Practice Management Program (PMP) – Can You Code It?

November 5, 2021
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Dallas, Texas

• No conflicts
Learning Objectives

• At the completion of this session, you should
  – Understand basis for EM coding levels
  – Recognize new allergy related ICD 10 codes
  – Know how to initially search for answers to your coding questions
    • These objectives will be obtained through an interactive process of case-based learning and discussion among participants
    • We all hope to benefit by learning from each other.

Why Do We Have Coding?

• Payers require reasonable documentation that services are consistent with the insurance payment requested in order to validate:
  – The medical necessity and appropriateness of the diagnostic and/or therapeutic services provided
    • Level of service
    • Diagnoses
Get A New Book Every Year and Read Allergy Section
What to Document (EVERYTHING)

• Documentation **Supporting Medical Necessity** must be complete, legible, and include, at a minimum:
  – Name of person providing the services or items
  – Date of services or items
  – Signed orders for services or items and the clinical rationale for the orders
  – **Rationale for the level of care given**

• Other Documentation
  – Appropriate History and Physical Exam
  – Description of what was done and **why**

Recent EM Changes

• Medicare will allow ancillary staff to perform and record the chief complaint and history of present illness

• Allow physicians to focus documentation on what has changed since the last visit, and not re-record the defined list of required elements. Still need to review prior data and indicate in the medical record that they have done so.
Codes Affected in 2021

• New patient office visits
  – Level 2-5 (level 1 deleted)
  – 99202-99205
• Follow up patient office visits
  – Level 2-5
  – 99212-99215

Determine Level of Service

• Time
• Medical Decision Making
• Must still complete medically appropriate history and/or physical exam but they do not determine level of service (CPT code to be used)
TIME

- Time is inclusive of all time spent by physician or other qualified health professional (QHP) for patient the date of face-to-face visit
- Time includes non face-to-face time
- Time is defined in increments
- If time exceeds level 5, add-on codes can be used (prolonged service)

TIME

- Face-to-face with physician or other QHP is required but non face-to-face time for prolonged service counts
  - Review of tests
  - Obtain history or review separately obtained history
  - Medically appropriate exam or evaluation
  - Counseling and educating patient/family/caregiver
  - Ordering tests, medication, procedures
  - Referring and communicating with other HCP
  - Documenting in electronic or other health record
  - Independently interpreting result and communicating results to patient/family/caregiver
- Do NOT Count
  - Other Services reported separately
  - Travel
  - Teaching that is general, not required for management of specific patient
Time to Determine Level

- **99202** 15-29 minutes of total time is spent on the date of the encounter.
- **99203** 30-44 minutes
- **99204** 45-59 minutes
- **99205** 60-74
- For services 75 minutes or longer, see Prolonged Services

- **99212** 10-19 minutes
- **99213** 20-29 minutes
- **99214** 30-39 minutes
- **99215** 40-54 minutes
- For services 55 minutes or longer, see Prolonged Services

New Prolonged Service Code

*Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service*

<table>
<thead>
<tr>
<th>Total Duration of New Patient Office or Other Outpatient Services</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 75 minutes</td>
<td>Not reported separately</td>
</tr>
<tr>
<td>75-89 minutes</td>
<td>99417 X 1 and 99418 X 1</td>
</tr>
<tr>
<td>90-114 minutes</td>
<td>99417 X 1 and 99418 X 2</td>
</tr>
<tr>
<td>115 minutes or more</td>
<td>99417 X 1 and 99418 X 2 or more for each additional 15 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Duration of Established Patient Office or Other Outpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code(s)</td>
</tr>
<tr>
<td>less than 65 minutes</td>
</tr>
<tr>
<td>65-89 minutes</td>
</tr>
<tr>
<td>90-114 minutes</td>
</tr>
<tr>
<td>115 minutes or more</td>
</tr>
</tbody>
</table>
HCPCS code G2212

• Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact
• Do not report G2212 for any time unit less than 15 minutes

Visit Complexity G2211

• Ongoing, longitudinal care relationship.
• Add-on code that you may list separately in addition to office/outpatient (E/M) visits for new or established patients
• You may add it even when the E/M visit is done via telehealth
• Approximately $15.88, will vary geographically.
• Delayed implementation 2024!!
MDM

• Maintained three current MDM elements
  – Number and complexity of problem(s)
  – Amount or complexity of data to review/analyze
  – Risk of complications or morbidity


Types of MDM

• Straightforward
• Low
• Moderate
• High
### Table 2: Levels of Medical Decision Making (MDM)

<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM (Based on 2 out of 3 Elements of MDM)</th>
<th>Number and Complexity of Problems Addressed at the Encounter</th>
<th>Amount and/or Complexity of Data to be Reviewed and Analyzed</th>
<th>Risk of Complications and/or Morbidity or Mortality of Patient Management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</em></td>
<td></td>
</tr>
<tr>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99202</td>
<td>Straightforward</td>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99212</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99203</td>
<td>Low</td>
<td>Low</td>
<td>Limited (Must meet the requirements of at least 1 of the 3 categories)</td>
<td>Low risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99213</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Category 1: Tests and documents**
- Any combination of 2 from the following:
  - Review of prior external note(s) from each unique source*;
  - Review of the result(s) of each unique test*;
  - Ordering of each unique test*;
  - Assessment requiring an independent historian(s)

**Category 2: Independent interpretation of tests**
- Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported).

**Category 3: Discussions of management or test interpretation**
- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported).
Separate Service (Not EM)

- The actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when reported separately.
Level 2 and 3 MDM

1. Level 2 and 3 MDM

<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM</th>
<th>Problem that runs definite and prescribed course is transient in nature and not likely to permanently alter health</th>
</tr>
</thead>
<tbody>
<tr>
<td>M201</td>
<td>Straightforward</td>
<td>Minimal or none; limited risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>M202</td>
<td>Minimal</td>
<td>2 or more self-limiting minor problems; or 2 or more related minor problems</td>
</tr>
</tbody>
</table>

Expected duration at least one year

Level 4 and 5 MDM

<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM</th>
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</tr>
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<tbody>
<tr>
<td>M214</td>
<td>Moderate</td>
<td>Any disease, injury, or condition likely to result in a high risk of morbidity without treatment</td>
</tr>
<tr>
<td>M215</td>
<td>High</td>
<td>Any disease, injury, or condition likely to result in a high risk of morbidity without treatment</td>
</tr>
</tbody>
</table>

And no high risk of morbidity without treatment

Requires treatment that includes evaluation of body systems that are directly part of the injured organ, the injury extent, or the treatment options are multiple and/or associated with high risk of morbidity

Significant risk of morbidity and may require hospitalization

Level 4 and 5 MDM

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<tr>
<td>M225</td>
<td>Moderate</td>
<td>Any disease, injury, or condition likely to result in a high risk of morbidity without treatment</td>
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</table>

And no high risk of morbidity without treatment

Requires treatment that includes evaluation of body systems that are directly part of the injured organ, the injury extent, or the treatment options are multiple and/or associated with high risk of morbidity

Significant risk of morbidity and may require hospitalization

Level 4 and 5 MDM

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<th>Level of MDM</th>
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</thead>
<tbody>
<tr>
<td>M235</td>
<td>High</td>
<td>Any disease, injury, or condition likely to result in a high risk of morbidity without treatment</td>
</tr>
</tbody>
</table>

And no high risk of morbidity without treatment

Requires treatment that includes evaluation of body systems that are directly part of the injured organ, the injury extent, or the treatment options are multiple and/or associated with high risk of morbidity

Significant risk of morbidity and may require hospitalization

Level 4 and 5 MDM

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<tr>
<th>Code</th>
<th>Level of MDM</th>
<th>Problem that runs definite and prescribed course is transient in nature and not likely to permanently alter health</th>
</tr>
</thead>
<tbody>
<tr>
<td>M245</td>
<td>High</td>
<td>Any disease, injury, or condition likely to result in a high risk of morbidity without treatment</td>
</tr>
</tbody>
</table>

And no high risk of morbidity without treatment

Requires treatment that includes evaluation of body systems that are directly part of the injured organ, the injury extent, or the treatment options are multiple and/or associated with high risk of morbidity

Significant risk of morbidity and may require hospitalization
AMA CPT code set – technical corrections

- Since Category I codes are only released once per year, the AMA, several times a year, releases editorial updates to the AMA website
  - **Technical Corrections** – Represents revisions to the CPT code set which are needed to clarify or correct unforeseen or unintended issues following publication. They do not represent changes in intended use and thus are effective retroactively. They have greater force than educational materials.
  - **Errata** – Represents revisions to the CPT code set which are needed to correct editorial errors.
  - These revisions, when applicable, are published to the AMA website on the first of the month.

Allergen Extract

95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

CPT Changes: An Insider’s View 2002
CPT Assistant Fall 91:19, Spring 94:30, Summer 95:4, May 96:11, Nov 98:35, Apr 00:4, Apr 01:11, Feb 05:10-12, Jun 05:9, Jan 13:9

New Patient Starting Shots

- Office makes set of four dilutions of 10 mls
- Patient vials are prepared, labeled, stored

How many units of 95165?
Codes 95145-95170 represent the antigen itself, its preparation, and the physician's determination of concentration and volume required for the planned schedule of injections based on skin testing and patient history. These codes are used to report the supply of antigen prospectively planned to be administered. (It is appropriate to bill the prospectively planned supply of the antigen at the outset of the scheduled treatment.) The number of doses prepared and provided must be specified when reporting these codes. Administration of injections is not included in these codes.

Teaching MDI Use

94664  Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device

(CPT Changes: An Insider's View 2003
CPT Assistant Summer 95:4, Feb 96:9, May 98:10, Apr 00:11, Jul 05:11, Nov 08:5, Sep 10:3, Dec 13:12

(94664 can be reported 1 time only per day of service)
Coming in 2022

Remote Therapeutic Monitoring Codes

• The new RTM codes in the Proposed Rule closely resemble the existing Remote Physiologic Monitoring (“RPM”) codes established over the last few years, with a code for set-up and education on the use of RTM equipment, two device codes, and two services codes.

Remote Therapeutic Monitoring Codes

• **CPT code 989X1** - Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment

• **CPT code 989X2** - Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days

• **CPT code 989X3** - Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
Remote Therapeutic Monitoring Codes

- **CPT code 989X4** - Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes

- **CPT code 989X5** - Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
## ICD-10-CM INDEX TO DISEASES and INJURIES

<table>
<thead>
<tr>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aarskog's syndrome Q87.19</td>
</tr>
<tr>
<td>Abandonment - see Maltreatment</td>
</tr>
<tr>
<td>Abasia (astasia) (hysterical) F44.4</td>
</tr>
<tr>
<td>Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04</td>
</tr>
<tr>
<td>Abdomen, abdominal - see also condition</td>
</tr>
<tr>
<td>- acute R10.0</td>
</tr>
<tr>
<td>- angina K55.1</td>
</tr>
<tr>
<td>- muscle deficiency syndrome Q79.4</td>
</tr>
<tr>
<td>Abdominalgia - see Pain, abdominal</td>
</tr>
<tr>
<td>Abduction contracture, hip or other joint - see Contraction, joint</td>
</tr>
<tr>
<td>Aberrant (congenital) - see also Malposition, congenital</td>
</tr>
<tr>
<td>- adrenal gland Q69.1</td>
</tr>
<tr>
<td>- artery (peripheral) Q27.8</td>
</tr>
<tr>
<td>- - basilar NEC Q28.1</td>
</tr>
<tr>
<td>- - cerebral Q28.3</td>
</tr>
<tr>
<td>- - coronary Q24.5</td>
</tr>
<tr>
<td>- - digestive system Q27.8</td>
</tr>
<tr>
<td>- - eye Q15.8</td>
</tr>
<tr>
<td>- - lower limb Q27.8</td>
</tr>
</tbody>
</table>

## ICD-10-CM TABULAR LIST of DISEASES and INJURIES

### Table of Contents

1. Certain infectious and parasitic diseases (A00-B99)
2. Neoplasms (C00-D49)
3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
4. Endocrine, nutritional and metabolic diseases (E00-E89)
5. Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
6. Diseases of the nervous system (G00-G99)
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19. Injury, poisoning and certain other consequences of external causes (S00-T88)
20. External causes of morbidity (V00-Y99)
21. Factors influencing health status and contact with health services (Z00-Z99)
22. Codes for special purposes (U00-U85)
ICD-10 Changes

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning (Accidental)</th>
<th>Poisoning (Intentional self-harm)</th>
<th>Poisoning (Assault)</th>
<th>Poisoning (Unintentional)</th>
<th>Adverse-effect</th>
<th>Underdosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add: Cannabinoids, synthetic</td>
<td>Add T40.721</td>
<td>Add T40.722</td>
<td>Add T40.721</td>
<td>Add T40.724</td>
<td>Add T40.725</td>
<td>Add T40.726</td>
</tr>
<tr>
<td>Cannabis</td>
<td>Revise from T40.7X1</td>
<td>Revise to T40.7X1</td>
<td>Revise from T40.7X1</td>
<td>Revise to T40.7X1</td>
<td>Revise from T40.7X1</td>
<td>Revise to T40.7X1</td>
</tr>
<tr>
<td>Cannabis (derivatives)</td>
<td>Revise from T40.7X1</td>
<td>Revise to T40.7X1</td>
<td>Revise from T40.7X1</td>
<td>Revise to T40.7X1</td>
<td>Revise from T40.7X1</td>
<td>Revise to T40.7X1</td>
</tr>
<tr>
<td>Central nervous system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- depressants</td>
<td>T42.71</td>
<td>T42.72</td>
<td>T42.73</td>
<td>T42.74</td>
<td>T42.75</td>
<td>T42.76</td>
</tr>
<tr>
<td>- - cannabis sativa</td>
<td>Revise from T40.7X1</td>
<td>Revise to T40.7X1</td>
<td>Revise from T40.7X1</td>
<td>Revise to T40.7X1</td>
<td>Revise from T40.7X1</td>
<td>Revise to T40.7X1</td>
</tr>
</tbody>
</table>

ICD-10 Changes

- No Change
- Allergy, allergic (reaction) (to) T78.40
- No Change
- food (any) (ingested) NEC T78.1
- No Change
- status (without reaction) Z91.018
- Add
  - - - beef Z91.014
- Add
  - - - lamb Z91.014
- Add
  - - - mammalian meats Z91.014
- Add
  - - - pork Z91.014
- Add
  - - - red meats Z91.014
- No Change
  - milk protein (see also Allergy, food) Z91.011
- Revise from
  - - proctocolitis K52.62
- Revise to
  - - proctocolitis K52.29
ICD-10 Cough

Cough (affected) (epidemic) (nervous) R05.9
- with hemorrhage -see Hemoptyis
- acute R05.1
- bronchial R05.8
- - with grippe or influenza -see Influenza, with, respiratory manifestations NEC
- chronic R05.3
- functional F45.8
- hysterical F45.8
- laryngeal, spasmodic R05.8
- paroxysmal, due to Bordetella pertussis (without pneumonia) A37.00
- - with pneumonia A37.01
- persistent R05.3
- psychogenic F45.8
- refractory R05.3
- smokers' J41.0
- specified NEC R05.8
- subacute R05.2
- syncope R05.4
- tea taster's B49
- unexplained R05.3

Chronic R05.3

R05 Cough

Excludes1: paroxysmal cough due to Bordetella pertussis (A37.0-)
smoker's cough (J41.0)

Excludes2: cough with hemorrhage (R04.2)

R05.1 Acute cough

R05.2 Subacute cough

R05.3 Chronic cough
  Persistent cough
  Refractory cough
  Unexplained cough

R05.4 Cough syncope
  Code first syncope and collapse (R55)

R05.8 Other specified cough

R05.9 Cough, unspecified
My Favorite Allergy Coding Site

My Favorite CPT Code Site
My Favorite ICD-10 Site

ICD10Data.com

Search Results
500 results found. Showing 1-25:

- ICD-10-CM Diagnosis Code K20
  Esophagus
  erosion of esophagus (K22.1-); eosinophilic esophagitis with gastro-esophageal reflux disease (K21.0); reflux esophagitis (K21.81); ulcerative esophagitis (K22.3-); eosinophilic gastritis or gastroenteritis (K02.81); code to identify; alcohol abuse and dependence (F10-)

- ICD-10-CM Diagnosis Code K52.81
  Eosinophilic gastritis or gastroenteritis
  Eosinophilic gastritis; Eosinophilic gastritis with hemorrhage; Eosinophilic gastroenteritis; Gastric hemorrhage due to eosinophilic gastritis; Gastritis; eosinophilic; eosinophilic esophagitis (K20.0); Eosinophilic enteritis
C.B. follow-up patient

- Known asthmatic comes in with SOB. Had viral illness and made asthma worse. Cannot sleep, coughing all night, hard to complete a sentence while giving a history.
- Spirometry shows FEV1 reduced at 2L and FVC 3.5L (FEV1/FVC is 57%)
- Prescription for prednisone and new combo inhaler. Discussed management and follow up with patient and family

C.B. follow-up patient

- History and physical 10 minutes, pulmonary function test 8 minutes, interpretation of tests 2 minutes, completing chart notes and prescriptions 10 minutes.
- Talked to family for another 5 minutes, so 35 minutes spent.
- **94010** Spirometry
- **99214** 30-39 minutes?
C.B. follow-up patient

- MDM
  - Number/complexity problem
    - Moderate- chronic illness with exacerbation
  - Amount/complexity data
    - Straightforward (no credit for spirometry if you do it in office)
  - Risk
    - Moderate- prescription drug management
  - **99214** moderate (2 of 3)

A.R. 24-year-old New Patient

- AR comes with history of runny nose and congestions every August despite OTC meds recommended by PCP (records show INS and NSA). Wants help
- Exam: swollen turbinates and cobblestoning of posterior pharynx Otherwise unremarkable
- CBC with diff, allergy testing ordered & done.
- Diagnosis of SAR based on hx, exam, tests
- Shared decision making regarding treatment
A.R. 24-year-old New Patient

- MDM
  - Number/complexity problem
    - Moderate - Chronic poorly controlled with intent to control requiring add’l care but not hospital level
  - Amount/complexity data
    - Low review data and order test
  - Risk
    - Low or Moderate
      - Risk of treatment with immunotherapy- systemic reaction

Documentation

- During shared decision making, patient was informed of possible reactions to allergy shots including death
- Signs and symptoms of anaphylaxis explained and patient expressed understanding of benefits and adverse reactions to immunotherapy
- Epinephrine autoinjector explained and demonstrated- need to have shots administered in medical facility reviewed