SAN BERNARDINO COUNTY
Behavioral Health
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INFORMATION NOTICE 20-09

Date January 21, 2021

To Department of Behavioral Health (DBH) Staff, Contract Agencies, and Fee-for-Service providers.

From Veronica Kelley, DSW, LCSW, Director

Subject 2021 Evaluation and Management Code Changes

Purpose

The purpose of this Information Notice (IN) is to notify and provide guidance to the DBH workforce, including contract agency and fee-for-service providers, of Evaluation and Management (E/M) Code and Guideline Changes **effective January 1, 2021**.

E/M services are high-volume services, therefore E/M coding errors can cause major billing/payment and compliance issues, subject to the California False Claims Act. Individual provider knowledge of E/M coding updates is crucial to the accurate reporting/claiming and reimbursement/payment for services rendered.

Introduction

The American Medical Association (AMA), in conjunction with the Centers for Medicare & Medicaid Services (CMS), announced guideline and code descriptor changes for E/M services to be enacted on January 1, 2021.

Recent changes allow health care agencies the option to chose the appropriate E/M code, based on medical decision making (MDM) or Total Time methods. DBH has elected to use the **MDM** method to determine the level of E/M for services under Medicare, Medicaid/Medi-Cal, and other third-party payers whom accept E/M codes for claims submitted by physicians and other qualified healthcare professionals.

For behavioral health, E/M codes will be changed for office visits only (99203-99215); all other E/M services will remain unchanged.

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Introduction, continued

The goals of the E/M code changes are to:

- Decrease administrative burden;
- Decrease the need for audits by expanding key definitions and
- Decrease unnecessary documentation.

The appropriate level of E/M services is based on the following:

1. The level of medical decision making, as defined for each service; **or**
2. The total time of E/M services performed for the date of service.

Note: *Medi-Cal is billed using the Healthcare Common Procedure Coding System (HCPCS) codes.*

MDM Definitions

The new guidelines provide updated definitions of the elements of medical decision making, and are listed below in order of progression, consistent with AMA Code and Guideline Changes.

Minimal problem: A problem that may not require the presence of the physician or other qualified health care professional, but the service is provided under the physician's or other qualified health care professional's supervision (see 99211).

Self-limited or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient. Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered.

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment.

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MDM Definitions, continued

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity.

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment.

Acceptable Time Activities for CPT Coding

For coding purposes, time for these services is the total time on the date of the service (or directly following for date of service documentation in accordance with DBH Chart Documentation Manual), including both face-to-face and non-face-to-face time spent on activities by the provider, including, but not limited to the following:

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

Documentation for Medical History and/or Examinations

The AMA requires a medically appropriate history and/or exam and the level of MDM in order to provide sufficient documentation for the CPT Codes, as follows:

- Code selection based on medical decision making MUST include information pertinent to the key elements of MDM (see Key Components of MDM table on p. 4)
- Documentation of history or exam are not required for billing but relevant information for good clinical care should be captured
- Code selection based on total time MUST include the total time spent on the date of the encounter and a summary of relevant clinical activities

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Documentation for Medical History and/or Examinations

Elements of MDM For Office Outpatient Services (99203-99215)

In order to select a level of an E/M service, **two** of the **three** elements of medical decision making must be **met or exceeded.**

The following table shows the three ***Key Components of MDM***:

	Component	Description
1	**Problem**	Number and complexity of problems addressed
2	**Data**	Amount and/or Complexity of Data to be Reviewed and Analyzed
3	**Risk**	Risk of Complications and/or Morbidity/Mortality of Patient Management

A new and comprehensive medical decision-making table was created to provide guidelines for E/M code level selection in 2021. Documentation should support the E/M service chosen. A **summary** of the DBH applicable **Moderate & High** Elements of MDM can be found in the table below:

Elements of Medical Decision Making 99204/99214-Moderate MDM (2 of 3)		
Number and Complexity of Problems	**Amount and/or Complexity of Data to be Reviewed and Analyzed**	**Risk of Complications and/or Morbidity/Mortality of Patient Management**
Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment, *(Example: MDD, recurrent, moderate)* or • 2 or more stable chronic illnesses, (Example: Schizophrenia and alcohol use d/o) or • 1 undiagnosed new problem with uncertain prognosis, *(Example: Cognitive decline)* or • 1 acute illness with systemic symptoms, *(Example: Anorexia with bradycardia and amenorrhea)* or • 1 acute complicated injury	**Moderate** (Must meet 1 of 3 categories in this box) **Category 1: Tests, documents, or independent historian:** *(any combination of 3 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) OR **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), OR **Category 3: Discussion of management or test interpretation** with external physician/other QHP/appropriate source (not separately reported)	**Moderate Risk** Examples: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health • *Management of psychiatric medications* • *Patient whose adherence to treatment is impacted by homelessness*

Elements of Medical Decision Making 99205/99215-Moderate MDM (2 of 3)		
Number and Complexity of Problems	**Amount and/or Complexity of Data to be Reviewed and Analyzed**	**Risk of Complications and/or Morbidity/Mortality of Patient Management**
High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment, *(Example: MDD, recurrent, severe w/significant functional decline; or Severe akathisia from treatment of schizophrenia with antipsychotic medication)* or • 1 acute or chronic, illness or injury that poses a threat to life or bodily function, (Example: Schizophrenia with command hallucinations to kill family members whom the patient believes are imposters; or Depression with suicidal ideation and plan)	**Extensive** *(Must meet 2 out of 3 categories in this box)* **Category 1: Tests, documents or independent historians:** *(any combination of 3 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) OR **Category 2: Independent interpretation of tests** performed by another physician (not separately reported), OR **Category 3: Discussion of management or test interpretation** with external physician/other QHP/appropriate source (not separately reported)	**High Risk** Examples: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization • *Management of Clozapine* • *Initiation of Lithium* • *Consideration of inpatient behavioral health admission*

Appendix A

An additional table showing a crosswalk of the new applicable CPT code cross-walked with the correlating Procedure Codes can be found in *Appendix A*.

Reference

American Medical Association (AMA) 2021
- Code and Guideline Changes
- Quick Guide to 2021 Office/Outpatient E/M Services (99202-99215) Coding Changes
- Update on 2021 Changes to Billing and Documentation for Outpatient E/M Services

Centers for Medicare and Medicaid Services (CMS)
- 1995 E/M Documentation Guidelines
- 1997 Documentation Guidelines

Medicare Claims Processing Manual, Chapter 12, Section 30.6.1.C

Questions

For questions regarding this Information Notice, please contact DBH Office of Compliance at (909) 388-0879 or via email at compliance_questions@dbh.sbgcounty.gov

NEW CPT Code	Proc. Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	APPENDIX A Elements of Decision Making with Psychiatric Specific Examples Number and complexity of problems	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity/Mortality of Patient Management
99203 99213	N/A 366	**Low**	**Low** • 2 or more self-limited or minor problems; or • 1 stable chronic illness *(Example MDD, recurrent, in remission)* or • 1 acute uncomplicated illness or injury *(Example: adjustment d/o with depressed mood)*	**Limited** (Must meet 1 of 2 categories in this box) **Category 1:** 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 **Category 2:** Assessment requiring an independent historian(s) (confirmatory history judged to be necessary)	**Low Risk** *Example:* • *New client seen for adjustment disorder and referred to therapist*
99204 99214	361 368	**Moderate**	**Moderate** • 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, *(Example: Schizophrenia and alcohol use d/o presenting in acute withdraw)* or • 1 acute complicated injury	**Moderate** (Must meet 1 of 3 categories in this box) **Category 1: Tests, documents, or independent historian:** • 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** performed by another physician (not separately reported), or **Category 3: Discussion of management or tests interpretation** with external physician/other QHP/appropriate source (not separately reported)	**Moderate Risk** Examples: • Prescription drug management • Diagnosis or treatment significantly limited by social determinants of health • *Management of psychiatric medications* • *Patient whose adherence to treatment is impacted by homelessness*
99205 99215	363 369	**High**	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment. *(Example: MDD, recurrent, severe w/ significant functional decline or severe akathisia from treatment of Schizophrenia with antipsychotic medication)*, or • Acute or chronic illness or injury that poses a threat to life or bodily function *(Example Schizophrenia with command hallucinations to kill family members whom the client believes are imposters; or Depression with suicidal ideation and plan)*	**Extensive** (must meet 2 out of 3 categories in this box) **Category 1: Tests, documents, or independent historian:** (any combination of 3 from the following bullets) • 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** performed by another physician (not separately reported), or **Category 3: Discussion of management or tests interpretation** with external physician/other QHP/appropriate source (not separately reported)	**High Risk** Examples: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding hospitalization • *Management of Clozapine* • *Initiation of Lithium* • *Consideration of inpatient behavioral health admission*

Note: *99201 and 99202/99212 are eliminated CPT Codes, as they do not apply to DBH.*