

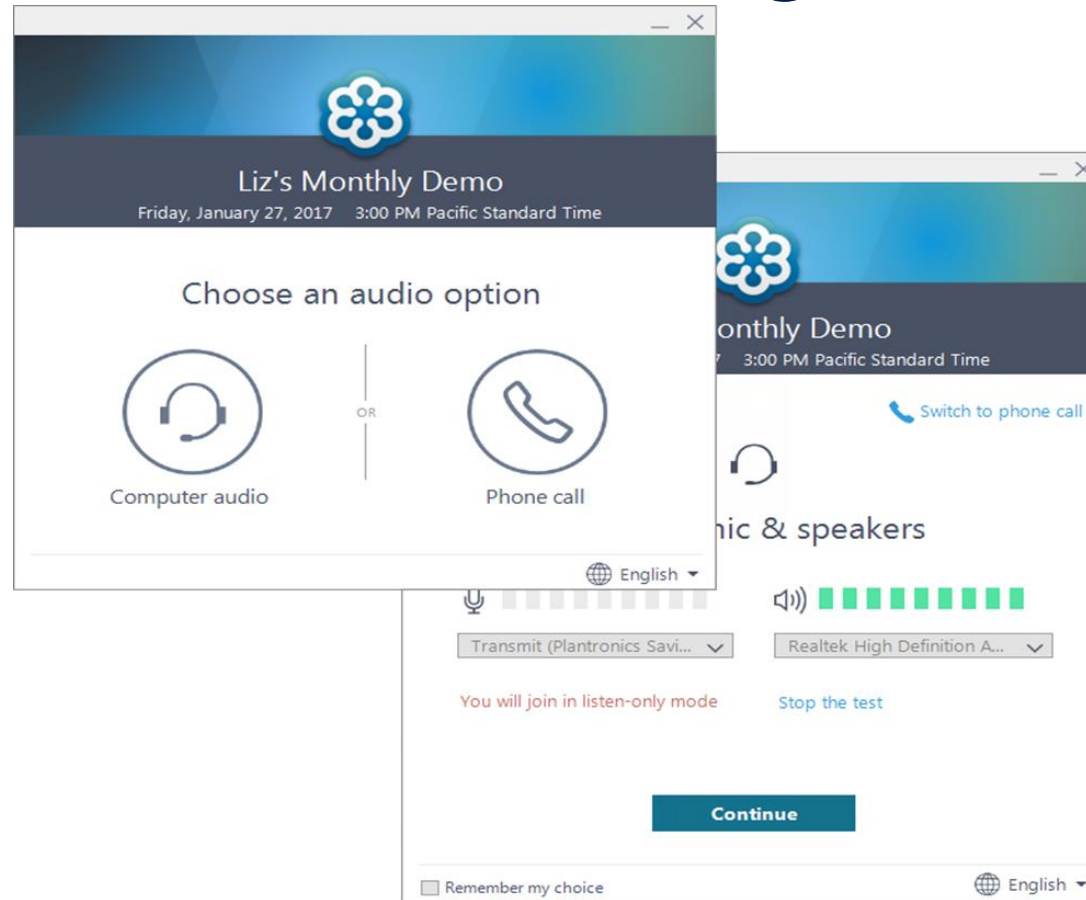
Update in Evaluation and Management (E/M) Office Visit Coding for Family PACT Services



Michael Policar, MD, MPH
May 5, 2021

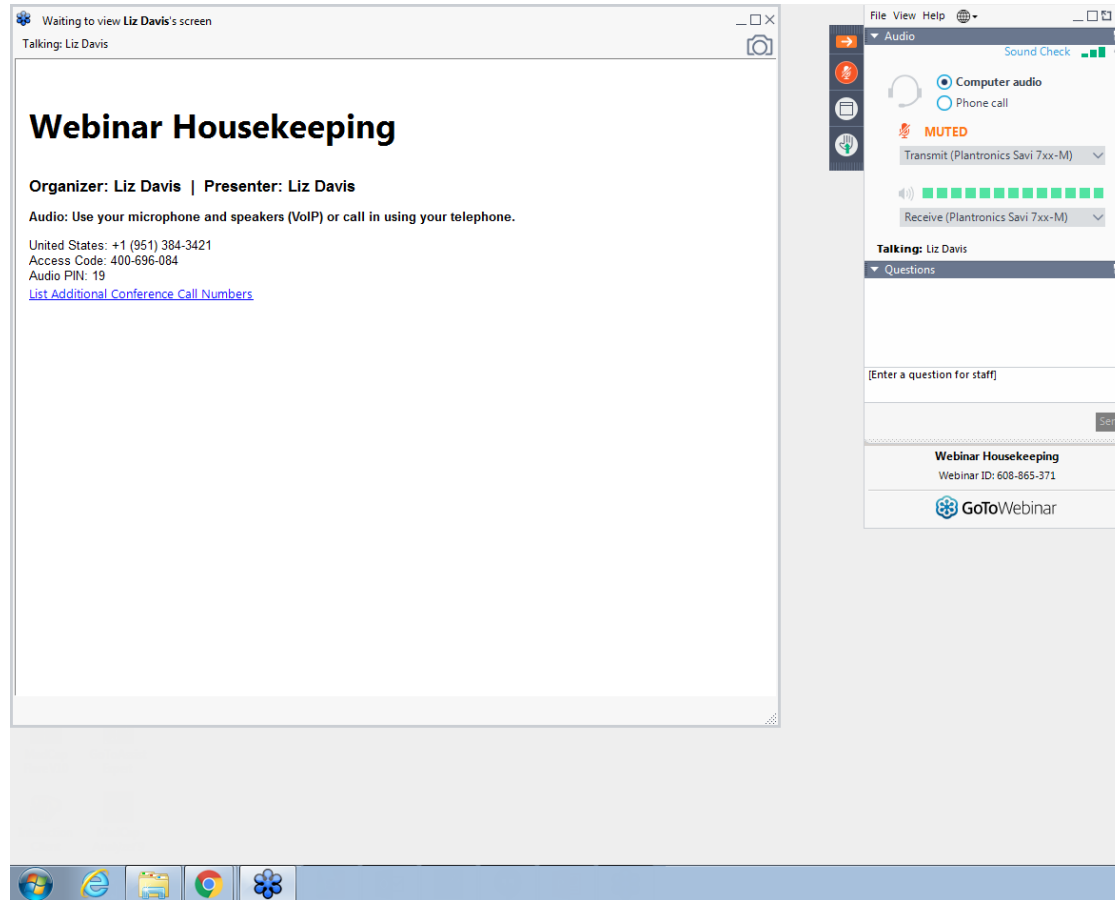


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• May 05, 2021

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Presenter

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OB/GYN & Reproductive Sciences

UC San Francisco School of Medicine

Senior Medical Advisor

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• May 05, 2021

Family PACT Webinar

May 5, 2021

Update in Coding for Family PACT Services



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Learning Objectives

- List at least six activities that can be counted in the "total time" of a visit when computing E/M level
- List each the 3 elements used in medical decision making, and give examples of each
- Explain how to use the 3 elements of medical decision making in computing the level of an E/M visit
- Describe the Family PACT policy for coding for a clinician visit and counselor services on the same date of service

Review: Fundamentals of Coding

What Is the *Fundamental* Objective of Coding?

- **Provider**
 - To prepare a standardized “bill” for services given to a patient
- **Payer**
 - To determine the amount to be paid to the provider (based on contracted rates)....
 - For medically necessary services....
 - That are a benefit of the payer’s health plan...
 - And supported by documentation

Code Numbers Tell A Story

| | Encounter content | Code book |
|------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| What | <ul style="list-style-type: none">• Services performed• Drugs, supplies provided | <ul style="list-style-type: none">• CPT• HCPCS II |
| Why | <ul style="list-style-type: none">• Diagnoses | <ul style="list-style-type: none">• ICD-10-CM |
| Additional Explanation | <ul style="list-style-type: none">• Modifier | <ul style="list-style-type: none">• CPT |

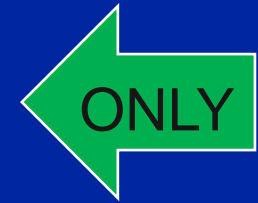
- To establish medical necessity, for every *what* there must be a *why*
- Unusual circumstances explained with *modifier*

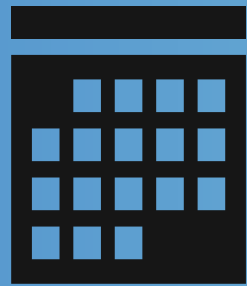
Procedure Codes – The “What”

- **CPT:** Current Procedural Terminology©
 - Procedures: IUD/implant placement, lesion removals
 - Point-of-care
 - Lab tests: pregnancy test, microscopy, rapid HIV 1+2
 - Diagnostic imaging (office ultrasound)
 - Evaluation and Management (E/M) codes
 - Modifiers
- **HCPCS**
 - Clinic administered or dispensed drugs, devices (i.e., insertion kits)

E/M: Which Series Have Changed?

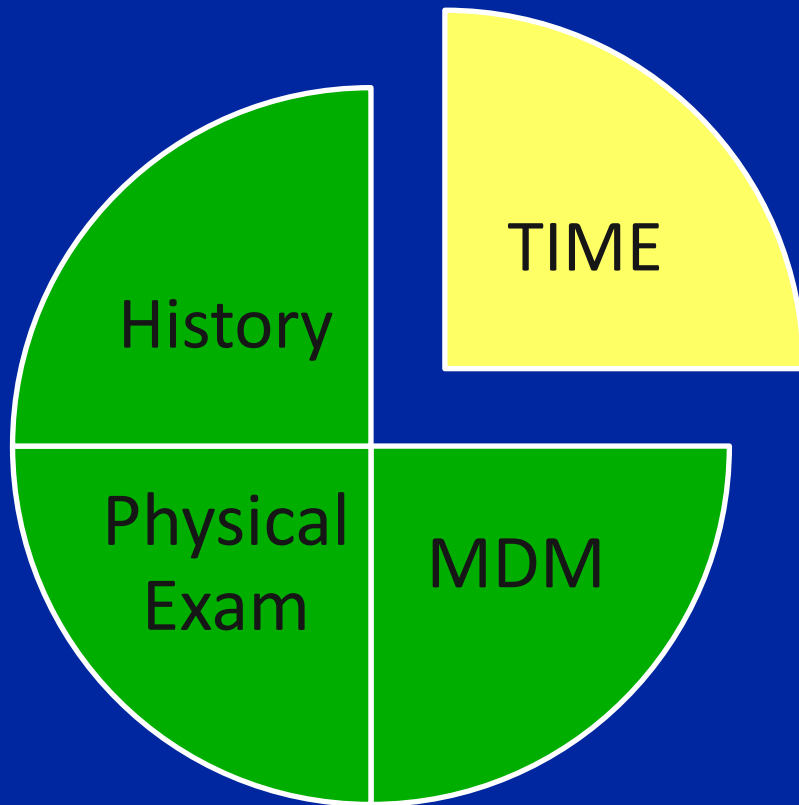
- Problem-Oriented Visits: symptoms or complaints
 - 99202-5, 99211-5 (new/established)
- Preventive Medicine Services: “well person” visit
 - 99384-7, 99394-7 (new/established, age)
- Preventive Medicine, Individual Counseling
 - 99401-4 (time intervals)
- Behavior Change Interventions: smoking, substance abuse
 - 99401-4 (time intervals)





Assigning an E/M Level *Before* January 1, 2021

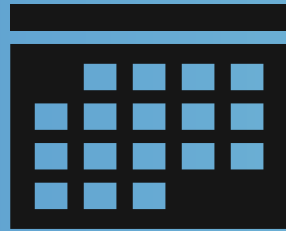
Two Methods to Calculate E/M Level



- Composite of 3 key components

Or

- TIME, when greater than 50% of of face-to-face clinician time is spent in counseling / coordination of care
- *1 method doesn't fit all visits*



E/M Rules Beginning January 1, 2021

E/M Level Selection Changes

- Goals
 - Reduce administrative burden on providers
 - Reduce the need for audits
 - Reduce “note bloat”
 - Align CPT code set with CMS documentation guidelines and payment rates for office visits
- “Centered around how clinicians think and take care of patients and not on mandatory standards that encouraged copy/paste and checking boxes”

Problem Oriented Visit E/M Selection

January 1, 2021



- Delete code 99201: new patient, straightforward
- E/M codes 99202-99215 were revised
 - Select E/M levels using
 - Total time, or
 - Medical decision-making (MDM)
 - Remove history and exam as a E/M coding component
 - Did not adequately capture the actual work of the physician or other QHP in an E/M visit



- Changes time intervals associated with each code
- Removes “50% threshold” for counseling time
- Time redefined **from** face-to-face time **to** total time spent on the day of the encounter
 - Specific criteria for total time
 - Guideline added to clarify when > 1 provider is involved

2021 E/M Intervals

January 1, 2021



| NEW | Minutes |
|------------------|---------|
| 99201 | deleted |
| 99202 | 15-29 |
| 99203 | 30-44 |
| 99204 | 45-59 |
| *99205 | 60-74 |

| ESTABLISHED | Minutes |
|-------------|---------|
| 99211 | <10 |
| 99212 | 10-19 |
| 99213 | 20-29 |
| 99214 | 30-39 |
| *99215 | 40-54 |

* Not family PACT benefits

E/M Codes: Time Defined

January 1, 2021



- Prepare to see the patient (e.g., review test results)
- Obtain and/or review separately obtained history
- Perform medically appropriate exam and/or evaluation
- Counsel and educate the patient/family/caregiver
- Document clinical information in the health record
- Independently interpret results (if not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (if not separately reported)

MDM Selection

January 1, 2021



From

of Diagnoses or
Management Options

Amount and/or
Complexity of Data to
be Reviewed

Risk of Complications
and/or Morbidity or
Mortality



To

and Complexity of
Problems Addressed

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

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

MDM: *Number of Problems*

| Level | Number, complexity of problems |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Minimal | <ul style="list-style-type: none">• 1 self-limited or minor problem |
| Low | <ul style="list-style-type: none">• 2 or more self-limited or minor problems; or• 1 stable chronic illness; or• 1 acute, uncomplicated illness or injury |
| Moderate | <ul style="list-style-type: none">• 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 |
| High | <ul style="list-style-type: none">• 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 |

MDM: *Number of Problems*

| Level | <i>Examples in Family Planning</i> |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Minimal | <ul style="list-style-type: none">• Follow-up visit, straightforward• Refill of a contraceptive Rx• Prepregnancy visit• STI counseling visit |
| Low | <ul style="list-style-type: none">• ≥ 2 of the above problems on same date of service• Healthy patient presenting for contraception• Follow up visit after genital wart treatment• New c/o vaginal discharge• Hormonal contraceptive user with c/o unscheduled bleeding |
| Moderate | <ul style="list-style-type: none">• Recurrent vaginitis with new episode(s)• ≥ 2 chronic infections managed on same date of service• Acute pelvic pain• Solitary breast mass• PID with fever or chills |
| High | <ul style="list-style-type: none">• Ectopic pregnancy• Hemorrhage from ovarian cyst• DVT in combined hormonal contraceptive user |

2021 E/M Revisions: *Data Element*

| Level | Amount and/or Complexity of Data to be Reviewed and Analyzed |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Minimal | Minimal or none |
| Limited | Any combination of 2 from the following <ul style="list-style-type: none">• Review of prior external note(s) from each unique source;• Review of the result(s) of each unique test;• Ordering of each unique test |
| Moderate (Must meet requirements of at least 1 out of 3 categories) | Category 1: any combination of 3 from the following: <ul style="list-style-type: none">• 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 Cat 2: Independent interpretation of tests by another MD,QHP, or Cat 3: Discussion of management or test result with external physician or QHCP |

2021 E/M Revisions: *Data Element*

| Level | <i>Examples in Family Planning</i> |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Minimal | <ul style="list-style-type: none">• No tests ordered or results reviewed• No review of external records |
| Limited | <p>Any combination of 2 from the following</p> <ul style="list-style-type: none">• Review of note(s) from provider in a distinct group or different specialty• Review of each unique test result ordered by an external provider• Each unique test ordered today, not including billed point-of-care tests (Examples: GC, CT, CBC, Hgb A1c)• Additional history required from a partner, parent, guardian, caregiver |
| Moderate (Must meet requirements of at least 1 out of 3 categories) | <ul style="list-style-type: none">• Category 1: any combination of 3 of the above items• Category 2: Review of pelvic sonogram or CT images from an imaging center• Category 3:<ul style="list-style-type: none">• Discussion with pathologist about biopsy result• Discussion with radiologist about mammogram result |

In the Weeds: MDM Data Element

- If you code and bill for a (point-of-care) test, you can't count it as "data" at all
- If you *order* a test, it includes *review* of the result as 1 point, whether you review the result today or next week
- “Review of test results” can be counted only for tests that you didn't order
- Each unique “test” has a CPT code; a “panel” counts as 1 unique test



2021 E/M Revisions: *Risk of Complications*

| Level | Risk of Complications and/or Morbidity or Mortality of Patient Management |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Minimal | Minimal risk of morbidity from additional diagnostic testing or treatment |
| Low | Low risk of morbidity from additional diagnostic testing or treatment |
| Moderate | Moderate risk of morbidity from testing or treatment. Examples <ul style="list-style-type: none"><li data-bbox="332 891 1181 943">• Prescription drug management<li data-bbox="332 982 2050 1035">• Decision re: minor surgery with patient or procedure risk factors<li data-bbox="332 1073 2121 1126">• Decision re: major surgery without patient or procedure risk factors<li data-bbox="332 1165 2013 1218">• Diagnosis or treatment limited by social determinants of health |

2021 E/M Revisions: *Risk of Complications*

| Level | <i>Examples in Family Planning</i> |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Minimal | <ul style="list-style-type: none">• No diagnostic studies or treatment |
| Low | <ul style="list-style-type: none">• Point-of-care tests done• Venous blood drawn for a serologic test• Condoms, spermicides dispensed• Treatment with an OTC NSAID (e.g., ibuprofen, naproxen sodium) |
| Moderate | <ul style="list-style-type: none">• Prescription of any contraceptive or antibiotic• Discussion and consent for IUD or implant placement, endometrial biopsy, or colposcopy• Discussion and consent for laparoscopic tubal occlusion or extraction of translocated IUD• Individual experiencing homelessness having challenges with maintaining treatment recommendation(s) [social determinant must be addressed and increases risk of complication] |

Office E/M Revisions: Level of MDM based on highest 2 of 3 elements

| Number, complexity of problems | Amount or complexity of data reviewed | Risk of complications or morbidity | MDM Level | E/M code |
|--------------------------------|---------------------------------------|------------------------------------|-------------------------------|------------------|
| Minimal | Minimal | Minimal | <i>Straightforward</i> | 99202 99212 |
| Low | Limited | Low | <i>Low</i> | 99203 99213 |
| Moderate | Moderate | Moderate | <i>Moderate</i> | 99204 99214 |
| High | Extensive | High | <i>High</i> | *99205 *99215 |

* Not family PACT benefits

2021 E/M Levels

| New Patient | | | | Established Patient | | | | |
|-----------------|-------|----------|-------|--------------------------------------|-----------------|-------|----------|-------|
| 99202 | 99203 | 99204 | 99205 | 99211 | 99212 | 99213 | 99214 | 99215 |
| straightforward | Low | Moderate | High | RN visit | straightforward | Low | Moderate | High |
| 15-29 | 30-44 | 45-59 | 60-74 | | 10-19 | 20-29 | 30-39 | 40-54 |
| MDM Level | | | | RN visit | | | | |
| Minutes | | | | No MDM or time interval is necessary | | | | |

Family PACT E/M Policy Modifications (Feb 2021)

- Adopt CMS/ AMA changes to office visit E/M coding rules
- Delete old policy for E/M visit with clinician and counselor
 - Add clinician time and counselor time in computing E/M level
- *Replace with*
 - E/M code for office visit based on *clinician* “total time”
 - E&C by counselor, billed separately with “individual preventive medicine counseling” code, based on F-to-F counselor time
 - 99401-U6: up to 15 minutes
 - 99402-U6: 16-30 minutes
 - 99403-U6: 31-45 minutes

Case Studies



The Coding Framework

| | Codes | Examples |
|-----------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Procedure | CPT | IUD, implant, colposcopy, EMB, vulvar biopsy |
| Drug and supplies | NDC <u>±</u> HCPCS | IUD kits, implant kits, condoms, spermicides, clinic-dispensed medications |
| Point of care lab + imaging | CPT | <ul style="list-style-type: none">• On-site lab tests: preg test, microscopy• Office ultrasound: abdominal, vaginal |
| E/M | CPT | <ul style="list-style-type: none">• Problem-oriented visits• Preventive medicine visits |
| Modifiers | CPT | -25, -51, -95, |
| Diagnosis | ICD-10 | Z-codes, N-codes |

NDC: National drug code

Case Study: Janae (she/her/hers)

- Janae is 24-year-old established patient who presents with concerns about STI and requests testing
- STD and contraceptive counseling done; wants a 3-year LNG IUD
- Office urine pregnancy test: negative
- Point of care HIV 1+2 antibody test: negative
- Vaginal sample sent to lab for CT/GC NAAT
- Bimanual exam performed; then IUD inserted easily
 - Pelvic ultrasound with vaginal probe to check placement
- Total time (excluding IUD placement)
 - Face-to face time: 18 minutes
 - Total time: 26 minutes

Office Surgical Procedures

- Procedure CPT includes
 - Brief focused history
 - Checking use of medications and allergies
 - Administration of local anesthesia
 - Performance of procedure
 - Post-operative observation
- Bill *only* the procedure CPT code when...
 - Counseling provided was in the context of the procedure
 - Other cognitive services given on same day did not require significant history, exam, or medical decision making

ACOG on Procedure + E/M Visit

- If she states, “I want an IUD,” followed by a brief discussion of the benefits and risks and the insertion, an E/M is not reported
- If all contraceptive options are discussed and an implant or IUD is inserted, an E/M may be reported
- If she is seen for another reason and, during the same visit, a procedure is performed, then both the E/M services code and procedure may be reported

ACOG on Procedure + E/M Visit

- If reporting both an E/M and a procedure, documentation must indicate a significant, separately identifiable service for the E/M component
 - Use *either* MDM or total time
 - Do not count the procedure time!
- Modifier 25 is added to the E/M code
 - This indicates that two distinct services were provided: an E/M service and a procedure

Coding this Visit by Time

Total time (excluding IUD placement): 26[#] minutes (not 18!!)

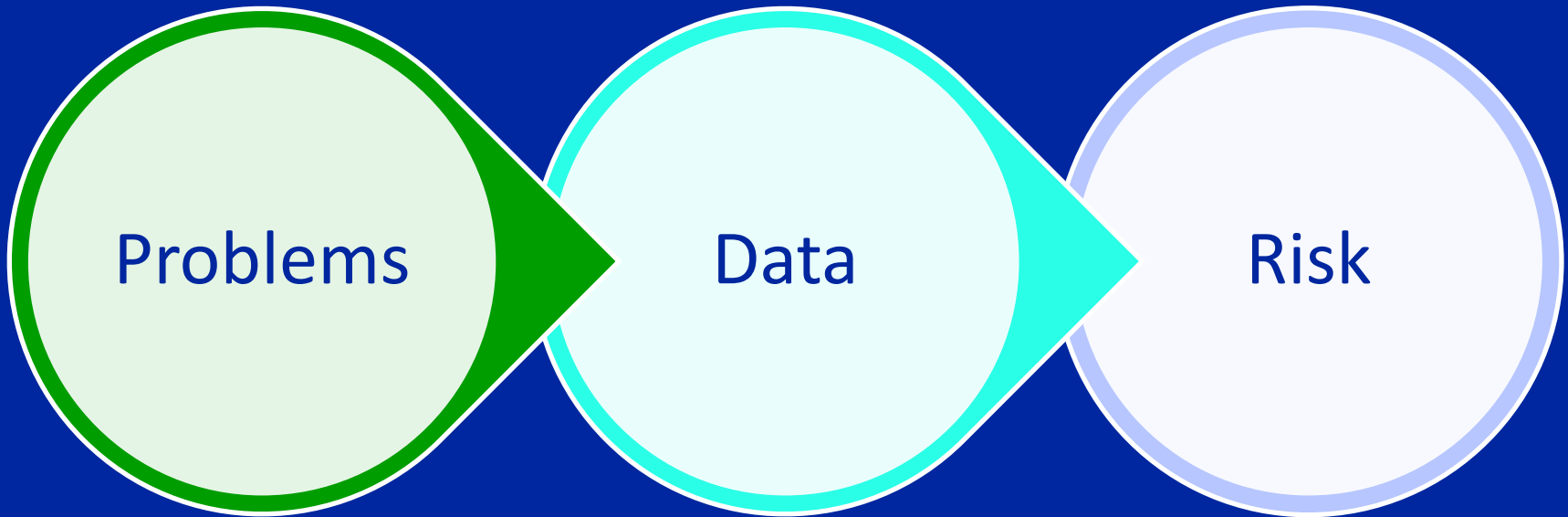
| New | Time |
|---------|-------|
| deleted | |
| 99202 | 15-29 |
| 99203 | 30-44 |
| 99204 | 45-59 |
| *99205 | 60-74 |

| Established | Time |
|-------------|-------|
| 99211 | N/A |
| 99212 | 10-19 |
| 99213 | 20-29 |
| 99214 | 30-39 |
| *99215 | 40-54 |

Documentation must reflect new definition of time

* Not family PACT benefits

Level of MDM *(based on highest 2 of 3 elements)*




Janae received STI and contraceptive counseling

– 1 acute, uncomplicated illness = LOW

| Level | Problems |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Straightforward | Minimal <ul style="list-style-type: none">• 1 self-limited or minor |
| Low ✓ | Low <ul style="list-style-type: none">• 2 or more self-limited or minor OR• 1 stable chronic OR• 1 acute, uncomplicated illness or injury |
| Moderate | Moderate <ul style="list-style-type: none">• 1 or more chronic illness with exacerbation 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 |

- Tests: office urine pregnancy test, point of care HIV 1+2 test, samples sent for CT and GC NAAT
- 2 unique tests: **2 points**

| Level | Amount and/or Complexity of Data |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Minimal | Minimal or none |
| Limited  | Any combination of 2 from the following <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test* |
| Moderate | Category 1: any combination of 3 from the following: <ul style="list-style-type: none"> • 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) |

A 3-year LNG IUD inserted

| MDM Level | Risk of treatment or management |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Straightforward | Minimal risk of morbidity |
| Low | Low risk of morbidity |
| Moderate ✓ | Moderate risk of morbidity <ul style="list-style-type: none">• Prescription drug management• Decision regarding minor surgery with identified risk factors• Decision regarding elective major surgery without identified risk factors• Diagnosis or treatment significantly limited by social determinants of health |

Level of MDM (based on highest 2 of 3 elements)

| Problems | Data | Risk | E/M Code |
|----------|-----------------|------------------------------|----------------|
| Minimal | Minimal or none | Minimal risk of morbidity | 99202 99212 |
| Low ✓ | Limited ✓ | Low risk of morbidity | 99203 99213 |
| Moderate | Moderate | Moderate risk of morbidity ✓ | 99204 99214 |
| High | Extensive | High risk of morbidity | 99205 99215 |

Janae: Coding Framework

| | CPT/ HCPCS II Code | ICD-10-CM Code |
|--------------------------------|----------------------------|------------------------------------------------|
| Procedure | 58300 Insert IUD | Z30.430 Insertion of IUD |
| Drug | J7301 LNG-IUS, 13.5 mg | Z30.430 Insertion of IUD |
| Point of care lab + imaging | 81025 UPT 86703 HIV 1+2 | Z32.02 Preg test, neg Z11.4 Screen for HIV |
| E/M | 99213-25 | Z30.09 Other FP advice Z11.3 Screen for STD |

Codes in purple: Not required by Family PACT, but may be with other payers

-25 indicates that a significant and separately identifiable E/M was provided on the same date of service as a procedure

Case Study: Wendy (she/her/hers)

- 17 year old new client seen for STI screening after learning that her boyfriend was diagnosed with genital warts
- She has no symptoms
- Using oral contraceptives for contraception
- Physical exam
 - Genital skin exam shows normal genital skin with no warts
 - Screening tests for GC, CT, syphilis and HIV picked up by lab
- Total time for clinician: 26 minutes
- Afterwards, meets with health educator for 10 minutes to discuss STI prevention and safer sex

Wendy: MDM (based on highest 2 of 3 elements)

| Problems | Data | Risk | E/M Code |
|----------|------------------------------|-----------------------------|----------------|
| Minimal | Minimal or none | Minimal risk of morbidity ✓ | 99202 99212 |
| Low ✓ | Limited | Low risk | 99203 99213 |
| Moderate | Moderate (4 tests ordered) ✓ | Moderate | 99204 99214 |
| High | Extensive | High risk | 99205 99215 |

MDM level is Low

Wendy

| | CPT Code | ICD-10-CM Code |
|--------------------------------|----------|-----------------------------------------------------------------------------------|
| Procedure | none | |
| Drug/supply | none | |
| Point of care lab + imaging | none | |
| E/M code | 99203 | 1° Z20.2 (contact with or exposure to STI) 2° Z30.41 (surveillance of OC user) |
| E&C code | 99401-U6 | Z20.2 (contact with or exposure to STI) |

- Total time: 99202 (new patient, 15-29 minutes)
- 99203 chosen because it is the higher of MDM or total time
- E&C code 99401-U6 is a new Family PACT benefit

Case Study: Sam (he/him/his)

- 20 year old new client seen for management of genital warts
- Physical exam
 - Genital skin exam shows 7-8 small genital warts
 - Obtained urine sample for GC, CT
 - Blood samples drawn for syphilis and HIV; sent to lab
- Genital warts treated in the office with trichloroacetic acid (TCA)
- Dispensed 30 condoms
- Scheduled follow-up visit in 1 week
- Counseled by clinician regarding reducing STD risk
- Total time (excluding treatment of warts): 24 minutes

Sam: MDM (based on highest 2 of 3 elements)

| Problems | Data | Risk | E/M Code |
|-------------------------------|------------------------------|---------------------------|----------------|
| Minimal | Minimal or none | Minimal risk of morbidity | 99202 99212 |
| Low (1 acute uncomplicated) ✓ | Limited | Low risk ✓ | 99203 99213 |
| Moderate | Moderate (4 tests ordered) ✓ | Moderate | 99204 99214 |
| High | Extensive | High risk | 99205 99215 |

MDM level is Low. Sam is a new patient

Sam

| | CPT Code | ICD-10-CM Code |
|-------------|----------------|------------------------------------------------------------------------------------------|
| Procedure | 54050 99000 | A63.0 (Condyloma accuminata) |
| Drug/supply | A4267 (x30) | Condoms, male |
| POC lab | none | |
| E/M code | 99203 | Z20.2 (Contact with or exposure to STI) Z30.49 (Surveillance of other contraceptives) |
| Modifier | 99203-25 | |

- 54050: Destruction of lesions on penis, simple, chemical
- 99000: Conveyance of blood sample to lab
- Total time: 99202 (new patient, 15-29 minutes)
- 99203 chosen because it is the higher of MDM or total time

Case Study: Betty (she/hers/her)

- Betty is a 41 year old established patient seen for a well-woman visit; no complaints
- Currently using OCs; wants to continue
- You notice a vaginal discharge and perform microscopy
- She is diagnosed with BV and given the option of treatment
- She is dispensed oral metronidazole and counseled re: BV
- Time
 - F-to-F time: 32 minutes (20 min WWV; 12 min BV)
 - Total time: 39 minutes

Betty: Total Time

Total time 39 minutes (well woman visit and BV diagnosis, treatment, counseling *and charting*)

| New | Time |
|--------|-------|
| | |
| 99202 | 15-29 |
| 99203 | 30-44 |
| 99204 | 45-59 |
| *99205 | 60-74 |

| Established | Time |
|-------------|-------|
| 99211 | N/A |
| 99212 | 10-19 |
| 99213 | 20-29 |
| 99214 | 30-39 |
| *99215 | 40-54 |

* Not family PACT benefits

Betty: MDM (based on highest 2 of 3 elements)

| Problems | Data | Risk | E/M Code |
|----------|--------------------------------------|------------------------------|----------------|
| Minimal | Minimal or none ✓ | Minimal risk of morbidity | 99202 99212 |
| Low ✓ | Limited (order 1 lab; review result) | Low risk of morbidity | 99203 99213 |
| Moderate | Moderate | Moderate (prescription Rx) ✓ | 99204 99214 |
| High | Extensive | High risk of morbidity | 99205 99215 |

MDM level is Low; established patient

Betty

| Service | CPT code | ICD-10-CM |
|-----------------|----------------------------------------------------|------------------------------------------------------|
| Procedure | None | |
| Drug/ supply | S4993 OC x13 cycles * Metronidazole 500 mg x 14 | Z30.41 Surveillance OC user N76.0 Acute vaginitis |
| POC Lab | Q 0111 Wet mount | N76.0 |
| E/M | 99214 (total time) 99213 (MDM) | Z30.41 Surveillance OC user N76.0 Acute vaginitis |

* Use NDC code

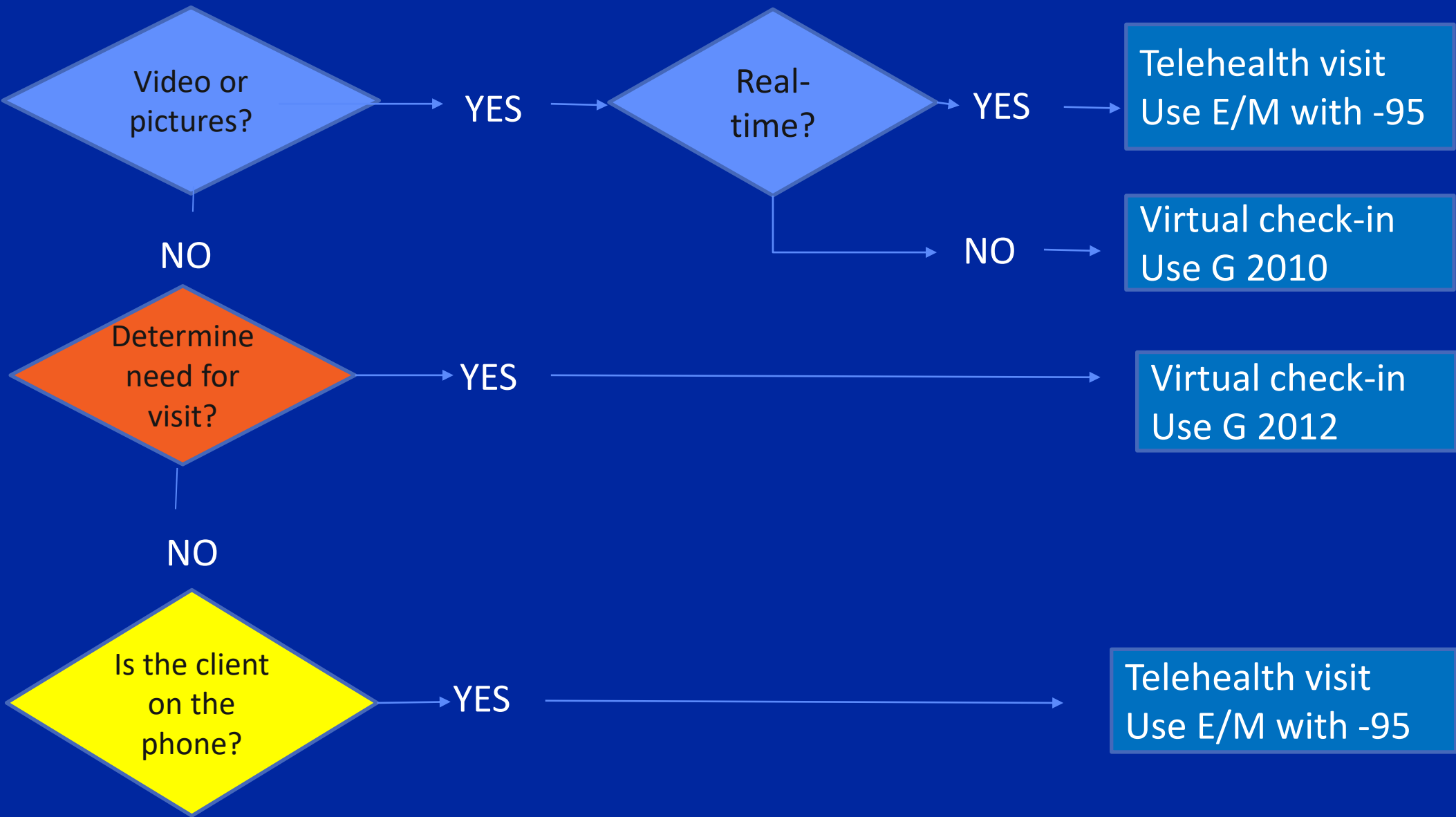
Meri

- 30-year-old established client who has been using DMPA every 13 weeks for the past 2 years
- She called for an appointment 2 weeks before her next injection was due, but was hesitant to come in
- A/V telehealth visit: 15-minute discussion with a clinician about her alternatives
 - Decided to try self-injection of DMPA-SQ
- One unit E-prescribed and picked up at a pharmacy
- What the “alternatives” to DMPA-IM?
- How to code this visit?

Family PACT Telemedicine Visit Coverage

| Code | Description | Modality |
|-------------|---------------------------------------|-------------------------------|
| G2010 | VCI: Store and forward | E-mail photo |
| G2012 | Virtual check-in (VCI) visit | Telephone |
| 99451 | E-consult | E-mail |
| 99202-4 -95 | Telehealth visit (new client) | Audio-visual or Telephonic |
| 99212-4 -95 | Telehealth visit (established client) | Audio-visual or Telephonic |

Not covered: Digital e-visits, telephone E/M codes (99441-3)



Video or pictures?

YES

Real-time?

YES

Telehealth visit
Use E/M with -95

NO

Determine need for visit?

YES

Virtual check-in
Use G 2010

NO

Virtual check-in
Use G 2012

NO

Is the client on the phone?

YES

Telehealth visit
Use E/M with -95

Alternatives to DMPA-IM

- In-person visit, IM injection in clinic
- In-person visit, curbside IM injection
- Switch to self-injected DMPA-SQ
- Switch to a “bridge” method
 - Progestin-only pills
 - Combined hormonal methods: OC, patch, ring
 - Barrier method

Meri: MDM (based on highest 2 of 3 elements)

| Problems | Data | Risk | E/M Code |
|--------------|----------------------|---------------------------|----------------|
| Minimal ✓ | Minimal or none ✓ | Minimal risk of morbidity | 99202 99212 |
| Low | Limited | Low risk | 99203 99213 |
| Moderate | Moderate | Moderate ✓ | 99204 99214 |
| High | Extensive | High risk | 99205 99215 |

MDM level is *Straightforward*

Meri

| | CPT code | ICD-10-CM code |
|-----------|------------------------------------------|-------------------------------------------------|
| Procedure | None | |
| Drug | None (DMPA-SQ-104 picked up at pharmacy) | |
| POC lab | None | |
| E/M | 99212 by total time 99212 by MDM | Z30.42 Surveillance of injectable contraceptive |
| Modifier | 99212-95 Telemedicine | |

- Total time for 15 minute tele-visit is 99212 (established pt, 10-19 min)
- Place of service: -02 (telemedicine)

Meri (continued)

- 12 weeks later, Meri called the clinic and stated that she wanted to switch back to DMPA-IM at the clinic
- When seen, she complained that she has had continuous light spotting over the last 4 weeks
 - Discussed with clinician; wants to continue
- Office pregnancy test negative
- DMPA-IM injection given by MA
- Dispensed estradiol 1 mg to use daily for 14 days
- Total time of visit: 24 minutes

Two Ways to Bill for a DMPA Injection

1. IM injection by MA, RN, or clinician after short history update
 - 99211
2. Clinician visit for DMPA-related (or other) problem
 - E/M 99212-4
 - This requires two (or more) ICD-10 codes
 - 1^o diagnosis code: Z30.42 (surveillance of DMPA)
 - 2^o diagnosis code for the problem (e.g. N92.1: excessive or frequent menstruation with irregular cycle)

Meri (continued): MDM (based on highest 2 of 3)

| Problems | Data | Risk | E/M Code |
|------------|-------------------|---------------------------|----------------|
| Minimal | Minimal or none ✓ | Minimal risk of morbidity | 99202 99212 |
| Low | Limited | Low risk | 99203 99213 |
| Moderate ✓ | Moderate | Moderate ✓ | 99204 99214 |
| High | Extensive | High risk | 99205 99215 |

MDM level is Moderate

Meri (continued)

| | CPT code | ICD-10-CM code |
|-------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Procedure | None (Family PACT doesn't cover 96372[office injection]) | |
| Drug/supply | J 3490 U8 DMPA S5000 Generic estradiol | Z30.42 Surveillance of injectable contraceptive N92.1 Excessive or frequent menstruation with irregular cycle |
| POC lab | 81025 (urine preg test) | Z32.02 Preg test; negative |
| E/M | 99214 (based on MDM) | 1° diagnosis: Z30.42 2° diagnosis: N92.1 |
| Modifier | None | |

- MDM 99214 (Moderate)
- Total time: 99213 (Established patient; 20-29 minutes)

AMA Documents

- E/M Services Guidelines

<https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>

- E/M MDM Chart

<https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>

AMA Online Modules

- Office Evaluation and Management (E/M) CPT Code Revisions: <https://edhub.ama-assn.org/cpt-education/interactive/18057429>
- Revisions to the CPT E/M Office Visits: New Ways to Report Using Medical Decision Making (MDM) <https://edhub.ama-assn.org/cpt-education/interactive/18461932>
- Revisions to the CPT E/M Office Visits: New Ways to Report Using Time: <https://edhub.ama-assn.org/cpt-education/interactive/18461930>

Other Resources

- E/M
 - <https://www.ama-assn.org/practice-management/cpt/10-tips-prepare-your-practice-em-office-visit-changes>
 - <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>
 - <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- Auditing:
 - <https://oig.hhs.gov/authorities/docs/physician.pdf>
 - <https://www.beckershospitalreview.com/healthcare-information-technology/identify-e-m-compliance-risks-before-auditors-do.html>
 - <https://www.acponline.org/practice-resources/business-resources/coding/how-to-complete-a-coding-audit-internal-medicine>



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<https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth-Other-Virtual-Telephonic-Communications-6-19.pdf>

Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19)

June 23, 2020 (*Supersedes April 30, 2020 and March 24, 2020 Guidance*)

Overview

In light of both the federal Health and Human Services Secretary's January 31, 2020, public health emergency declaration, as well as the President's March 13, 2020, national emergency declaration relative to COVID-19, the Department of Health Care Services (DHCS) is issuing additional guidance to enrolled Medi-Cal providers, including, but not limited to physicians, nurses, mental health practitioners, substances use disorder practitioners, dentists – as well as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal 638 Clinics. This guidance is relative to all of the following:

Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to C-19

- How telephonic-only visits can be considered as "telehealth visits" during the PHE
- One section of the guidance applies to Family PACT providers (pages 7-9)
- The guidance contains additional instructions for FQHCs, Rural Health Clinics, and Tribal 638 clinics