

# Outpatient Coding Update 2024

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# Disclosures

- Board of Directors, Blue Cross and Blue Shield of Alabama, 2016-2022
  - Board of Directors, Alabama Legacy ACO
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- ✓ Adapted some slides from Jeannine Engel, MD, MACP, University of Virginia School of Medicine



# Objectives

- Review CPT Editorial Panel revised office visit E/M documentation guidelines (2021)
- Review the expanded definition of time
- Learn when and how to use G2211, Office and Outpatient E/M Visit Complexity Add-on Code
- Discuss combining a Wellness Visit with a Problem-Oriented Visit: Coding
- Tips on coding a Level 4 visit



# CPT Editorial Panel revised office visit E/M documentation guidelines

January 1, 2021



# CPT Editorial Panel Revisions

- 2021:** Revised office visit E/M coding guidelines to reduce documentation requirements and burden and reduce “note bloat”
- 2023:** Expanded application of 2021 changes to inpatient and SNF E/M coding
- 2024:** Add-on code 2211 available to provide additional payment to primary care



## 2021 forward: Outpatient E/M (and Inpatient/SNF 2023 forward)

- What counts *for billing*
  - Medical decision making
  - Time
- What no longer counts *for billing*
  - HPI, PMH, SH, FH, ROS
  - Number of physical exam elements
- What matters for best patient care **ALWAYS**
  - Document what you think is clinically appropriate
  - Minimum documentation **≠** Best documentation for patient care/safety and risk management



## 2021 Outpatient E/M: MDM or Time

CPT	99202/99212	99203/99213	99204/99214	99205/99215
History: HPI, PFSH, ROS	Clinically relevant	Clinically relevant	Clinically relevant	Clinically relevant
Exam	Clinically relevant	Clinically relevant	Clinically relevant	Clinically relevant
Medical Decision Making	Straight-forward	Low	Moderate	High
Time (min) 2024	15/10	30/20	45/30	60/40



# 2021 Outpatient E/M: What Counts

- Medical Decision Making (2 of 3)
  - Number and complexity of problems addressed
  - Amount and/or complexity of data to be reviewed and analyzed
  - Risk of complications and/or mortality of patient management
- Time (date of service ONLY)
  - **Total time** on date of service: prep, face-to-face, documentation
  - Billing provider time only (not resident or student)





# Time or

Medical Decision Making



# 2021 Outpatient E/M: TIME

All time on **date of service**: preparation, face-to-face, documentation, coordination of care

New Patient	
CPT	Time (min)
99202	15
99203	30
99204	45
99205	60

Established Patient	
CPT	Time (min)
99212	10
99213	20
99214	30
99215	40



## 2021 Outpatient E/M: TIME

- Whose time counts: Physician or QHP only
- Split-shared: Can add medically necessary time
- Student's or resident's time: No! Only count supervising/billing physician time
  - If physician is observing the encounter, can count this time



## 2021 Outpatient E/M: Time

- How might this change your practice?
- Prep on day of clinic
- Finish documentation on day of clinic
- Track your time, including documentation
  - Can be discontinuous



# 2021 Outpatient E/M: Time Example

43 yo female, with DM 2 and migraine HA

- New complaint of palpitations and insomnia for 1 month
- She reveals that her teenage daughter is having difficulty in high school and may be taking illegal drugs
- Her husband, while usually supportive is not coping well and has increased his alcohol intake
- PHQ-9 scores high; she denies SI/HI
- Physician spends 25 minutes with patient during the visit, additional time after clinic coordinating care, has a personal conversation with a psychologist who is able to see the patient in a short time span, calls patient later that evening to check in, and completes documentation on the DOS.



# 2021 Outpatient E/M: Time Example

A/P

- Mood disorder, mixed depression/anxiety, reactive. Start sertraline 25 mg and increase to 50 mg in 1 week. Referral made to crisis counseling. I personally spoke with Dr. Psychologist, who can see her in 1 week. She contracted for safety.
- Type 2 Diabetes. BG running 150-180 range at home. Lab testing deferred to next visit.
- Migraine HA. Stable.
- F/U in 3 weeks with me.

**Total time on this date and for this encounter was 45 minutes which included the following activities:**

Preparing to see patient, 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, documenting clinical information in the electronic or other health record. This time is independent and non-overlapping.

CPT:		wRVU	Non-Facility	Facility
99215 based on time				
99214 based on MDM	99214	1.92	\$127.02	\$96.49
	99215	2.8	\$177.98	\$141.75



**Time or  
Medical Decision Making**



# 2021 Outpatient E/M: Medical Decision Making (MDM)

1. Number and complexity of problem(s) addressed
  2. Amount/complexity of data to be reviewed and analyzed
  3. Risk of complications, morbidity/mortality of patient management, decisions made at the visit
- The level of Medical Decision Making is based on 2 out of 3 elements





# 2021 Outpatient E/M: MDM (need 2 of 3)

Level of MDM	Straight-forward 99202/12	Low 99203/13	Moderate 99204/14	High 99205/15
Diagnoses/problems addressed	<ul style="list-style-type: none"> <li>1 self-limited or minor problem</li> </ul>	<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>	<ul style="list-style-type: none"> <li>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or</li> <li>2 or more stable chronic illnesses; or</li> <li>1 undiagnosed or new problem with uncertain prognosis; or</li> <li>1 acute illness with systemic symptoms, or</li> <li>1 acute complicated injury</li> </ul>	<ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or</li> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>
Data	Minimal or none	Limited	Moderate	Extensive
Risk of morbidity from dx testing or treatment	Minimal	Low	Moderate	High



# 2021 Outpatient E/M: MDM (need 2 of 3)

Level of MDM	Straight-forward 99202/12	Low 99203/13	Moderate 99204/14	High 99205/15
Diagnoses/problems addressed	<ul style="list-style-type: none"> <li>1 self-limited or minor problem</li> </ul>	<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>	<ul style="list-style-type: none"> <li>1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or</li> <li>2 or more stable chronic illnesses; or</li> <li>1 undiagnosed or new problem with uncertain prognosis; or</li> <li>1 acute illness with systemic symptoms, or</li> <li>1 acute complicated injury</li> </ul>	<ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or</li> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>
Data	Minimal or none	Limited	Moderate	Extensive
Risk of morbidity from dx testing or treatment	Minimal	Low	Moderate	High



# 2021 Outpatient E/M: MDM - Problems

- Define different types of presenting problems
- Group them into different levels of “severity”

Straight-forward 99202/12	Low 99203/13	Moderate 99204/14	High 99205/15
<ul style="list-style-type: none"> <li>• 1 self-limited or minor problem</li> </ul>	<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>	<ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or</li> <li>• 2 or more stable chronic illnesses; or</li> <li>• 1 undiagnosed or new problem with uncertain prognosis; or</li> <li>• 1 acute illness with systemic symptoms, or</li> <li>• 1 acute complicated injury</li> </ul>	<ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or</li> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>



## 2021 Outpatient E/M: Data categories

- Tests and documents
  - 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)
- Independent interpretation of tests
- Discussion of management or test interpretation with external physician/other QHP/appropriate source (not separately reported)



# 2021 Outpatient E/M: MDM - Data

99202/12	Low 99203/13	Moderate 99204/14	High 99205/15
<p><b>Minimal or none</b></p>	<p><b>Limited</b> (must meet the requirements of at least 1 of the 2 categories)  <u>Category 1:</u> Tests and documents  <b>Any combination of 2 from the following:</b></p> <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source;</li> <li>Review of the results of each unique test;</li> <li>Ordering of each unique test; or</li> </ul> <p><u>Category 2:</u> Assessment requiring an independent historian</p>	<p><b>Moderate</b> (must meet 1 out of 3 categories)  <u>Category 1:</u> Tests, documents, or independent historian(s)  <b>Any combination of 3 from the following:</b></p> <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source;</li> <li>Review of the results of each unique test;</li> <li>Ordering of each unique test;</li> <li>Assessment requiring an independent historian; or</li> </ul> <p><u>Category 2:</u> Independent interpretation of tests</p> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/QHP (not separately reported); or</li> </ul> <p><u>Category 3:</u> Discussion of management or test interpretation</p> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/QHP (not separately reported)</li> </ul>	<p><b>Extensive</b> (must meet 2 out of 3 categories)  <u>Category 1:</u> Tests, documents, or independent historian(s)  <b>Any combination of 3 from the following:</b></p> <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source;</li> <li>Review of the results of each unique test;</li> <li>Ordering of each unique test;</li> <li>Assessment requiring an independent historian; or</li> </ul> <p><u>Category 2:</u> Independent interpretation of tests</p> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/QHP (not separately reported); or</li> </ul> <p><u>Category 3:</u> Discussion of management or test interpretation</p> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/QHP (not separately reported)</li> </ul>



## 2021 Outpatient E/M: MDM - Data

- Every individual tests counts (ordered or reviewed)
- Review of external notes count, each unique source
- History from someone other than the patient
- Independent interpretation of testing: Imaging, ECG, etc., **unless you are billing for the interpretation separately**
- Discussion with another provider (management or testing)



## 2021 Outpatient E/M: MDM - Data

- Document this (medically necessary) work:
  - ECG (or CXR) personally reviewed
  - I spoke with radiologist about chest CT ...
  - Patient's spouse provided the following history ...
  - Discussed management of wound infection with Dr. Surgeon
  - I reviewed the OSH records: ED note, admit note, DC summary



## 2021 Outpatient E/M: MDM - Risk

**Risk** of complications, morbidity/mortality of patient management decisions made at the visit





# 2021 Outpatient E/M: MDM - Risk

99202/12	Low 99203/13	Moderate 99204/14	High 99205/15
<p>Minimal risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> <li>• Rest</li> <li>• Gargle</li> <li>• Elastic bandages</li> </ul>	<p>Low risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> <li>• OTC drugs</li> <li>• Physical therapy</li> <li>• Minor surgery with no identified risk factors</li> <li>• IV fluids without additives</li> </ul>	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> <li>• <b>Prescription drug management</b></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 <b>social determinants of health</b></li> </ul>	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</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 hospitalization</li> <li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li> <li>• Parenteral controlled substances</li> </ul>





## 2021 Outpatient E/M: Example #1

68 YO male presents for F/U of stable HTN and HLD.

1. HTN – BP well controlled at home and in clinic. No labs needed today. Continue lisinopril and HCTZ. Meds refilled.
2. HLD – LDL 103 six months ago. Tolerating rosuvastatin. Continue current dose.



# 2021 Outpatient E/M: MDM (need 2/3)

Level of MDM	Straight-forward 99202/12	Low 99203/13	Moderate 99204/14 	High 99205/15
Diagnoses	- 1 self-limited minor problem	<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>	<ul style="list-style-type: none"> <li>- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or</li> <li>- <b>2 or more stable chronic illnesses;</b> or</li> <li>- 1 undiagnosed or new problem with uncertain prognosis; or</li> <li>- 1 acute illness with systemic symptoms, or</li> <li>- 1 acute complicated injury</li> </ul>	- 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
Data	Minimal 	Limited	Moderate	Extensive
Risk of morbidity from diagnostic testing or treatment	Minimal	Low	Moderate <b>(prescription drug management)</b>	High



## 2021 Outpatient E/M: Example #2

63 YO male former smoker with COPD presents for an acute visit with 5 days of worsening cough productive of yellow sputum, SOB, and wheezing. He endorses low grade fevers. He does not use home oxygen. He has known sick contacts and had a negative COVID antigen yesterday. He uses inhaled steroids daily and a LABA. He has been using his rescue inhaler 3-4 times daily for the last 2 days. You review his most recent PFTs and CXR. He has an FEV1 of 55% predicted. He has been hospitalized twice in the past 2 years for his lung disease

VS: O2 sat 90% on RA (baseline 92-92%), otherwise stable

CV: RRR

Pulm: Fair air movement with diffuse inspiratory and expiratory wheezing

CXR ordered and personally reviewed: emphysematous changes without infiltrate.  
CBC ordered and pending.



## 2021 Outpatient E/M: Example #2

A/P

COPD exacerbation – Albuterol neb given in clinic. Patient feels a bit better, but his oxygenation does not improve. You discuss directly admitting him to observation status, but he is adamant about returning home.

Plan – Prednisone 40 mg daily for 5 days, first dose today

Oral antibiotics ordered.

Follow-up in clinic in 2 days, call or go to the ED if symptoms acutely worsen.



# 2021 Outpatient E/M: MDM - Data

99202/12	Low 99203/13	Moderate 99204/14	High 99205/15
Minimal or none	<p><b>Limited</b> (must meet the requirements of at least 1 of the 2 categories)</p> <p><u>Category 1:</u> Tests and documents</p> <p><b>Any combination of 2 from the following:</b></p> <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source;</li> <li>Review of the results of each unique test;</li> <li>Ordering of each unique test; or</li> </ul> <p><u>Category 2:</u> Assessment requiring an independent historian</p>	<p><b>Moderate</b> (must meet 1 out of 3 categories)</p> <p><u>Category 1:</u> Tests, documents, or independent historian(s)</p> <p><b>Any combination of 3 from the following:</b></p> <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source;</li> <li>Review of the results of each unique test;</li> <li>Ordering of each unique test;</li> <li>Assessment requiring an independent historian; or</li> </ul> <p><u>Category 2:</u> Independent interpretation of tests</p> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/QHP (not separately reported); or</li> </ul> <p><u>Category 3:</u> Discussion of management or test interpretation</p> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/QHP (not separately reported)</li> </ul>	<p><b>Extensive</b> (must meet 2 out of 3 categories)</p> <p><u>Category 1:</u> Tests, documents, or independent historian(s)</p> <p><b>Any combination of 3 from the following:</b></p> <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source;</li> <li>Review of the results of each unique test;</li> <li>Ordering of each unique test;</li> <li>Assessment requiring an independent historian; or</li> </ul> <p><u>Category 2:</u> <b>Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/QHP (not separately reported); or</li> </ul> <p><u>Category 3:</u> Discussion of management or test interpretation</p> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/QHP (not separately reported)</li> </ul>

Ordered CBC & CXR; reviewed PFTs & old CXR

Personally reviewed current CXR

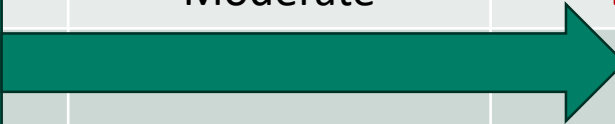


# 2021 Outpatient E/M: MDM (need 2 of 3)

Level of MDM	Straight-forward 99202/12	Low 99203/13	Moderate 99204/14	High 99205/15
Diagnoses/problems addressed	- 1 self-limited or minor problem	- 2 or more self-limited or minor problems; or - 1 stable chronic illness; or - 1 acute uncomplicated illness or injury	- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or - 2 or more stable chronic illnesses; or - 1 undiagnosed or new problem with uncertain prognosis; or - 1 acute illness with systemic symptoms, or - 1 acute complicated injury	- 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
Data			Moderate	Extensive
Risk of morbidity, dx testing or treatment				High

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



# Expanded Definition of Time, 2024

No longer restricted to time spent counseling the patient





# Time-Based Documentation, Unchanged from 2023

## Activities that count:

- Preparing to see the patient (e.g., 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 healthcare professionals (when not separately reported)
- Documentation in the EHR or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)



# Time-Based Documentation, Unchanged from 2023

## Do not count time spent on:

- The performance of other services that are reported separately
- Travel
- Teaching that is general and not limited to discussion that is required for the management of specific patient



# Office/outpatient E/M Coding Guidance on Time

E/M Code	Total time spent on date of the Encounter (2023 guidelines)	Total time on the date of the encounter that <u>must meet or exceed</u> (2024 guidelines)
99202	15-29	15
99203	30-44	30
99204	45-59	45
99205	60-74	60
99212	10-19	10
99213	20-29	20
99214	30-39	30
99215	40-54	40



# G2211

Visit Complexity Add-on Code



## G2211: Visit Complexity Add-on Code

- Allows physicians to account for the inherent complexity in office E/M visits associated with medical care services that serve as the **continuing focal point** for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition, or a complex condition
- 2024 national Medicare payment amount is \$16.04
  - Other payers, including commercial, Medicare Advantage, and Medicaid, are not required to separately reimburse for G2211
  - The total impact on reimbursement and physician compensation formulas will depend on variations in contracting and payer arrangements



## G2211: Background

- Can be added to codes 99212-15 and 99202-05 ONLY
- Meant to better recognize the resource costs associated with E/M visits for primary care and longitudinal care
- *“Building an effective longitudinal relationship, in and of itself, is a key aspect of providing reasonable and necessary medical care and will make the patient more likely to comply with treatment recommendations after the visit and during future visits. It’s the work building this important relationship between the practitioner and patient for primary and longitudinal care that has been previously unrecognized ...”*



## G2211: Details

### Do NOT add this code IF

- Your relationship with the patient is of a discrete, routine, or time-limited nature
- Billing E/M with modifier 25 (procedure, injection, AWW, etc.)
- Reporting CPT code 99211



## G2211: Details

DO add this code IF

- Seeing patients with residents in their continuity clinics
- You are an IM specialist who provides continuity care for chronic illness(es) and are the focal point for that patient's care around that chronic illness





# Combining a Wellness Visit With a Problem-Oriented Visit

Guide for Coding



# Combining Wellness Visit with Problem-Oriented Visit

- When physicians or QHP address a medical problem during a preventive or wellness visit, they can bill for both services
- Know core components of preventive and wellness visits to recognize when enough work has been done beyond those requirements to bill for a separate evaluation and management service
- Because preventive and wellness visits come with no cost sharing, explain to patients that a separate service performed during the same visit may result in a charge to them



# One Visit or Two?

	Patient's status or medical history includes:	The HPI says things like:	Exam findings indicate:	Assessment and plan include:
<b>Bill only preventive or wellness code</b>	<ul style="list-style-type: none"> <li>In good health, with no chronic problems (basically "well").</li> <li>Stable chronic illnesses (not addressed during visit).</li> <li>Would not have come based on their symptoms, except that they had an annual exam scheduled.</li> </ul>	<ul style="list-style-type: none"> <li>Patient is well at home and has no complaints.</li> <li>Patient needs prescription refills.</li> <li>Chronic illnesses listed but not described, or only in a few words.</li> </ul>	<ul style="list-style-type: none"> <li>Exam findings are normal or unchanged from previous exams.</li> </ul>	<ul style="list-style-type: none"> <li>No change in treatment; scheduled screenings; refilled prescriptions.</li> <li>Conditions listed but not evaluated or managed.</li> </ul>
<b>Bill 99213 (or 99203 for new patients) with preventive or wellness code</b>	<ul style="list-style-type: none"> <li>An acute, uncomplicated illness at the time of visit.</li> <li>An active, stable medical problem.</li> <li>Two minor problems.</li> </ul> <p><i>Remember to document significant, additional work beyond wellness visit requirements.</i></p>	<ul style="list-style-type: none"> <li>Patient describes onset of acute, uncomplicated problem, or two minor problems.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Status of existing chronic conditions significantly reviewed, not just listed.</li> </ul>	<ul style="list-style-type: none"> <li>Exam findings are normal or unchanged from previous exams.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>There may be an unexpected abnormal finding on exam.</li> </ul>	<ul style="list-style-type: none"> <li>Order labs; refill existing prescriptions.</li> <li>Treatment for an acute problem.</li> </ul> <p><i>Remember to show management of chronic problem.</i></p>
<b>Bill 99214 (or 99204 for new patients) with preventive or wellness code</b>	<ul style="list-style-type: none"> <li>New problem with an uncertain prognosis, e.g., acute complicated illness.</li> <li>A significant exacerbation of one or more chronic illnesses.</li> <li>Scheduled follow-up visit for multiple significant but stable problems.</li> </ul> <p><i>Remember to show extra work to justify 99214 vs. 99213.</i></p>	<ul style="list-style-type: none"> <li>New headache, dizziness, abdominal pain, or dyspnea on exertion.</li> <li>Multiple stable chronic problems significantly reviewed (current problems – not medical history).</li> </ul> <p><i>Remember to review status of stable problems and describe symptoms of poorly controlled problems.</i></p>	<ul style="list-style-type: none"> <li>Exam findings are normal or unchanged from previous exams.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>There may be an unexpected abnormal finding on exam.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Patient's physical condition may have deteriorated since previous visits.</li> </ul>	<ul style="list-style-type: none"> <li>Changes to treatment; x-ray or lab tests for diagnosis (not screening); referral to a consultant.</li> <li>Review of treatment plan for multiple problems with no changes if complex, multiple medications, and moderate risk of morbidity.</li> <li>Follow up on findings/patient's condition may be scheduled in following weeks.</li> </ul>
<b>Bill E/M office visit only</b>	<ul style="list-style-type: none"> <li>So acutely ill or with so many exacerbated chronic medical problems that you do not have time to also do a wellness visit.</li> </ul>	<ul style="list-style-type: none"> <li>Patient has had a severe increase in symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>Markedly abnormal exam.</li> </ul>	<ul style="list-style-type: none"> <li>Reschedule physical exam; initiating treatment changes or ordering immediate diagnostic tests; close follow-up scheduled.</li> </ul>



# How to Credit Combined Visits

Credit to the preventive service (99381-99387)	Credit to the problem-oriented E/M visit (99202-99215)
<p>Review of systems            Past medical, family, and social history            Age/gender appropriate physical exam            Immunizations            Referral for screening/ordering tests            Counseling, guidance, risk reduction</p>	<p>MEAT:</p> <ul style="list-style-type: none"> <li>• Monitoring of new or existing problems</li> <li>• Evaluation of new or existing problems</li> <li>• Assessment of new or existing problems</li> <li>• Treatment of new or existing problems</li> </ul> <p>History of present illness (no longer used to select E/M level but important to document)</p>
Credit to the Medicare Wellness Visit (G0402, G0438, G0439)	Credit to the problem-oriented E/M visit (99202-99215)
<p>Health risk assessment            Past medical, family, and social history, including screenings            Vitals and visual acuity            Immunizations            Referral for screening            Anticipatory guidance and risk reduction            Checklist/personalized plan</p>	<p>MEAT:</p> <ul style="list-style-type: none"> <li>• Monitoring of new or existing problems</li> <li>• Evaluation of new or existing problems</li> <li>• Assessment of new or existing problems</li> <li>• Treatment of new or existing problems</li> </ul> <p>History of present illness (no longer used to select E/M level but important to document)</p>



## Combining Wellness Visit with Problem-Oriented Visit: Example #1

70 YO male, established patient with history of diabetes and dyslipidemia presents for annual Medicare wellness visit. All required components of the wellness visit are completed.

Patient asks for a refill of his diabetes medication. Physician asks if patient is taking his medication as prescribed and following the dietary recommendations discussed during the last visit. Physician performs a focused physical exam, discusses medication management for diabetes and dyslipidemia, and orders maintenance labs.

**Physician bills:** Annual wellness visit code G0439, and adds a 99214 E/M code because she addressed two stable chronic illnesses and performed prescription drug management. She adds modifier 25 to the E/M code.



## Combining Wellness Visit with Problem-Oriented Visit: Example #2

32 YO female, new patient presents for a preventive medicine visit required by her employer. Physician completes all requirements for the preventive visit.

During the ROS, patient reports knee pain exacerbated by running. The physician obtains additional history about the pain, examines her knee, tells her to reduce her running until the pain subsides, and provides a handout on knee exercises. He recommends a knee brace and follow-up if the pain does not lessen with rest.

**Physician documents the extra work done to address the knee issue and bills:**

Code 99385 for an initial preventive visit patient age 18-39, along with E/M code 99203 because he addressed one acute, uncomplicated injury. He adds modifier 25 to the E/M code.



# Level 4 Coding Tips

Getting Paid for Your Work



# Level 4 Coding (2 of 3)

- **Problems**

- One unstable illness (e.g., BP not at goal, HgbA1c not at goal)
- Two stable chronic illnesses (e.g., controlled HTN, DM, CKD, CAD)
- One acute illness (e.g., pyelonephritis, pneumonia)
- One new problem with uncertain diagnosis (e.g., breast lump)

- **Data**

- One x-ray or ECG interpreted by you
- Discussion of management or test results with an external physician
- A total of 3 points, earned as follows
  - One point for each test (or panel) ordered or reviewed (**in-office labs don't count**)
  - One point for reviewing notes from each external source
  - One point for using an independent historian

- **Risk**

- Prescription drug management (ordering, changing, stopping, refilling, or deciding to continue)
- Presence of social determinants of health (lack of money, food, housing) that significantly limit patient's diagnosis or treatment
- Decision about major elective surgery without identified risk factors for patient or procedure
- Decision about minor surgery with identified risk factors for patient or procedure





## Identify Level 4 Coding: Ask 3 questions

- Was total time greater than 30 minutes for established or 45 for new patient?
- Did you see patient for a level 4 problem and either order/review level 4 data or manage level 4 risk?
- Did you order/review level for data and manage level 4 risk?

**If answer to any question is yes, code visit as Level 4!**



# Additional Information

[www.acponline.org/coding](http://www.acponline.org/coding)

cms.gov Medicare Learning Network

ama-assn.org CPT Evaluation and Management



# Questions?

