX drug management
- Patient with known asthma with symptoms-using inhaler but not helping, ordered steroid and refilled current asthma medication with discussion concerning that medication: Problem: 1 chronic with exacerbation- moderate; Data: limited; Risk: ongoing RX drug management-moderate.
- Patient with ST, Fever and headache-no covid exposure-has had it for about 4 days with no help from OTC-ST positive (in house), RX ordered: Problem: acute illness with systemic symptoms; Data: limited; Risk: RX management-moderate
- Patient with ear pain, right ear and fever also with some congestion, this is the 4th OM in the last 6 months-right ear OM, RX: Problem: 1 chronic with progression-moderate; Data: limited; Risk- RX management- moderate

How About 99215

- Patient presenting with abdominal pain, fever and vomited X 1 for 24 hours, getting worse, ill appearing. No cough, rash and ROS is otherwise negative. Exam poss. For appendicitis-called ER and sent from office: High risk: decision for hospitalization; problem acute illness with threat to life and limb
- Neonate presenting with temp X 24 hours of 101. Very fussy. Called ER for them to do further w/u for possible sepsis. MDM: high risk and problem.
- Severe respiratory distress and hospitalization
- Suicidal Ideation with hospitalization
- Failure to thrive and discussed options for care including hospitalization, will have baby return to office in am, discussed in detail feeding and Mom to call if baby does not eat well this evening. Mom has support at home and they are willing to help make certain baby is fed.
- Problem: acute illness with threat to life-high and disc. Concerning hospitalization-high risk.