Understanding The New CPT Guidelines for 2021

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Disclosures

Nothing to Report

Goals for Program

Introduction to CMS Changes in CPT Coding

Better understand the affected CPT codes

Understand new methods of Code selection

Understand new documentation requirements

Improve compliance with federal guidelines

Prepare for implementation in January 2021

Review ICD updates for 2021

Big Changes for E/M Documentation!

- Documentation guidelines are challenging for any provider
- Idea of a simplified, lesser tiered approach
- Affects both documentation and payment
- Being launched in CY2021, January 1
- Proposed consolidating E/M coding levels from 5 to 2!
- Final rule compromised
- Created 3 levels of codes, then…
- Changed levels again, adding more
  - 4 levels new patient
  - 5 levels established patients

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Big Changes for E/M Documentation!

- July 12, 2019 release date
- the ***Proposed Policy, Payment, and Quality Provision Changes to Medicare Physician Fee Schedule for Calendar Year 2019***.
- The final rule was released on November 1, 2018
- CMS confirms these changes will not affect 92xxx Eye Codes
  - Used for routine vision wellness examinations
  - 92xxx used 70% vs 99xxx 30%
- Only for Medicare fee-for-service patients

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Streamlining E/M Payment & Burden

- CY 2021 CMS will introduce the largest change to the current coding & payment structure for E/M visits since inception in 1995
- 1995-1997 E/M system existed before EMR
  - Time consuming to doctors and staff
  - “chart-note bloat”
  - E/M code inflation
  - Patient perception of distracted physicians
  - Student education/training directed to documentation more than direct patient care experiences
  - Expense of IT, training, billing staff, technicians, scribes etc

Streamlining E/M Documentation

- For established patient office visits
  - when relevant information is already contained in the medical record…..
  - practitioners may choose to focus documentation on what has changed since last visit or
  - on pertinent items that have not changed
  - and need not re-record the defined list of required elements
  - evidence of review must be documented
  - Practitioners should still review prior data, update as needed, and indicate in medical record that they have done so

Streamlining E/M Documentation

- Greatly reduced documentation of History & Exam
  - No “copy forward” functions
  - No unnecessary duplication of data
  - No value assigned to non-essential or extraneous notes
  - PFSH & ROS do not need to be completed each visit
  - No need to complete examination elements that do not change or contribute to the current assessment and plan of care
  - ONLY document essential elements of history and exam

Streamlining E/M Documentation

- For new & established patients visits,
  - practitioners need not re-enter in medical record information on patient's chief complaint and history that has been entered in record by ancillary staff or beneficiary
  - May simply indicate that information has been reviewed and verified
- Removal of duplicative requirements for notations in records that may have been previously included by residents or other members of care team for E/M visits furnished by teaching physicians

CMS Goal - Patients over Documentation

- Reduced doctor and staff time by streamlining documentation of history & examination
- Compressed medical records
- Improved chances of surviving chart audits
- Expanded schedules in offices allowing more appointments

CMS Goal - Patients over Documentation

"Assuming a conservative reduction of 2.11 minutes per visit, a physician who sees 20 patients per day could realize over 180 hours of freed time to focus on patient care" – *American Medical Association*

- Expected annual increased revenue - $36,800/prov/year
  - Based on 46 weeks / year
  - 4 day work week
  - 1 additional visit per half day session
  - $100 additional revenue / visit

CMS Goal - Patients over Documentation

"Unconscionable" payment cuts must not be implemented. "Physicians are already experiencing substantial economic hardships due to COVID-19 so these pay cuts could not come at a worse time"

– Dr. Bailey *American Medical Association*

Steep Drop in Physician Payments 2021

- RVUs are multiplied by a conversion factor set by CMS to convert RVUs to payment rates
- Final 2021 conversion factor is $32.41
  - Decrease of $3.68 (-10.2%) from 2020 rate of $36.09!
- Lowest since 1993!
- Biggest winners – endocrinology, rheumatology, heme/onc, family practice (+13-17%)
- Biggest losers – radiology, thoracic surgery, vascular surgery, ophthalmology (- 6-11%)

CMS Revisions to E/M Code Selection

- Eliminates methodological distinction between new vs established patients in selecting codes based on strict definitions of 3 of 3 (new) and 2 of 3 (established)
- Same 2 of 3 Rule used for selecting codes for BOTH
- Confirms role of Medical Decision Making as the key factor for selecting level of service
- The extent of history obtained and examination performed are NOT elements in code selection
- Volume of documentation should not be an influence upon code level selection

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CY 2021 E/M Code Consolidation

- Former E/M code options - 2020
  - 5 levels new
  - 5 levels established

– 99201	99211
– 99202	99212
– 99203	99213
– 99204	99214
– 99205	99215

CY 2021 E/M Code Consolidation

- 1st proposed E/M code options for 2021
- 2 levels new
- 2 levels established

  - 99201 99211
  - 992__* 992__*

- Eliminating level 5 codes met tremendous pushback from super-specialists caring for high morbidity & mortality patients

CY 2021 E/M Code Consolidation

- 2nd proposed E/M code options for 2021
- 2 levels new
- 3 levels established

deleted	99211
– 992__*	992__*
– 99205	99215

- Levels 2, 3, 4 E/M codes blended together creating a new hybrid code
  - And one reimbursement !

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2020 Medicare Fee Schedule

n	99201	$ 45.52	99211	$ 22.88
n	***99202***	***$ 75.76***	***99212***	***$ 45.17***
n	***99203***	***$ 107.20***	***99213***	***$ 74.63***
n	***99204***	***$ 164.05***	***99214***	***$ 108.32***
n	99205	$ 207.37	99215	$ 145.58
n	92002	$ 83.62	92012	$ 87.85
n	92004	$ 149.49	92014	$125.36

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CY 2021 E/M Code Consolidation

- Final 3rd iteration of E/M code options
  - 4 levels new
  - 5 levels established

– deleted	99211
– 99202	99212
– 99203	99213
– 99204	99214
– 99205	99215

- Each code has unique reimbursement

2018 Medicare Utilization Data - OMD

n	99201	0.1%	99212	2.2%
n	99202	1%	99211	0.2%
n	99203	8.1%	99213	11.4%
n	99204	31.8%	99214	8%
n	99205	1.8%	99215	0.7%
n	92002	5.2%	92012	29.4%
n	92004	52%	92014	48%

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2021 Medicare Allowable Fee Changes

n	99201	0 (-100%)	99211	$22.04 (-6.1%)
n	99202	$81 (-10%)	99212	$54.12 (+18.4%)
n	99203	$107 (-3%)	99213	$87 (+14%)
n	99204	$142 (-4.6%)	99214	$123 (+12%)
n	99205	$212 (-0.2%)	99215	$173 (+17%)
n	92002	$81 (-5%)	92012	$85 (-6.3%)
n	92004	$142 (-7.4%)	92014	$120 (-7.1%)

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Other Common Tests - Allowable Fees

- 92083 - $60 (-6%)
- 92132 - $30 (-6%)
- 92133 - $35 (-6%)
- 92134 - $39 (-7%)
- 92235 - $112 (+6%)
- 92240 - $196 (-5%)
- 92250 - $37 (-19%)
- 92285 - $22 (-2%)

Other Surgical - Allowable Fees

- 65222 - $64 (-7%)
- 66982 - $696 (-9%)
- 66984 - $508 (-9%)
- 68761 - $142 (-6%)

CY 2021 E/M Documentation Options

- Using MDM to document exam
- Using Time to document exam
- Using current CPT framework and documentations requirements for certain categories of services
  - Documentation of history
  - Documentation of examination
  - Documentation of medical decision making
- Using Eye coding conventions (92xxx) which will not be revised
  - Synchronization of Eye codes & E/M codes within RB-RVS

CY 2021 E/M Documentation

- When using MDM or current framework to document visits,
  - CMS will apply a minimum supporting documentation standard associated with level 2 visits
  - Requires information to support history / exam / medical decision making for level 2 visit code
- When Time is used to document,
  - practitioners will document medical necessity of the visit
  - that the billing practitioner personally spent the required time
    - face-to-face with the beneficiary, AND
    - Preparing for visit and review of tests, plans etc

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99201

- This code has been deleted
- To report use 99202

99202

- Office or other outpatient visit for the evaluation and management of a new patient
- Requires a medically appropriate history and/or examination and straightforward medical decision making
- When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter

99203

- Office or other outpatient visit for the evaluation and management of a new patient
- Requires a medically appropriate history and/or examination and low level of medical decision making
- When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter

99204

- Office or other outpatient visit for the evaluation and management of a new patient
- Requires a medically appropriate history and/or examination and moderate level of medical decision making
- When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter

99205

- Office or other outpatient visit for the evaluation and management of a new patient
- Requires a medically appropriate history and/or examination and high level of medical decision making
- When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter
- For services 75 minutes or longer see Prolonged Services 99xxx

99211

- Office visit or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional. Usually the presenting problem (s) are minimal.

99212

- Office or other outpatient visit for the evaluation and management of an established patient
- Requires a medically appropriate history and/or examination and straightforward medical decision making
- When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter

99213

- Office or other outpatient visit for the evaluation and management of an established patient
- Requires a medically appropriate history and/or examination and low level of medical decision making
- When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter

99214

- Office or other outpatient visit for the evaluation and management of an established patient
- Requires a medically appropriate history and/or examination and moderate level of medical decision making
- When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter

99215

- Office or other outpatient visit for the evaluation and management of an established patient
- Requires a medically appropriate history and/or examination and high level of medical decision making
- When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter
- For services 55 minutes or longer see Prolonged Services 99xxx

Selecting E/M Codes Using Time

- Using TIME is one of two options used to select codes
- Time may be used to select a code level in office, whether or not counseling and / or coordination of care dominates the service
- Time may ONLY be used to select the level of service when counseling and / or coordination of care dominates the service
- Time includes face-to-face encounters & non face-to-face responsibilities
  - Time spent with scribes, technicians, assistants, orthoptists and opticians must NOT be counted
- Total time must be documented & how it was spent

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Selecting E/M Codes Using Time

- Total TIME = face-to-face & non face-to-face but does not include time in activities performed by clinical staff
- Preparing to see patient (review of tests)
- Obtaining or reviewing separately obtained history
- Performing appropriate examination
- Counseling & educating patient/family/caregiver
- Ordering medications, tests, procedures
- Referring & communicating with other professionals
- Documenting medical records
- Independently interpreting results, communication w pt
- Care coordination

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Final Determination Table for TIME

E/M CODE	Physician TIME on Date of Encounter
99202	15 - 29 minutes
99203	30 - 44 minutes
99204	45 - 59 minutes
99205	60 - 74 minutes
99211	Time Component Removed
99212	10 - 19 minutes
99213	20 - 29 minutes
99214	30 - 39 minutes
99215	40 - 54 minutes

Prolonged Services Code - 99417

- NEW CPT Code for patient services on date of encounter that go beyond **74 minutes for new** patients and **54 minutes for established** patients
- Code only when level of the primary **E/M code is selected based on total TIME** and not MDM and documentation supports additional time **beyond 99205 or 99215**
- Prolonged time should never be used with Eye Codes or any lower level E/M Code
- Prolonged time less than 15 minutes should not be reported

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E/M Codes Using Prolonged Time - New

E/M CODE	Total Duration
Not reported separately	Less than 55 minutes
99205 with 1 in unit field and 99417 with 1 in unit field	75 - 89 minutes
99205 with 1 in unit field and 99417 with 2 in unit field	90 - 104 minutes
99205 with 1 in unit field and 99417 with 3 in unit field	105 or more minutes
For each additional 15 minutes, add another unit in the unit field	

E/M Codes Using Prolonged Time - Est

E/M CODE	Total Duration
Not reported separately	Less than 55 minutes
99215 with 1 in unit field and 99417 with 1 in unit field	55 – 69 minutes
99215 with 1 in unit field and 99417 with 2 in unit field	70 – 84 minutes
99215 with 1 in unit field and 99417 with 3 in unit field	85 or more minutes
For each additional 15 minutes, add another unit in the unit field	

Selecting E/M Codes Using MDM

- Using MDM is one of two options used to select codes
- It does not matter if the patient is new or established
  - ***Documentation requirements for both types of patients are the same***
  - Follow the "2 of 3" Rule when coding everyone

Three Components for Determining the Complexity of MDM

- 1. Number and complexity of ***Problems*** addressed at the encounter
- 2. Amount and/or complexity of ***Data*** to be reviewed and analyzed
- 3. ***Risk*** of complications and /or morbidity or mortality of patient management

Number & Complexity of Problems

- 99202 / 99212 – Minimal
  - 1 self limited or minor problem
- 99203 / 99213 – Low
  - 2 or more self-limited or minor problems; or
  - 1 stable chronic illness; or
  - 1 acute, uncomplicated illness or injury
- 99204 / 99214 – Moderate
  - 1 or more chronic illnesses, w 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 w systemic symptoms; or
  - 1 acute complicated injury
- 99205 / 99215 – High
  - 1 or more chronic illnesses with severe exacerbations, progression, or side effects of treatment; or
  - 1 acute or chronic illness or injury that pose a threat to life or bodily function

Amount or Complexity of Data

- 99202 / 99212 – Minimal or none
- 99203 / 99213 – Limited / requires 1 of 2 categories
  - Cat 1: tests & documents 2 from the following
    - Review of prior external notes from each unique source
    - Review results of each unique test
    - Ordering each unique test OR
  - Cat 2: assessment requiring an independent historian (s)
- 99204 / 99214 – Moderate / requires 1 of 3 categories
  - Cat 1: Tests & documents, or independent historians 3 from the following
    - Review prior external notes from each unique source
    - Review of results of each unique test;
    - Assessment requiring independent historian OR
  - Cat 2: independent interpretation of test performed by another physician (not reported) OR
  - Cat 3: discussion of management or test interpretation w external physician (not reported)
- 99205 / 99215 – High / requires 2 of 3 categories
  - Cat 1: tests & documents, or independent historians 3 of the following
    - Review of prior external notes from each unique source
    - Review of results of each unique test;
    - Ordering of each unique test;
    - Assessment requiring an independent historians OR
  - Cat 2: independent interpretation of a test performed by another physician OR
  - Cat 3:Discussion of management or test interpretation w external physician

Risk of Complications and/or Morbidity of Pt Managmt

- 99202 / 99212 – Minimal risk of morbidity from additional diagnostic tests or treatment
- 99203 / 99213 – Low risk of morbidity from additional diagnostic testing or treatment
- 99204 / 99214 – Moderate
  - Moderate risk of morbidity from additional diagnostic testing or treatment.
  - Examples
    - Prescription drug management
    - Decision regarding minor surgery w identified patient; or procedure risk factors; or
    - Elective major surgery without identified patient or procedure risk factors; or
    - Diagnosis or treatment significantly limited by social determinants of health
- 99205 / 99215 – High / requires 2 of 3 categories
  - High risk of morbidity from additional diagnostic testing or treatment
  - Examples
    - 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 deescalate care because of poor prognosis

Final Code Determination Table - MDM

- To select final level of exam to be billed, 2 of 3 components (Number of problems / Amount of data / Risk) must have the same level of complexity
- Level of complexity
  - Straightforward / minimal
  - Low
  - Moderate
  - High
- Otherwise, select 1 level lower from the highest level scored

Final Determination Table for MDM

Number and Complexity of PROBLEMS	Amount or Complexity of DATA	RISK of Complications Morbidity Mortality Management	Final E/M CODE
Minimal	Minimal / none	Minimal	2 99202 / 99212 Straightforward
Low	Limited	Low	3 99203 / 99213 Low
Moderate	Moderate	Moderate	4 99204 / 99214 Moderate
High	Extensive	High	5 99205 / 99215 High

MM1

Final Determination Table for MDM

Number and Complexity of PROBLEMS	Amount or Complexity of DATA	RISK of Complications Morbidity Mortality Management	Final E/M CODE
Minimal	Minimal / none	Minimal	2 99202 / 99212 Straightforward
Low	Limited	Low	3 99203 / 99213 Low
Moderate	Moderate	Moderate	4 99204 / 99214 Moderate
High	Extensive	High	5 99205 / 99215 High

Slide 50

MM1 51: low problem, minimal data, low risk. final = low E/m 3

Michael McGreal, 1/4/2021

MM3

Final Determination Table for MDM

Number and Complexity of PROBLEMS	Amount or Complexity of DATA	RISK of Complications Morbidity Mortality Management	Final E/M CODE
Minimal	Minimal / none	Minimal	2 99202 / 99212 Straightforward
Low	Limited	Low	3 99203 / 99213 Low
Moderate	Moderate	Moderate	4 99204 / 99214 Moderate ★
High	Extensive	High	5 99205 / 99215 High

Slide 51

MM3 50: moderate problem, limited data, moderate risk. final code = moderate (because 2 of 3 at that level)

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MM2

Final Determination Table for MDM

Number and Complexity of PROBLEMS	Amount or Complexity of DATA	RISK of Complications Morbidity Mortality Management	Final E/M CODE
Minimal	Minimal / none	Minimal	2 99202 / 99212 Straightforward
Low	Limited	Low	3 99203 / 99213 Low
Moderate	Moderate	Moderate	4 99204 / 99214 Moderate
High	Extensive	High	5 99205 / 99215 High

Slide 52

MM2 52: problems moderate, data limited, risk high. Final = 4 moderate.

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How Will This Affect The Final Code?

- Assuming well over 100+ various coding examples, and using MDM to select code with 2021 methodology

- Down 2 levels of E/M = 0.7%
- Down 1 level of E/M = 18%
- No change = 61%
- Up 1 level = 18%
- Up 2 levels = 1.5%

When E/M Codes Must be Used Instead of An Eye Code

- When performing telemedicine visits
  - Except during public health emergency
- When ICD code is not a covered diagnosis code for 92
- When POS is not “office”
- When commercial plan caps use of 92 codes for freq
- When commercial payer requires E/M for medical diag
- When commercial plan determines diagnosis code does not warrant a comprehensive 92xxx
- When reporting prolonged service codes
- When E/M code pays better

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When E/M Codes Must be Selected & Documented Using 1997 Guidelines

- Hospital observation codes
- Hospital inpatient codes
- Consultation codes
- Emergency department codes
- Nursing facility codes
- Domiciliary codes
- Rest home codes
- Custodial care codes
- Home E/M services codes

General Ophthalmological Service - 92004 / 92014

- Evaluation of the complete visual system
- Single service entity, need not be performed in one session
- Includes history, medical observation, external & ophthalmoscopic examinations, gross visual fields, sensorimotor examination
- ***OFTEN*** includes, as indicated: biomicroscopy, examination with cycloplegia or mydriasis and tonometry
- ***ALWAYS*** includes initiation of diagnostic & treatment programs

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General Ophthalmological Service - 92004 / 92014

- ***Initiation of diagnostic & treatment program*** includes prescription of medication, and arranging for special ophthalmological diagnostic or treatment services, consultations, laboratory procedures and radiologic services
- ***Special ophthalmological services*** describe special evaluation of part of the visual system, which goes beyond the services included under general ophthalmological services or in which special treatment is given. Special services may be reported in addition to general ophthalmological services or E/M

General Ophthalmological Service - 92004 / 92014

- ***Special ophthalmological services*** examples include fluorescein angiography, visual fields, refraction, or extended color vision examination
- Prescription of lenses, when required is included in 92015. It includes specification of lens type, power, axis, prism, absorptive factors, impact resistance, other factors
- Interpretation & report is an integral part of special ophthalmological services. Technical procedures which may or may not be performed personally are often part of the service, not to be mistaken to constitute the service itself

Intermediate Ophthalmological Services - 92002 / 92012

- Evaluation of new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis
- Includes history, medical observation, external ocular & adnexal examination and other diagnostic procedures as indicated
- ***MAY*** include use of mydriasis for ophthalmoscopy
- Example: Review of interval history, external examination, ophthalmoscopy, biomicroscopy & tonometry in established patient with known cataract not requiring comprehensive service

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Cases Studies for Coding Practice

Posterior Capsule Opacification

- Dx: PCO OD, R/B/A YAG laser discussed
- Plan: Consult MD for YAG cap OD
- Exam elements – VA, cornea, lens, AC, IOP, disc, Ret
- History – ocular hx cat surgery
- MDM
  - Problem: 1 or more, exacerbation, progression = Moderate
  - Data: none = Minimal
  - Risk: elective major surgery = Moderate
- Final Code
  - 92002 or 92012
  - 99204 or 99214
  - 92015

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Flashes & Floaters (PVD, no tear)

- Dx: PVD OD, Floaters OS
- Plan: Discussed findings, recheck 4-6 weeks
- Exam elements – VA, cornea, pupils, lens, AC, IOP, disc, Ret. Medications reviewed
- MDM
  - Problem: 2 or more, stable chronic = Moderate
  - Data: none, order ext ophthal = Minimal
  - Risk: low risk morbidity from testing or treatment = Low
- Final Code
  - 92004 or 92014
  - 99203 or 99213
  - 92201 EO, peripheral

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Flashes & Floaters (Retinal tear)

- Dx: Horseshoe tear OD, Floaters OS
- Plan: Consult retina for laser to delimit tear
- Exam elements – VA, cornea, pupils, lens, AC, IOP, disc, Ret. Medications reviewed
- MDM
  - Problem: 1 undiagnosed new problem, uncertain prognosis = Moderate
  - Data: none, order ext ophthal, review = Minimal
  - Risk: elect major surgery w/o risk = Moderate
- Final Code
  - 92004 or 92014
  - 99204 or 99214, 92201 EO, peripheral

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Retinal Detachment

- Dx: RD OS, Macula-on
- Plan: consult retina for surgery
- Exam elements – VA, pupils, conj, cornea, lens, AC, IOP, disc, Ret, Hx: Medications documented
- MDM
  - Problem: 1 acute illness, severe exacerbation = High
  - Data: ordered EO, reviewed = Minimal
  - Risk: emergency major surgery = High
- Final Code
  - 92004 or 92014
  - 99205 or 99215
  - 92201 EO, peripheral

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Cataract Not Ready for Surgery

- Dx: Nuclear cataract OU,
- Plan: New Spec Rx, RTO 1 year or sooner
- Exam elements – VA, pupils, conj, cornea, lens, AC, IOP, disc, Ret, Hx: Medications documented
- MDM
  - Problem: 1 stable chronic illness = Low
  - Data: none = Minimal
  - Risk: Low risk = Low
- Final Code
  - 92004 or 92014
  - 99203 or 99213
  - 92015

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Cataract Ready for Surgery

- Dx: Nuclear cataract OD, OS
- Plan: consult for cataract surgery OU
- Exam elements – VA, pupils, conj, cornea, lens, AC, IOP, disc, Retina Hx: Medications reviewed
- MDM
  - Problem: 1 chronic w exacerbation, progression = Moderate
  - Data: minimal = Limited
  - Risk: Moderate, elective major surgery, no risk factors = Moderate
- Final Code
  - 92004 or 92014
  - 99204 or 99214, plus refraction 92015

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Keratoconus

- Dx: KCN OU
- Plan: New spec Rx, continue SCL, consider GP, X-linking
- Exam elements – VA, pupils, AC, lens, conj, cornea, adnexa Hx: KCN paternal. Reviewed past records x 4 yrs
- MDM
  - Problem: 1 or more chronic illnesses, exacerbation = Moderate
  - Data: perform topo/refraction, review results, review past refractions/topos = Moderate
  - Risk: Minimal = Minimal
- Final Code
  - 92002 or 92012
  - 99204 or 99214, plus 92225 Topography, 92015 Refraction

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Chalazion

- Dx: Chalazion OD upper lid
- Plan: R/B/A I &D, consult ophthal for excision
- Exam elements – VA, conj, cornea, adnexa Hx: Bleph, no medications, NKDA
- MDM
  - Problem: 1 acute uncomplicated = Low
  - Data: Minimal = Minimal
  - Risk: Minimal = Minimal
- Final Code
  - 92002 or 92012
  - 99202 or 99212
  - 92015

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Conjunctival Foreign Body

- Dx: FB, conjunctiva, embedded OD
- Plan: R/B/A FB removal, antibiotics topical, NSAID
- Exam elements – VA, pupils, adnexa, conj, cornea, AC
  Hx: yard work, no power tools, no medications, NKDA
- MDM
  - Problem: 1 acute uncomplicated = Low
  - Data: Minimal = Minimal
  - Risk: Minimal risk from treatment = Minimal
- Final Code
  - 92002 or 92012 Note -25 modifier for new patients
  - 99202 or 99212
  - 65210-RT

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Diabetic Retinopathy (Mild)

- Dx: NPDR OU
- Plan: Observe, 6 mos, OCT/DFE
- Exam elements – VA, pupils, AC, lens, IOP, Disc, ret, conj, cornea, adnexa Hx: meds reviewed, DM exam
- MDM
  - Problem: 1 stable, chronic = Low
  - Data: OCT retina, results reviewed = Limited
  - Risk: Low = Low
- Final Code
  - 92004 or 92014
  - 99203 or 99213
  - 92134 OCT

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Diabetic Retinopathy (Proliferative)

- Dx: PDR OU, NVE, NVD, mild DME
- Plan: consult for anti-VEGF, possible PRP
- Exam elements – VA, pupils, IOP, Disc, ret, cornea, adnexa Hx: meds reviewed, DM exam
- MDM
  - Problem: 1 stable, 1chronic, progression = Moderate
  - Data: OCT retina, results reviewed = Limited
  - Risk: Low risk of morbidity from additional testing or treatment = Low
- Final Code
  - 92002 or 92012
  - 99203 or 99213, 92134 OCT

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Age Related Macular Degeneration - Dry

- Dx: AMD, non-exudative OU
- Plan: AREDS MV, amsler, 6 months
- Exam elements – VA, pupils, AC, lens, IOP, Disc, ret, conj, cornea, adnexa. Hx: Mother had AMD
- MDM
  - Problem: 1 stable chronic = Low
  - Data: Limited, perform OCT, review = Limited
  - Risk: Low risk of morbidity = Low
- Final Code
  - 92004 or 92014
  - 99203 or 99213
  - 92134 OCT, 92202 Extended Ophthal Mac

JAM

Glaucoma – Follow up visit

- Dx: POAG, mild OD, mod OS. Compliant. Controlled
- Plan: Continue current Rxs, return 4 months
- Exam elements – VA, pupils, AC, IOP, Disc, conj
- MDM
  - Problem: 1 stable chronic = Low
  - Data: none = Minimal
  - Risk: prescription drugs management = Moderate
- Final Code
  - 92012
  - 99213
- Tip – when 2 of 3 is not met, select one level down from highest level

JAM

Glaucoma Consult

- Dx: POAG, severe stage, OU. Referral from OD, non-compliance, reviewed notes from previous 2 providers
- Plan: Initiate topical treatment, return 3 weeks, letter OD
- Exam elements – VA, pupils, AC, lens, IOP, Disc, ret, conj, cornea, adnexa, gonio, OCT.
- MDM
  - Problem: 1 acute, threat to function = High
  - Data: review prior ext notes from unique source, review results from each unique source, order tests, discussion w ext physician = High
  - Risk: prescription drugs management, disc risk factors= High
- Time – 45 minutes

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Glaucoma Consult

- MDM
  - Problem: 1 acute, threat to function = High
  - Data: review prior ext notes from unique source, review results from each unique source, order tests, discussion w ext physician = High
  - Risk: prescription drugs management, disc risk factors= High
- Time – 45 minutes
- Final Code
  - 92004
  - 99204 (based on Time), 99205 (based on MDM)
  - 92133 OCT
  - 92020 Gonio

JAM

Acute Angle Closure Glaucoma

- Dx: AACGl OS
- Plan: Initiate emergency treatment / arrange for LPI
- Exam elements – VA, pupils, AC, lens, IOP, Disc, ret, conj, cornea, adnexa, gonio, serial tonometry. Meds
- MDM
  - Problem: 1 acute, threat to function = High
  - Data: moderate, order tests, interpretation = Moderate
  - Risk: High, decision for emergency major surgery = High
- Final Code
  - 92004 or 92014
  - 99205 or 99215
  - 92134 OCT, 92020 Gonio, 92100 Serial tonometry

JAM

How Do I Get Ready for January 1st?

- Learn the new terms and definitions of MDM
- Practice accurately scoring MDM in your exams now
- Learn new definitions of Time as applied to code selection
- Contact EMR vendors regarding systems software updates if paperless
- Revise paper medical records to more accurately document the findings and methods used to code
- Pay attention to MPFS for 2021 and make adjustments
- Make training all doctors and employees a priority
- Purchase a 2021 CPT book

JAM

New ICD-10 Codes for 2021

- H18.501 Unspec hereditary cornel dystrophies, right
- H18.502 Unspec hereditary corneal dystrophies, left
- H18.503 Unspec herediary corneal dystrophies, both
- H18.509 Unspec hereditary corneal dystrophies, unspec
- H18.511 Endothelial corneal dystrophy, right
- H18.512 Endothelial corneal dystrophy, left
- H18.513 Endothelial corneal dystrophy, both
- H18.519 Endothelial corneal dystrophy, unspec

New ICD-10 Codes for 2021

- H18.521 Epithelial (juvenile) corneal dystrophies, right
- H18.522 Epithelial (juvenile) corneal dystrophies, left
- H18.523 Epithelial (juvenile) corneal dystrophies, both
- H18.529 Epithelial (juvenile) corneal dystrophies, unspec
- H18.531 Granular corneal dystrophy, right
- H18.532 Granular corneal dystrophy, left
- H18.533 Granular corneal dystrophy, both
- H18.539 Granular corneal dystrophy, unspec

New ICD-10 Codes for 2021

- H18.541 Lattice corneal dystrophies, right
- H18.542 Lattice corneal dystrophies, left
- H18.543 Lattice corneal dystrophies, both
- H18.549 Lattice corneal dystrophies, unspec
- H18.551 Macular corneal dystrophy, right
- H18.552 Macular corneal dystrophy, left
- H18.553 Macular corneal dystrophy, both
- H18.559 Macular corneal dystrophy, unspec

New ICD-10 Codes for 2021

- H18.591 Other hereditary corneal dystrophies, right
- H18.592 Other hereditary corneal dystrophies, left
- H18.593 Other hereditary corneal dystrophies, both
- H18.599 Other hereditary corneal dystrophies, unspec
- H55. 82 Deficient smooth pursuit eye movements
- T86.8401 Corneal transplant rejection, right
- T86.8402 Corneal transplant rejection, left
- T86.8403 Corneal transplant rejection, both
- T86.8409 Corneal transplant rejection, unspec

JAM

New ICD-10 Codes for 2021

- T86.8411 Corneal transplant failure, right
- T86.8412 Corneal transplant failure, left
- T86.8413 Corneal transplant failure, both
- T86.8419 Corneal transplant failure, unspec
- T86.8421 Corneal transplant infection, right
- T86.8422 Corneal transplant infection, left
- T86.8423 Corneal transplant infection, both
- T86.8429 Corneal transplant infection, unspec

New ICD-10 Codes for 2021

- T86.8481 Other complication Corneal transplant, right
- T86.8482 Other complication Corneal transplant, left
- T86.8483 Other complication Corneal transplant, both
- T86.8489 Other complication Corneal transplant, unsp
- T86.8491 Unspec complication Corneal transplant, right
- T86.8492 Unspec complication Corneal transplant, left
- T86.8493 Unspec complication Corneal transplant, both
- T86.8499 Unspec complication Corneal transplant, unspec

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New ICD-10 Codes for 2021

- U07.1 COVID-19

Thank you

Missouri Eye Associates

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