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Learning Institute

Educating Healthcare Professionals

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Objective

This presentation was designed to assist providers and residents with an understanding of the 2021 guideline changes for outpatient E/M codes and teaching guidelines.

2021 E/M Changes

Medical Decision Making

- 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

Source: AMA

2021 E/M Changes- Definitions

- A self-limited or minor problem is one that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.
- An acute uncomplicated illness is a recent or new short-term problem with low risk of morbidity and full recovery without functional impairment.
- A chronic condition is a problem with an expected duration of at least one year or until the death of the patient. The risk of morbidity without treatment can be significant.

Source: AMA

2021 E/M Changes- Definitions

- A chronic illness that is exacerbated is one 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.
- A chronic condition that is severely exacerbated is one that has severe side effects of treatment that has significant risk of morbidity and may require hospital level of care.

Source: AMA

2021 E/M Changes- Definitions

- An undiagnosed new problem is 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.
- An acute illness with systemic symptoms is an illness that causes systemic symptoms and has a high risk of morbidity without treatment. 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 the definitions for ‘self-limited or minor’ or ‘acute, uncomplicated.’ Systemic symptoms may not be general, but may be single system. Examples may include pyelonephritis, pneumonitis, or colitis.

Source: AMA

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 or benefit analysis or by patient or patient's parent/guardian/ or surrogate choice.
- A 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, exam, 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.

2021 E/M Changes

Code	Level of 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
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

Source: AMA

2021 E/M Changes

Code	Level of 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
99203 99213	Low	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems • 1 stable chronic illness • 1 acute, uncomplicated illness or injury 	Limited (must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • 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)	Low risk of morbidity from additional diagnostic testing or treatment

Source: AMA

Low documentation examples

Supports Low

- The patient has a rash that has lingered for a month (acute condition)
- OTC medication (low)
- **Low complexity**

Does not support Low

- The patient has a simple rash that is clearing up (straightforward complexity)
- Based on the exam, no intervention needed as this time. (minimal)
- **Straight-forward Complexity**

2021 E/M Changes

Code	Level of 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
99204 99214	Moderate	Moderate <ul style="list-style-type: none"> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment or 2 or more stable chronic illnesses or 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 of the 3 categories) Category 1: Tests and documents <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); or Category 3 Discussion of management or test interpretation <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Prescription drug management Decision regarding minor surgery with identified patient or procedure risk factors Decision or treatment significantly limited by social determinants of health

Source: AMA

Moderate documentation examples

Supports Moderate

2 chronic conditions on medication

- Psoriasis doing well **continue** topical steroid clobetasol
- Dermatitis doing well **refill** clobetasol
- At least two stable chronic conditions (moderate - dx), with prescription drug mgmt. (moderate risk)

Does not support Moderate

2 chronic conditions on medication

- Psoriasis doing well **with** topical steroid clobetasol
- Dermatitis **on** clobetasol
- At least two stable chronic conditions (moderate – dx), but documentation does not support the provider is managing the prescriptions. Stating on medication does not support management

Moderate documentation examples

Supports Moderate

- The patient has seborrheic dermatitis that is currently having a flare up. The patient is currently using OTC Nizoral. (chronic condition with exacerbation)
- Provider started the patient on Temovate .05% external solution (prescription drug management)
- **Moderate complexity**

Does not support Moderate

- The patient has chronic seborrheic dermatitis. (stable chronic condition)
- Continue on Temovate .05% external solution (prescription drug management)
- **Low complexity**

Moderate Documentation Example

Acne vulgaris, non-inflammatory on exam today with scarring

- Recommend starting OTC BPO 4% wash to AA BID.
- Recommend starting Differin gel nightly to face.
- Encouraged daily SPF

Dissecting cellulitis of scalp

- Following VC, ILK 2.5 mg/cc x 0.8 ml distributed amongst lesions to scalp
- Start doxycycline (DORYX) 100 MG PO BID x 3 months. Advised on side effects.

2021 E/M Changes

Code	Level of 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
99205 99215	High	High <ul style="list-style-type: none"> 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 of the 3 categories) Category 1: Tests and documents <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); or Category 3 Discussion of management or test interpretation <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 resuscitate or deescalate care because of poor prognosis

Source: AMA

2021 E/M Changes- Time

Time Includes:

- Preparing to see the patient (eg, review of test)
- Obtaining and/or receiving separately obtained history
- Performing medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures

Source: AMA

- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

2021 E/M Changes- Time Chart

Code	Prior to 2021	Starting 2021
99202	20 minutes	15-29 minutes
99203	30 minutes	30-44 minutes
99204	45 minutes	45-59 minutes
99205	60 minutes	60-74 minutes
99212	10 minutes	10-19 minutes
99213	15 minutes	20-29 minutes
99214	25 minutes	30-39 minutes
99215	40 minutes	40-54 minutes

New vs Established

A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the **exact same specialty and subspecialty** who belongs to the **same group practice**, within the past **three years**.

Professional Services: Face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code

New vs Established

Chief Complaint: Skin check

HPI:

45 y.o. female with no personal or FH of skin cancer presents to clinic for evaluation with the above CC. Pt was followed by an outside dermatologist in NY 5 years ago. Pt had a precancer on her R cheek treated with LN2.

Denies any bleeding, ulcerating, non-healing lesions. Does not wear sunscreen or protective clothing daily. + h/o chronic sun exposure including sunburns.

Pt also reports a red itchy rash on her R lateral neck that has been present for several years. She uses an OTC night cream to that area. No treatments tried.

Teaching Guidelines

Teaching Physician Guidelines

- Teaching physician performed the service or was physically present during the key or critical portions of the service when performed by the resident; and
- Participation of the teaching physician in the management of the patient
- The presence of the teaching physician during E/M services may be demonstrated by the notes in the medical records made by physicians, residents, or nurses.
- The combined entries into the medical record by the teaching physician and the resident constitute the documentation for the service and together must support the medical necessity of the service.
- The teaching physician is required to document their presence and participation, but essentially does not need to re-document the content of the service if it was documented elsewhere by physicians, residents, or nurses.

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Teaching Physician Guidelines- Attestation Example

I saw and evaluated the patient. I have reviewed and agree with the residents findings, including all diagnostic interpretations, and plans as written. I was present for the key portions of the separately billed procedures.

RTC in 1 year or sooner pending pathology results.

Patient seen and discussed with Dr. Hilton who agrees with above.

Teaching Physician Guidelines- Students

E/M services billed by teaching physicians require that the medical records must demonstrate:

- Students may not see the patient independently, must be performed in the physical presence of a teaching physician or resident
- Students may document
 - Teaching physician must verify all student documentation or findings, including history, physical exam and/or medical decision making activities.

Training & Education Resources

AMA

<https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>

Thank You!



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