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Getting Ready for 2021

2021  
approaching  
fast!

Office  
Visit  
coding  
will  
change  
in 2021

- Visits will be coded based on either Time or Medical Decision-Making
- 99201 deleted
- Medically appropriate History and Examination must still be documented
- New code for prolonged services of 15-30 minutes

No change to other Evaluation and Management codes...yet!

# Time – Now and in 2021

## 2020 –

- Evaluation and Management services can be coded based on time only if visit is dominated by counseling and coordination of care – and only face-to-face time counts
- For Medicare, during Public Health Emergency, telehealth visits may be coded based on time even if not dominated by counseling and coordination of care

## 2021 –

- Office visits level will be determined either by time or by revised Medical Decision-Making criteria
- Time is not just face-to-face time

# Time - What Counts?

- 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)

# 2021 AMA Times for Office Visit Codes

	Time		Time
		99211	Not specified
99202	15-29	99212	10-19
99203	30-44	99213	20-29
99204	45-59	99214	30-39
99205	60-74	99215	40-54

# New Prolonged Services Codes

Current Prolonged Services Codes 99354-99355 require a minimum of 30 minutes beyond the base code to be reported

- 99XXX - 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 (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

<b>Total Duration of New Patient Office or Other Outpatient Services (use with 99205)</b>	<b>Code(s)</b>
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99XXX X 1
90-104 minutes	99205 X 1 and 99XXX X 2
105 or more	99205 X 1 and 99XXX X 3 or more for each additional 15 minutes.
<b>Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)</b>	<b>Code(s)</b>
less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99XXX X 1
70-84 minutes	99215 X 1 and 99XXX X 2
85 or more	99215 X 1 and 99XXX X 3 or more for each additional 15 minutes.

# Current Prolonged Services Codes

## Office and Other Outpatient

- Face-to-Face - When the face-to-face time exceeds the norm for that code by 30 minutes or more
  - +99354 – first hour
  - +99355 – each additional 30 minutes

## Non Face-to-Face – not on same day, but related to a face-to-face visit

- 99358 – Prolonged E&M service before and/or after direct patient care, first hour
- +99359 – each additional 30 minutes

# 2021 Medical Decision-Making

**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 <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	<b>Minimal</b> • 1 self-limited or minor problem	<b>Minimal or none</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
99203 99213	Low	<b>Low</b> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	<b>Limited</b> (Must meet the requirements of at least 1 of the 2 categories) <b>Category 1: Tests and documents</b> • Any combination of 2 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* or <b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	<b>Low risk of morbidity from additional diagnostic testing or treatment</b>
99204 99214	Moderate	<b>Moderate</b> • 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	<b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • 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 <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>Moderate risk of morbidity from additional diagnostic testing or treatment</b>  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
99205 99215	High	<b>High</b> • 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	<b>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • 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 <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>High risk of morbidity from additional diagnostic testing or treatment</b>  Examples only: • 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 or to de-escalate care because of poor prognosis



# Number and Complexity of Problems *Addressed*

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed
		99211
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury
99204 99214	Moderate	Moderate • 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
99205 99215	High	High • 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

- To receive credit in this category, the problem must be addressed:
  - Management
  - Diagnostic studies ordered
  - Consideration of further treatment even if declined by patient
- Listing a diagnosis without documentation of “management” does not count – prescription, ordering of diagnostic tests, counseling
- Notation that condition is managed by another provider or referral without further workup or consideration of treatment does not qualify

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

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Amount and/or Complexity of Data to be Reviewed and Analyzed
99211	N/A	*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below. N/A
99202 99212	Straightforward	Minimal or none
99203 99213	Low	<p><b>Limited</b> (Must meet the requirements of at least 1 of the 2 categories)</p> <p><b>Category 1: Tests and documents</b></p> <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> <p>or</p> <p><b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</p>
99204 99214	Moderate	<p><b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories)</p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <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> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <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> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <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>
99205 99215	High	<p><b>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories)</p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <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> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <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> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <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>

- Separate credit given for multiple tests or review of prior external notes from multiple sources

# Risk of Complications and/or Morbidity or Mortality of Patient Management

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A
99202 99212	Straightforward	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment  Examples only: <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 risk of morbidity from additional diagnostic testing or treatment  Examples only: <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>

Similar to Table of Risk in previous guidelines – Risk of Diagnostic Studies and Management Options combined into one column.

# Social Determinants of Health (SDH)

- Potential health hazards related to socioeconomic and psychosocial circumstances
- May be coded from other than treating physician documentation
- Never coded primary

Will be a factor in Medical Decision-Making for new 2021 Office Visit Coding Guidelines

# Examples of SDH Codes

- Z55.0 – Illiteracy and low-level literacy
- Z55.3 – Underachievement in school
- Z55.4 – Educational maladjustment and discord with teachers and classmates
- Z59.0 – Homelessness
- Z59.1 – Inadequate housing
- Z59.4 – Lack of adequate food and safe drinking water
- Z59.5 – Extreme poverty
- Z59.7 – Insufficient social insurance and welfare support
- Z60.3 – Acculturation difficulty
- Z62.0 – Inadequate parental supervision and control
- Z62.1 – Parental overprotection
- Z62.21 – Child in welfare custody
- Z63.31 - Absence of family member due to military deployment
- Z63.72 – Alcoholism and drug addiction in family

<p>99204 99214</p>	<p>Moderate</p>	<p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 2 or more stable chronic illnesses;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 undiagnosed new problem with uncertain prognosis;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute illness with systemic symptoms;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute complicated injury</li> </ul>	<p><b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• <b>Any combination of 3 from the following:</b> <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> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <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> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <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>	<p><b>Moderate risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <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>
<p>99205 99215</p>	<p>High</p>	<p><b>High</b></p> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<p><b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• <b>Any combination of 3 from the following:</b> <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> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <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> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <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>	<p><b>High risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <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>



# Example

7yo patient previously diagnosed with asthma presents with acute exacerbation

Detailed History, Detailed Examination

- Current Guidelines – 99214
- 2021 Guidelines –

Medical Decision-Making

- Chronic illness with mild exacerbation – 99214 or chronic illness with severe exacerbation – 99215
- Recommendation to admit patient, but parent declines, wanting to wait “to give breathing treatments a chance” - 99215

# Example

8yo patient seen by Gastroenterologist for abdominal pain ongoing for 6 months – previous studies ordered by Primary Care Pediatrician include abdominal ultrasound and CBC. Specialist discusses patient with PCP and reviews images from ultrasound. Patient is scheduled for endoscopy. Prescription issued for Levsin

## Detailed History, Detailed Examination

- Current Guidelines – 99203
- 2021 Guidelines – 99204

## Medical Decision-Making

- Undiagnosed New Problem with Uncertain Prognosis – 99204
- Discussion with PCP; Review of ultrasound images – 99204



# Making the Leap to 99205/99215

- Time or
- High Complexity Medical Decision-Making – 2 out of 3
  - Chronic illness(es) with severe exacerbation, progression, or side effects of treatment OR acute or chronic illness or injury that poses a threat to life or bodily function
  - At least 3 unique tests reviewed or a combination of tests reviewed, review of external notes, ordering of unique test, assessment of independent historian, or discussion of management or test interpretation
  - High risk of morbidity from additional diagnostic testing or treatment

# Outpatient Consultations

## New or Established Patient

- One physician asks another physician for his/her advice or opinion
- Not for payers that follow Medicare

<b>New Patient</b>	<b>99241</b>	<b>99242</b>	<b>99243</b>	<b>99244</b>	<b>99245</b>
<b>(must meet all 3)</b>					
History	chief complaint 1-3 HPI	chief complaint 1-3 HPI 1 ROS	chief complaint 4 or more HPI or 3 chronic problems 2 - 9 ROS pertinent PFSH	chief complaint 4 or more HPI or 3 chronic probs 10 or more ROS complete PFSH	chief complaint 4 or more HPI or 3 chronic probs 10 or more ROS complete PFSH
Examination	1 system	2 - 7 systems	2 - 7 systems	8 or more systems	8 or more systems
Medical Decision-Making	minimal diagnoses minimal/no data minimal risk	minimal diagnoses minimal/no data minimal risk	limited diagnoses limited data low risk	multiple diagnoses moderate data moderate risk	extensive diagnoses extensive data high risk
Time (only relevant if counseling >= 50%)	10 minutes	20 minutes	30 minutes	45 minutes	60 minutes

# Emergency Department Services

Emergency Department Physician will bill ED codes 99281-99285

Physicians consulted in the ED may bill Outpatient Consultation codes or Initial Inpatient Care codes if patient is admitted

Physicians meeting their own patients in the ED may bill Office or Other Outpatient Visit codes or Initial Inpatient Care codes if patient is admitted

3 of 3	99281	99282	99283	99284	99285
<b>History</b>	chief complaint 1-3 HPI	chief complaint 1-3 HPI 1 ROS	chief complaint 1-3 HPI 1 ROS	chief complaint 4 or more HPI 2 - 9 ROS pertinent PFSH (1 area - P or F or SH)	chief complaint 4 or more HPI 10 or more ROS complete PFSH (2 areas PFSH)
<b>Exam</b>	1 system	2 - 7 systems	2 - 7 organ systems or body areas	2 - 7 organ systems or body areas (in more detail)	8 or more organ systems (cannot count body areas)
<b>Medical Decision- Making</b>	(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) limited diagnoses limited data low risk	(must meet 2 of 3) multiple diagnosis options (new problem) moderate data moderate risk	(must meet 2 of 3) multiple diagnosis options (new problem) moderate data moderate risk	(must meet 2 of 3) extensive diagnoses (or 1 dx w/ addl workup) extensive types of data high risk
	Self-limited/Minor	Low/Moderate	Moderate	High severity requiring urgent evaluation but does not pose an immediate significant threat to life or physiologic function	High severity and poses an immediate significant threat to life or physiologic function

# Hospital Admissions

- Billed the date of visit
- Three levels
  - 99221
  - 99222
  - 99223
- Even the lowest level requires a detailed history and examination.
- The difference between 99222 and 99223 is in medical decision-making

	Initial Inpatient Care (Hospital Admit H&P)		
	99221	99222	99223
	<b>3 of 3</b>	<b>3 of 3</b>	<b>3 of 3</b>
History	chief complaint 4 or more HPI 2 - 9 ROS 1 element PFSH	chief complaint 4 or more HPI 10 or more ROS complete PFSH	chief complaint 4 or more HPI 10 or more ROS complete PFSH
Examination	2 - 7 systems/areas (in detail)	8 or more systems	8 or more systems
Medical Decision-Making	(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) multiple diagnoses moderate data moderate risk	(must meet 2 of 3) extensive diagnoses extensive data extensive risk
Time (only relevant if counseling $\geq$ 50%)	30 minutes	50 minutes	70 minutes

# Documentation Issues

- Review of Systems – officially allowed documentation is to list 10 systems individually or to list pertinent positives and negatives followed by “All other systems negative”
- “Family History: Noncontributory” is not acceptable documentation
- 99222/99223 require documentation of a comprehensive examination: 8 organ systems



# Subsequent Visits

- Three levels
  - 99231
  - 99232
  - 99233
- It is expected that the level of service will decrease during the hospital stay
- Diagnosis Coding – code for what you saw the patient for that day!

	Subsequent Care (Daily Visits)		
	99231	99232	99233
	2 of 3	2 of 3	2 of 3
History	interval history chief complaint 1-3 HPI	interval history chief complaint 1-3 HPI 1 ROS	interval history chief complaint 4 or more HPI 2 - 9 ROS pertinent PFSH
Examination	1 system/area	2 - 7 systems/areas	2 - 7 systems/areas (in more detail)
Medical Decision-Making	(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) multiple diagnoses moderate data moderate risk	(must meet 2 of 3) extensive diagnoses extensive data extensive risk
Time (only relevant if counseling >= 50%)	15 minutes	25 minutes	35 minutes

# Issues

- Face-to-face service not clearly documented - “ pt in xray, doing better, labs negative, continue plan.”
- “Pt doing better, no change, continue plan” does not support even a 99231
- Lack of detailed examination is one of the most common reasons documentation does not support 99233.
- Clinical Descriptors Important –
  - 99231 “Usually, the patient is stable, recovering or improving.”
  - 99232 “...the patient is responding inadequately to therapy or has developed a minor complication.”
  - 99233 “Usually, the patient is unstable or has developed a significant complication or a significant new problem.”

# Detailed Examination

- “extended examination”
- 3-4 comments about the affected organ system
- Not important how the documentation is labeled, but the content of what is documented – e.g., “Neck” and “Extremities” are often concerned with the Vascular system, which is part of the Cardiovascular

# Hospital Discharge

Coded based on time spent in discharge activities:

- 99238 - 30 minutes or less
- 99239 - More than 30 minutes
  - Time must be documented or default to 99238
  - Dictation time not included in billable time
- Can code a discharge for deceased patient not seen on the date of death only if you are the one who pronounced.
- Billed the date the work of the discharge is done, not necessarily the date the patient leaves

# Hospital Observation Services

- Observation Discharge 99217
- Initial Observation Care 99218 – 99220
  - Mirrors inpatient codes
  - Must meet 3 of 3 key components
- Subsequent Observation Care 99224-99226
  - Mirrors inpatient codes
  - Must meet 2 of 3 key components
- Admission/Discharge on Same Date  
99234 – 99236 (observation or inpatient)
  - Documentation requirements mirror initial inpatient care but requires two separate encounters

# Concurrent Care

- More than one physician seeing the same patient
- Not usually a problem if different specialties for different diagnoses



# Multiple Visits – Same Day

- Hospital codes are “per day” – documentation from multiple visits is combined
- Multiple physicians from the same practice bill as if they were the same physician.
- Prolonged Services codes may be appropriate for multiple visits if time is documented – requires documentation of time at each visit
  - 99231 – 15 minutes
  - 99232 – 25 minutes
  - 99233 – 35 minutes



# Prolonged Services

- When services exceed the average time for a particular CPT code by more than 30 minutes –  
99356 – first hour (30-74 minutes)  
99357 – each additional half hour



# Evaluation and Management with Procedures

- Modifier 25 - Significant, Separately Identifiable E&M Service by the Same Physician on the Same Day of Procedure or Other Service
  - Beyond the usual preop and postop care
  - Different diagnosis is not required
- Modifier 57 used for Decision for Surgery if considered a major procedure

# Modifier 25 Clarification

*“E&M services on the same date of service as the minor surgical procedure are included in the payment for the procedure. The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and should not be reported separately as an E&M service.”*

National Correct Coding Initiative Manual

# Getting Ready for 2021

- Document more of thought process in Assessment and Plan rather than just choose the diagnosis in drop-down box
- Measure time spent in all activities involving care of the patient
- Consider what is medically necessary for History and Examination – it won't affect your office visit coding, but will still be necessary for clinical reasons and medicolegal reasons
- Focus on Social Determinants of Health – diagnoses that may help support level of service
- Current guidelines continue for Consultations and Inpatient Care



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