



# Big Changes for 2021 CPT

By

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# Notice and Disclaimer

**Reminder - these changes go into effect on  
January 1, 2021!**

**Continue to choose your codes through the end of  
the year as you have been doing.**

# So What's Coming in 2021??

- Good news is that there is a proposal for the RVU's to be increased for the sick visit codes
- Bad news is that this increase will come from a decrease in hospital services such as critical care services!!!
- Sick visits for new patients (99202-99205) and established patients (99212-99215) will be based solely on **medical decision making or time**.
- This change **ONLY** affects sick office visits for new and established patients.
- This change is being done to ease the burden of documenting the criteria necessary to justify the levels of sick visits which was felt to reduce emphasis on patient care.
- Last time there were any changes to the sick office visit codes was in 1997!
- All other non-office-based services (hospital care, observation, home visits, etc.) still require history, exam and medical decision making.

# Proposed RVU for Sick Visits

	Current work RVU	RUC rec. RVU		Current work RVU	RUV rec. RVU
• 99202	.93	.93	• 99212	.48	.70
• 99203	1.42	1.60	• 99213	.97	1.30
• 99204	2.43	2.60	• 99214	1.50	1.92
• 99205	3.17	3.50	• 99215	2.11	2.80
			• 99417		.61

# Changes

- Deleted 99201, new patient visit
  - Basically because the medical decision making was the same as the 99202
- Continue to have the “nurse visit” code 99211
  - This is NOT a provider code and has never required history, exam or MDM.
- For all sick visits, the note will require a ‘medically appropriate’ history and/or examination.
  - What does this mean?\*
  - Make code level selection more intuitive
  - Decrease documentation burden
  - Decrease need for audits, through the addition and expansion of key definitions
  - Retain the current code distribution

*\*provided by AAP*

# Office Visits: New and Established

- **New patient:** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and ...
- **99202:** straightforward MDM, 15-29 minutes of total time.
- **99203:** low MDM, 30-44 minutes of total time
- **99204:** moderate MDM, 45-59 minutes of total time
- **99205:** high MDM, 60-74 minutes of total time
- **Established patient:** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and
- **99212:** straightforward MDM, 10-19 minutes of total time
- **99213:** low MDM, 20-29 minutes of total time
- **99214:** moderate MDM, 30-39 minutes of total time
- **99215:** high MDM, 40-54 minutes of total time

**Table 2 – CPT E/M Office Revisions  
Level of Medical Decision Making (MDM)**

**Revisions effective January 1, 2021:**

*Note: this content will not be included in the CPT 2020 code set release*



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		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
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> <li>1 self-limited or minor problem</li> </ul>	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low <ul style="list-style-type: none"> <li>2 or more self-limited or minor problems; or</li> <li>1 stable chronic illness; or</li> <li>1 acute, uncomplicated illness or injury</li> </ul>	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents <ul style="list-style-type: none"> <li>Any combination of 2 from the following:                             <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>review of the result(s) of each unique test*;</li> <li>ordering of each unique test*</li> </ul> </li> </ul> or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate <ul style="list-style-type: none"> <li>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>2 or more stable chronic illnesses;</li> <li>or</li> <li>1 undiagnosed new problem with uncertain prognosis;</li> <li>or</li> <li>1 acute illness with systemic symptoms;</li> <li>or</li> <li>1 acute complicated injury</li> </ul>	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none"> <li>Any combination of 3 from the following:                             <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> </li> </ul> or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> or Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)</li> </ul>	Moderate risk of morbidity from additional diagnostic testing or treatment  <i>Examples only:</i> <ul style="list-style-type: none"> <li>Prescription drug management</li> <li>Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>Diagnosis or treatment significantly limited by social determinants of health</li> </ul>
99205 99215	High	High <ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none"> <li>Any combination of 3 from the following:                             <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> </li> </ul> or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> or Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	High risk of morbidity from additional diagnostic testing or treatment  <i>Examples only:</i> <ul style="list-style-type: none"> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>Decision regarding emergency major surgery</li> <li>Decision regarding hospitalization</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>





# What Is In The New MDM

- Still have to use two of the three to determine MDM
- Old 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

**Let's take one at a time!**

# Documenting Medical Decision Making

- Don't worry about the history and exam, perform what you believe is necessary for you to treat the patient for the presenting problems.
- Describe ALL conditions (if possible) as acute, stable, recurring, constant, or even considered but ruled out!
- Add symptoms that are NOT typically seen in a condition to indicate the severity of the disease or need for further evaluation.
- Always record any review personally performed and if test ordered needs explaining. IE: patient presenting with an issue and you want to r/o a disease
- Include any conversation with other providers EXTERNAL to the group as an appropriate source IE: teachers, social works.
- Document informal test interpretation (by my review CXR appears normal and agree with radiologist).
- Document (especially important when billing higher levels of care) management options especially hospitalization or possible surgery.
- **DOCUMENT, DOCUMENT, DOCUMENT - BUT only in the MDM!!!**

# Number and Complexity of Problems Addressed

- **Number and complexity of problems addressed at the encounter**
  - Multiple new or established conditions may be addressed at the same time and may affect MDM!
  - Comorbidities /underlying diseases are not considered in selecting a level of E/M service **UNLESS** they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.
  - Multiple problems of a lower severity **may** create higher risk due to interaction.

# Definitions for the elements of medical decision making: Problems

- **99202/99212: Minimal/straight forward**

- **Self-limited or minor problem:** Problem runs a definite and prescribed course, transient and not likely to permanently alter health status
  - **IE: Rhinitis, URI, viral conjunctivitis, uncomplicated diaper rash, f/u with resolved condition.**

- **99203/99213: Low (choose 1)**

- **2 or more self-limited or minor problems**
- **1 stable chronic illness**
- **1 acute, uncomplicated illness or injury**
- **Stable chronic:** expected duration of at least a year, at treatment goal. Chronic conditions are treated as chronic whether or not stage or severity changes from one encounter to the next.
- Exacerbation, progression, or side effects of treating a chronic illness increases the complexity of MDM.
  - **F/U DM, well controlled; F/U Asthma, well controlled; ADHD-on meds with no further issues**
- **Acute, uncomplicated illness or injury:** recent or new short-term problem with low risk of morbidity. A problem considered self-limited but is not resolving consistent with the prescribed course is an acute uncomplicated illness such as
  - **IE: uncomplicated pharyngitis, allergic rhinitis, uncomplicated otitis media or simple sprain or strain.**

# Definitions for the elements of medical decision making: Problems

- **99204/99214: Moderate (choose 1)**

- **1 or more chronic illness w/exacerbation, progression, or side effects of treatment**
- **2 or more stable chronic illnesses**
- **1 undiagnosed new problem with uncertain prognosis**
- **1 acute illness with systemic symptoms**
- **1 acute comp. inj.**
  - **Chronic illness with exacerbation, progression or side effects of treatment:** Chronic illness acutely worsening or poorly controlled, requires additional care.
    - **IE: Chronic Asthma with exacerbation; Chronic OM worsening; DM uncontrolled**
  - **Undiagnosed new problem:** problem that represents a high risk or morbidity without treatment
    - **IE: lump in the breast.**
  - **Acute Complicated injury:** injury requiring treatment that includes evaluation of body systems that are not directly part of the injured organ, injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity
    - **IE: head injury with brief loss of consciousness.**
  - **Acute illness with systemic symptoms:** an illness that causes systemic symptoms and has a high risk of morbidity without treatment.
    - **IE: pneumonitis, colitis, pyelonephritis.**

# Definitions for the elements of medical decision making: : Problems

- **99205/99215: High (choose 1)**
  - **1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment**
  - **1 acute or chronic illness or injury that poses a threat to life or body function.**
    - **Chronic illness with severe exacerbation, progression or side effects of treatment:** chronic illness with significant risk of morbidity and may require hospital level of care.
      - **Severe asthma exacerbation/status asthmaticus; DM with Ketoacidosis**
    - **Acute or chronic illness or injury that poses a threat to life or bodily function:** problem that poses a threat to life or limb in the near future without treatment. IE: severe respiratory distress, psychiatric illness with threat to self or others, abrupt change in neurologic status.
      - **Severe respiratory distress; new seizure onset; concussion with altered mental status; severe depression with suicidal ideation**

# Amount and/or Complexity of Data to be Reviewed and Analyzed

- **Data:**
  - **Tests:** imaging, lab-outside, psychometric, or physiologic data. A clinical lab panel is a single test.
    - \*\*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in category 1 below
  - **External record:** from another provider (not in the same group unless different specialty), facility or healthcare organization.
  - **Independent historian:** IE: parent, caregiver, witness who provides a history in addition to history provided by patient who is unable to provide a complete or reliable history (due to developmental stage) or because a confirmatory history is judged to be necessary
  - **Independent interpretation:** Does not apply when the provider is reporting a service for the patient IE: there is a cpt code to report that service, in other words the code billed includes the interpretation already. Counted when the test is interpreted by a provider who has NOT reported the service already. A form of interpretation should be documented - I, personally, reviewed the CXR and it appears clear to me.
  - **Appropriate source:** discussion of management data element, could be external provider or other appropriate source who is NOT a healthcare provider but may be involved in the management of the patient . IE: teacher, lawyer, case manager. Discussion with family or informal caregivers DOES NOT meet the definition of category 3
- **99202/99212:** minimal or none
- **99203/99213:** Limited (must meet the requirements of at least 1 of 2 categories)
  - Category 1: tests and documents
    - Any combination of 2 from the following
      - Review of prior external notes(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)

# Amount and/or Complexity of Data to be Reviewed and Analyzed

- **99204/99214: Moderate (meet 1 of 3 categories)**
  - Category 1: tests, documents, or independent historian (meet any 3)
    - Review of prior external note(s) each unique source
    - Review of the result(s) of each unique test
    - Ordering each unique test
    - Assessment requiring an independent historian(s)
  - Category 2: Independent interpretation of tests
    - Independent interpretation of a test performed by another physician/other QHP (not separately reported)
  - Category 3: Discussion of management or test interpretation
    - Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)
- IE: 15-year-old with ordering of Flu, Mono, Strep tests (out of office); 14-year-old for asthma discussion with pulmonologist about medications; Recheck for 4-year-old from ER and reviewed x-ray with own interpretation.
- **99205/99215: Extensive (meet 2 out of 3 categories)**
  - Same as above
- IE: 2 yr. old, mom as historian, ordered EKG and other tests to be done outside of office, spoke with cardiology; F/U on possible ADHD with parents as historians, will contact school Special Ed teacher for initial course and plan; 2 mo. old with possible seizure-father is historian-ordered MRI as well as reviewed notes from NICU stay, spoke with neurology and will send patient to ER for further work up.



# Medical Decision Making: Risk

- **Risk:**
  - Based upon consequences of the problem(s) addressed at the encounter when appropriately treated.
  - Also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.
  - AMA feels that trained clinicians apply common language usage meanings to terms such as “high, medium, low or minimal risk” and do not require quantification for these definitions.
- **Morbidity:** a state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment
- **Social determinants of health:** New for 2021 - economic and social conditions that influence the health of people and communities. IE: food and housing insecurity.
- **Drug therapy requiring intensive monitoring for toxicity:** A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. Intensive monitoring may be long or short term. Long-term intensive monitoring is not less than quarterly.
  - Monitoring needs to be a lab test, physiologic testing or imaging. (Monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient).
    - IE: monitoring for cytopenia in the use of an antineoplastic agent between dose cycles.
  - DOES NOT include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect; annual electrolytes and renal function for a patient on a diuretic.

# 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
- **99204/99214:** Moderate risk of morbidity...i.e.:
  - 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.
    - New prescription drug; on-going management of chronic condition through RX management; 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**
  - Decision not to resuscitate
  - Decision not to resuscitate or to deescalate because of poor prognosis

# 99202/99212

- **MDM - straightforward required for 99202/99212**
- History from mom: 3-year-old patient presents with rash that is not itchy and not spreading and or draining. No other symptoms and no fever and hasn't tried anything.
- Exam: General, skin
- Contact dermatitis
- Keep dry, supportive care
- MDM
  - Problem addressed: 1 self-limited or minor
  - Data: limited (hx from mother)
  - Risk: minimal
  - **Straightforward MDM- problem addressed and risk**
- Previously - 99213 with hx and exam

# 99203/99213

- MDM - low required for 99203/99213
- History from grandmother - child presents for recheck on asthma after exacerbation a week ago, doing very well now but does have a sore throat but no fever, congestion or cough. Is taking inhaler appropriately. Plays baseball with no issues. No recent fevers, congestion or cough
- Exam: Gen, ENT, Lymph, Respiratory, Cardiac, Abd, Skin (throat only slightly red, respiratory clear)
- Asthma, well controlled
- MDM
  - Problem addressed - low: Asthma, controlled (1 stable chronic)
  - Data: limited - historian
  - Risk: minimal or none
    - **Low with problem addressed and data**
- **Previously - 99213 even though have a detailed history but the exam and MDM would be low.**

# 99204/99214

- History from father: 6-month-old patient presents for recheck on otitis media, 3<sup>rd</sup> one in 7 weeks and does not seem to be getting better. Presents today with fever and continuing to c/o both ears hurting today. Finished antibiotics yesterday and fever started today along with pain. No cough, congestion, ST or abd. Pain. Father concerned about the chronic otitis and asking about tubes.
- Exam: Gen, Eyes, ENT, Lymph, Resp, Card, Abd, Skin with both ears red and bulging.
- Plan: discussed possible need for tubes as well as risks as father concerned with babies age- Refer to ENT , antibiotic, recheck in 10 days.
- MDM –
  - Problem addressed - moderate: 1 chronic illness with progression
  - Data-limited: historian
  - Risk-moderate: on-going management of chronic condition through RX management or decision regarding minor surgery with identified patient or procedure risk factor
    - **Moderate with problems addressed and risk**
- **Previously: 99214 with history and MDM or exam.**

# 99204/99214

- Historian is patient and father: patient presents with known asthma and now with increasing symptoms despite use of medications. C/O more SOB, and some trouble breathing even with inhaler. Reviewed spirometry.
- Exam as needed
- Plan: Increase corticosteroid, discussed medication use
- MDM
  - Problems addressed: moderate – 1 chronic with exacerbation
  - Data: limited – historian
  - Risk: moderate – prescription drug management
    - 2 of 3 – Moderate with problems addressed and risk

# 99205/99215

- 16-year-old as historian along with parents: presents for depression that seems to be getting worse. Told parents he no longer wanted to live so parents brought him in right away. He states that he doesn't have friends, seems unhappy all the time and just wants to sleep. Cries easily although feels like parents do support him
- Exam: Complete exam
- Plan: Depression with suicidal ideation: discussed need for hospital observation, gave PHQ with significant depression. Called psych and discussed case with Dr. Z who will meet them in the ED.
- MDM
  - Problem addressed-high: threat to life by suicide
  - Data-limited: historian and screen
  - Risk-high: decision regarding hospitalization
    - **High with problem addressed and risk**
- **Previously: 99215 with exam and MDM**

# Or You Can Use Time

- Time can be used to select a code level in the office or other outpatient services whether or not counseling or coordination of care dominates the service!
- For coding purposes, time for these services is the total time on the date of the encounter.
  - Includes **both** face to face and non face to face time personally spent by the provider on the day of the encounter
    - Includes time in activities that require the provider and does NOT include time in activities normally performed by clinical staff.
- Time could include the following activities, when performed:
  - Preparing to see the patient (eg. review of tests)
  - Obtaining and/or reviewing separately obtained history
  - Performing a medically appropriate examination and / or evaluation
  - Counseling and educating the patient/family/caregiver
  - Ordering medications, tests, or procedures
  - 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)



# 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

# Example of Using Time

- Example: Susie presents today for depression and anxiety. She states that it seems to be getting much worse. Filled out the PHQ online and I reviewed prior to seeing Susie. She says that this has been going on for some time now but in the past took Xanax that was mothers and seemed to help with the anxiety. Gets most anxious when in large crowds.
- No Exam
- Susie and I discussed at length how we can help her feel better and be less anxious and depressed. The PHQ does show significant depression but she states she says she does not have any intention of hurting herself although she feels like it is getting worse. Very tearful during the visit. Susie says that she wants me to talk to mom so got mom on the phone during the visit. Mom came over to the office and joined in this conversation.
- Assessment and Plan:
  - Depression
  - Anxiety
    - Will refer to XXX for counseling
    - Will sign a contract with Mom.
    - Will do a trial of Xanax since it did seem to help her anxiety, she is to call back in a week to let me know how she is doing or sooner if no improvement with the medication.
    - **Total time in this visit including the review of screening prior to visit 31 minutes.**
- **Bill 99214: Total time between 30-39 minutes**

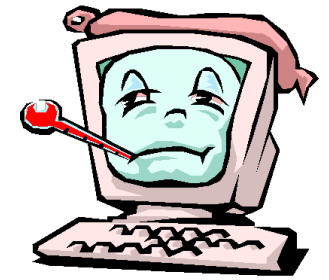
# New Prolonged Care Code

- **99417**: prolonged office or other outpatient evaluation and management service(S) (beyond the total 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.
- **Used ONLY with 99205 and 99215!!!**
- Only used when the 99205/99215 is coded based on time and only when that amount of time is exceeded.
- **99205: Time range- 60-74 min.: threshold for 99417 75-89 min.**
- **99215: Time range- 40-54 min.: threshold for 99417 55-69 min.**
- Can continue to use the prolonged care codes 99354-9, 99415-6 on other office service NOT related to the sick or well visit codes. No longer apply to sick visit codes.
  - **99358-9** can be used with a sick visit as long it is NOT on the same date of service.
  - IE: Hospital care, Home care, Nursing home care



Telehealth/Telemedicine

# Telemedicine/Telehealth



- All telehealth services are telemedicine but not all telemedicine is telehealth!
- Telemedicine are services provided through synchronous real time interactive audio/video telecommunications.
- Telehealth can be educational sessions with staff, other providers and not necessarily related to patient care.
- Telemedicine Codes
  - Office visit/outpatient services: Place of service, 11-office and use the 95 modifier to indicate telemedicine
    - **99201-99215**
    - **99381 – 99397**
      - Part of the well care visit (examination) will have to be performed at a later date.
    - Most of the E & M codes, psych codes, medical nutrition therapy codes just to name a few as long as they are performed via audio/video telecommunications.
- Telehealth Codes
  - Phone call codes: use place of service 02 to indicate telehealth service
    - **99441-99443** for physicians and QHCP
    - **98966-98968**: Same service for non-physician health care professionals, social workers, nutritionists, dietitians
  - Digital E-visits: use place of service 02 to indicate telehealth services
    - **99421-99423** for physicians and QHCP
    - **98970-98972**: Same service for non-physician health care professionals-  
social workers, nutritionists, dietitians

# Telemedicine Services

- Evaluation and Management Codes:
  - **Synchronous telemedicine service rendered via a Real-Time Interactive Audio and Video telecommunications systems**

- 99201 – 99205: New patient visits.
- 99212 – 99215: established patient visits
- 99241 – 99245: Consultations, outpatient
- 99251 – 99255: Consultations, inpatient
- 99231 – 99233: Subsequent hospital Care
- 90791 – 90863: Psych Services
- 90951 – 90961: ESRD services
- 97802 – 97803: Medical Nutrition Therapy

- |                     |                   |                    |
|---------------------|-------------------|--------------------|
| • 99201: 10 min     | 99212: 10 min     | 99241: 15 min      |
| • 99202: 20 min(16) | 99213: 15 min(13) | 99242: 30 min (23) |
| • 99203: 30 min(26) | 99214: 25 min(21) | 99243: 40 min (36) |
| • 99204: 45min(38)  | 99215: 40 min(33) | 99244: 60 min (52) |
| • 99205: 60 min(53) |                   | 99245: 80 min (71) |

- **Use a 95 modifier on these codes to indicate that they are telemedicine codes.**



## Telephone Call Codes

- **99441:** Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appt.;
  - 5-10 minutes of medical discussion
- **99442:** 11-20 minutes of medical discussion
- **99443:** 21-30 minutes of medical discussion

# Online Digital Evaluation and Management Service

- **Deleted: 99444**-online E/M, established patient, not related to another service within 7 days using internet or similar online
- Added
  - **99421**: Online digital E/M service for an established patient, for up to 7 days, cumulative time during the 7 days, can not bill if questions about a problem seen 7 days earlier or in a post op period, not for discussion concerning test results etc.  
5 - 10 minutes of physicians or other QHP (RVU: 0.43) (\$17)
  - **99422**: “; 11 - 20 minutes (RVU: 0.86) (\$35)
  - **99423**: “; 21 – or more minutes (RVU: 1.39) (\$56)
- Time begins with the physician’s or other QHP’s initial, personal review of the patient-generated inquiry.
  - Time includes: review of pt. records or data pertinent to assessment of the pt. problem, interaction with clinical staff, development of plan such as RX, tests, other communication either online, telephone, email or other digitally supported communication, which does not otherwise represent a separately reported E/M service.
    - ALL MDM and subsequent management by anyone in the group practice contributes to the cumulative service time of the patient’s online digital E/M service.
    - Online digital E/M service require permanent documentation storage (electronic or hard copy) of the encounter.
      - Remember: these are time based codes for a 7 day period of time-total the time spent in that 7 days for billing purposes and time HAS to be stipulated and was occurred during the time spent in this online service.
    - **CANNOT bill if: Online digital inquiry is for the same or related problem within 7 days of a previous E/M service or in a postoperative period, not for discussion concerning test results.**
      - Also, cannot be billed on a day when the physician or other QHP reports an E/M service
    - **IF an inquiry is made within 7 days of a previous E/M service that addressed a different problem, then it may be billed.**
  - **98970 - 98972**: Same service for non-physician health care professionals- social workers, nutritionists, Dietitians



# Documentation for Digital E-Visits

- **On-line digital E&M service, for an established patient but can be a new or established problem, for up to 7 days, cumulative time during the 7 days.**
- - **99421: 5 -10 minutes (\$17)**
  - **99423: 11 - 20 minutes (\$35)**
  - **99423: 21 - 30 minutes (\$56)**
- - **98970 - 98972: Same service for non-physician health care professionals- social workers, nutritionists, Dietitians**
- 
- **When to use:** Parent/patient contacts you through your secure EHR portal, secure Email or other digital applications which allows digital communication with the physician or other QHP.
  - **You receive a message through secure email concerning a patient with direct exposure to COVID-19 (father with confirmed case)**
- **Criteria:**
  - Can be a new problem or established but has to be an established patient
  - If during the 7-day time frame, the patient is seen for same problem, then work devoted to the on-line service is incorporated into the visit.

# E & M Calculator!

- [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_\\_mdm2021.com&d=DwICaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A\\_CdpgnVfiiMM&r=1cHqIUhIIANGdYM2Xu87dY6aqsgvP-F3T8zBxC11Wtk&m=oMcAYndgoERsQYNQm4qjvTY6hBxlf4KNqdZf\\_5FW3jM&s=mVb7LILNhuj\\_7vxEEXZH\\_elmuCzAGGMi9EBPfYDv-WM&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A__mdm2021.com&d=DwICaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=1cHqIUhIIANGdYM2Xu87dY6aqsgvP-F3T8zBxC11Wtk&m=oMcAYndgoERsQYNQm4qjvTY6hBxlf4KNqdZf_5FW3jM&s=mVb7LILNhuj_7vxEEXZH_elmuCzAGGMi9EBPfYDv-WM&e=)
- This URL is from Chip Hart from Physicians Computer Company-they are allowing anyone to have it. You can download it on your phone or anything. It is a great tool to help jump start you in 2021.
- You will have to copy and paste into your browser.



Q&A