Learning Objectives

• Participants will:
  – Summarize Evaluation and Management (E/M) Changes

  – Gain knowledge of Medical Decision Making (MDM), MDM Grid and Time for coding a visit

  – Make plans for Next Steps
Four Primary Objectives of CPT Editorial Panel Revisions

- To decrease documentation and coding
- To decrease the need for audits
- To decrease unnecessary documentation
- To ensure that payment for E/M is resource-based

SOURCE: AMA Ed Hub

Why Revisions are Needed

Centers for Medicare and Medicaid Services (CMS) are:
- Aligning with the American Medical Association (AMA) CPT changes

Local Health Departments (LHD):
- Should align with changes for reimbursement

CMS Fact Sheet
Medical Record Components & Documentation

- Components and Documentation in a medical record:
  - Chief complaint (patient’s words)
  - History
  - Physical Exam
  - Diagnostic test ordered
  - Procedures
  - Assessment and Plan
    - Diagnosis
    - Treatment/s

Documentation

History and Physical Examination

- Providers should provide a “medically appropriate history and/or examination”
- The history and physical are not used in or an element in CPT code selection
Physical Exam

- Constitutional (e.g., vital signs, general appearance)
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/Lymphatic/Immunologic

“Medically appropriate history and/or physical examination”

Documentation

- **Document** what was discussed in the visit.
  
  Documentation = Discussed = Addressed

- **Co-morbidities** are considered if the patient present problem **and** they are **ADDRESSED**

- When reviewing problem/s addressed that another medical professional is managing, the problem would need documentation from the date of the visit.
Medical Decision Making
And Time

Medical Decision Making (MDM)

MDM in the “Office and Other Outpatient Services” are defined by 3 elements:

- The number and complexity of problem(s)
- The amount and/or complexity of data reviewed & analyzed
- The risk of complications, morbidity, and/or mortality of patient management decisions

*Definitions of the elements are on pages 13-18 of the 2022 AMA CPT Codebook*
Time
For coding purposes defined as total time on the date of the encounter

- Includes both face-to-face (required) and non-face-to-face time
- Whether or not counseling and/or coordination of care dominates the service
- By the service descriptors of CPT codes 99202-99205, 99211*- 99215

2022 AMA CPT Codebook “Time” page 7; “Service descriptors” pages 19-21

TIME
- Best practice is to document time on the date of the encounter for every visit. “Total Time”
- Time also includes
  - Reviewing any records before visit
  - Preparing to see patient
  - Reviewing outside records
  - Work on date of visit

Prolonged Time

• Prolonged E/M Services (if applicable)
  − Use only after highest-level of service based on TIME alone has been exceeded by 15 minutes
  
  − CPT Codes 99205 and 99215

  − Prolonged Service Code 99417

  − 1 unit of service = 15 minutes.

CPT ® 99417 Code Reporting

<table>
<thead>
<tr>
<th>Total Duration of a New Patient Office or Other Outpatient Level 5 Service (99205)</th>
<th>Total Duration of an Established Patient Office or Other Outpatient Level 5 Service (99215)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Codes</td>
</tr>
<tr>
<td>Less than 75 minutes</td>
<td>Not reported</td>
</tr>
<tr>
<td>75-89 minutes</td>
<td>99205 and 99417 (1x)</td>
</tr>
<tr>
<td>90-104 minutes</td>
<td>99205 and 99417 (2x)</td>
</tr>
<tr>
<td>105 or more</td>
<td>99205 and 99417 (3x or more for each additional 15 min)</td>
</tr>
</tbody>
</table>

SOURCE: CPT 2020 American Medical Association
E/M Documentation

**New Patient**
- No billable service provided in the last 3 years that requires History & Physical
- Includes billable Preventive and E&M visits; 99202-99205

**Established Patient**
- In past 3 years, billed 99381-99387, 99391-99397, 99211-99215
- Client can be New to program but established with the agency

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**AMA Table 2 CPT E/M Level of MDM**

<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM</th>
<th>Elements of Medical Decision Making</th>
<th>Amount and/or Complexity of Data to be Reviewed and Analyzed</th>
<th>Risk of Complications and/or Morbidity or Mortality of Patient Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99202</td>
<td>Straightforward</td>
<td>Minimal</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99211</td>
<td>Minimal</td>
<td>1 self-limited or minor problem</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99203</td>
<td>Low</td>
<td>2 or more self-limited or minor problems; 1 stable chronic illness; 1 acute, uncomplicated illness or injury</td>
<td>Limited (Must meet the requirements of at least 1 of the 2 categories)</td>
<td>Low risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99213</td>
<td>Low</td>
<td>Low</td>
<td>Limited (Must meet the requirements of at least 1 of the 2 categories)</td>
<td>Low risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
</tbody>
</table>

**AMA CPT 2022, Professional Codebook, pp17-18**
AMA Table-2 CPT Evaluation and Management Level of MDM Grid Cont.

AMA Table 2 CPT E/M Level of MDM cont.

<table>
<thead>
<tr>
<th>99204/99214</th>
<th>Moderate</th>
<th>Moderate (Must meet the requirements of at least 1 out of 3 categories)</th>
<th>Moderate risk of morbidity from additional diagnostic testing or treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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</td>
<td>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)</td>
<td>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</td>
</tr>
</tbody>
</table>

*AMA CPT 2022 Professional Edition Codebook pp17-18
### AMA Table 2 CPT E/M Level of MDM cont.

<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM (Based on 2 out of 3 Elements of MDM)</th>
<th>Elements of Medical Decision Making</th>
<th>Amount and/or Complexity of Data to be Reviewed and Analyzed</th>
<th>Risk of Complications and/or Mortality of Patient Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>99205</td>
<td>High</td>
<td>• 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</td>
<td>Each unique test, order, or document contributes to the combination of 2 or combination of 2 in Category 1 below.</td>
<td>Minimal risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99215</td>
<td>High</td>
<td>Extensive (Must meet the requirements of at least 2 out of 3 categories)</td>
<td>• 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 or 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 or other qualified health care professional/appropriate source (not separately reported)</td>
<td>Minimal risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
</tbody>
</table>

Source: [AMA Table 2 CPT E/M Level of MDM](https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf)

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### AMA Table 2 CPT E/M Level of MDM

<table>
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<tr>
<th>Code</th>
<th>Level of MDM (Based on 2 out of 3 Elements of MDM)</th>
<th>Elements of Medical Decision Making</th>
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</thead>
<tbody>
<tr>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99202</td>
<td>Straightforward</td>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal or none</td>
</tr>
<tr>
<td>99212</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: [AMA Table 2 CPT E/M Level of MDM](https://www.ama-assn.org/system/files/2020-04/e-m-office-visit-changes.pdf)
E/M Based on MDM Number & Complexity

Problem is a disease, condition, illness, injury, symptom, sign, finding, complaint addressed at the encounter.

Problem Addressed is a problem addressed or managed at the encounter by provider reporting service

E/M Based on Complexity of Data

- Each test may be counted as ordered OR reviewed; only 1 (page 9)
- Ordering and the review of test results is part of the encounter, not a subsequent encounter. (page 16)

- Tests can be counted as “ordered” if:
  - Provider ordered but patient does not go for testing
  - Provider documented considered test/s but not selected after discussion
E/M Based on MDM Risk of Complications

Prescription Drug Management
- The definition has not changed
- Based on documented evidence the provider evaluated medications
- This may be a prescription that is currently written, discontinued, or a decision to maintain a current medication or dosage.


Three Sets of Guidelines

- **Guidelines Common to All E/M Services**
- Guidelines for Hospital Observation, Hospital Inpatient, Consultations, Emergency Department, Nursing Facility, Domiciliary, Rest Home or Custodial Care and Home E/M Services

- **Guidelines for Office or Other Outpatient E/M Services**

AMA CPT Guideline Changes
Summary & Helpful Tips

Figure 5. Creative Commons (2022)

Summary of 2021 E/M Revisions

- History and Examination are not used in code selection
- Allow physicians and Qualified Health Care Professionals (QHPs) to choose code level selection based on Medical Decision Making (MDM) or Total Time for each patients visit
- Modifications to the criteria for MDM
- Deletion of CPT Code 99201

AMA CPT® Codebook 2022 – page 5 (History & exam), p. XIV (QHPs), pgs. 13-18 MDM
Helpful Tips to Remember

- Coders/Reviewers use what is documented to review records
- If Social Determinants of Health are addressed, best practice is to also document a related ICD-10
- For Preventive Service visit, if an ongoing medical condition presents, choose MDM based on treatment of ongoing condition, if applicable


CPT Errata & technical corrections

The Errata and Technical Corrections links listed below include corrections and other information related to the CPT® Code Books published by the AMA. To stay current on corrections to CPT books, please check this site periodically.


SOURCE: AMA CPT errata and technical corrections
Suggestions for Implementing Changes

To begin implementing changes:

- Consider purchasing a 2022 CPT Code Book
- Identify a team leader and multidisciplinary team
- Update policies and protocols as needed & consider including risk management in changes

Introducing

The New 2022 LTATB CPT Clinical Record Review Tool

Please contact your PHNPDU Nurse Consultant to provide the tool with instructions!
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References


• American Medical Association (2022). [Photo] Figure 6. *CPT 2022 Professional Edition* p. 12 Chicago, IL: AMA.


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The Local Technical Assistance & Training Branch (LTATB) would like to thank our local public health partners. Please reach out to your LTATB Administrative or Nurse Consultant with any questions.

DPH Local Health Department Website

https://publichealth.nc.gov/lhd/index.htm