

Emergency Telehealth Coding Changes Preview the Evaluation and Management Guidance for 2021



The Greek philosopher Heraclitus once said “Change is the only constant in life.” While he didn’t have coding for telehealth in mind during the 6th century BCE, it seems the coding guidance for these visits changes every few days. In turn, it’s critical that those providing telehealth services stay as up to date as possible.

Case in point: in April, the Centers for Medicare and Medicaid Services (CMS) declared that during the current public health emergency the process for determining the 992xx series telehealth codes no longer needs to be based on the traditional approach of considering case history, physical exam, and medical decision making.

Instead, during the emergency, 992xx series codes for telehealth visits can be determined based on one of two approaches:

- Consideration of the total time personally spent by the reporting practitioner on the day of the visit, OR
- Consideration of medical decision making (MDM)

Fans of coding and regulation might recognize that this aligns with CMS’ and the AMA’s plans for 992xx series coding in 2021. In a sense, this new temporary guidance for telehealth visits allows a “test drive” of how these codes will be determined next year.

That begs the question “how do I use time or MDM to determine the code for the visit?” Let’s tackle each separately and start with time. If time alone is used, all physician time associated with the service that day should be considered and the following thresholds should be used (note that these values will be different in 2021):

New Patients		Established Patients	
Code	Time	Code	Time
99201	10 minutes	99211	5 minutes
99202	20 minutes	99212	10 minutes
99203	30 minutes	99213	15 minutes
99204	45 minutes	99214	25 minutes
99205	60 minutes	99215	40 minutes

What can be included in that time estimate? Per the AMA, this is the definition of the total time on the date of the encounter:

- both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff).

The Physician/other qualified health care professional time includes the following activities, when performed:

- preparing to see the patient (eg, 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 health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (when not separately reported) and communicating results to the patient/family/caregiver
- care coordination (when not separately reported)

When MDM is utilized, each of the four levels of medical decision making have their own code and there's no differentiation between new and established patients. Note that the concept of MDM does not apply to the level 1 visits for new or established patients since this level of service rarely involves a physician:

New Patients		Established Patients	
Code	MDM	Code	MDM
99201	n/a	99211	n/a
99202	Straightforward	99212	Straightforward
99203	Low	99213	Low
99204	Moderate	99214	Moderate
99205	High	99215	High

Whether choosing time or medical decision making, it is very important that the approach used is documented in the medical record. For example, if time is selected to code an encounter the total physician professional time should appear in the record since time is something an audit of that encounter would explore.

Change is rarely easy, especially when it pertains to a coding process that has been in place for over 20 years. And the frequency of changes surrounding telemedicine certainly don't make it easy to develop a consistent procedure. However, this is what will be required for all 992xx series coding in 2021 whether in-office or telehealth. So, while other telehealth policy changes may accumulate, know that this one is a preview of the year ahead. Developing a degree of familiarity now not only helps with the present day but also sets the stage for a smooth transition into 2021.

If you'd like to dive deeper into the topic of evaluation and management series changes ahead in 2021, including the specific time thresholds and revised descriptions of MDM levels, the AMA has a number of resources available [here](#).

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