

Agenda

Learning Objectives:

After this session, participants will be able to:

- Select the level of service for codes 99202—99215 using the new guidelines
- Describe the two prolonged services codes
- Identify the type of visit/category of code for patients seen in the hospital

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E/M Office and Outpatient Guidelines in 2021

- Incorporating the Newly Redefined Medical Decision Making Elements
- Element #1: Number and Complexity of Problems Addressed
 - Problems, Illnesses & Injuries: how are they defined?
 - Stable vs chronic
 - How is the complexity of the problem determined?
 - Counting the number of problems. What constitutes a separate problem?
- Element #2: Data to be Reviewed and Analyzed
 - Defining Data Category 1
 - What is included as an external note?
 - What is a unique data test?
 - What is a unique source?
 - Who qualifies as an independent historian and how is this role documented?
 - Defining Data Category 2
 - Documenting independent interpretation
 - Defining Data Category 3
 - What constitutes a discussion of management or tests?
 - Who qualifies as an external or other source?
- Element #3: Risk of Complications and/or Morbidity or Mortality of Patient Management
 - Defining level of risk: what does CPT say?
 - Documenting level of risk. Do the current risk table examples still apply?
 - How do test and treatment decisions impact co-morbidity and risk?
 - Exercises: Determining level of risk

2021: Using Time to Determine Level of Service

- What is included in the new ranges?
- What work and whose work is counted when time is used?

Prolonged Services Codes

- Coding for prolonged services for new and established patient office and outpatient services
- CPT code 99417 and HCPCS code G2212
- Time thresholds and documentation

Coding for E/M Services in the Hospital Setting

- Selecting the accurate category of code for services performed in a facility setting
- Selecting the correct level of service using the 1995/1997 Documentation Guidelines