



Coding for Mental Health in Primary Care Using 2021 Guidelines

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Office of
Mental Health

Disclosures

Dr. Lashley is a partner in Allied Physicians Group. A partnership including over 130 clinicians based mostly on Long Island NY



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Coding Prior to 2021

- Was difficult to meet all points needed to code at higher levels.
- Mental Health was coded mostly by time in Primary Care

ALN New Patient Visits					
CPT	Time (minutes)	History	Exam	Data Documentation (Categories)	Medical Decision Making
99202	15-29	Medically Appropriate	Medically Appropriate	Minimal or none	Straightforward/Minimal - 1 self-limited or minor problem (examples: Rest, bandages)
99203	30-44	Medically Appropriate	Medically Appropriate	Choose Two of any: 1)Review of external notes, 2)review of results, 3)order of test OR choose an assessment requiring independent historian	Low - 1 stable chronic illness, 1 acute uncomplicated illness or injury (Example: Minor surgery <i>without</i> risk factors (0-10 day global), OTC)
				Choose Three of any: 1)Review of external notes, 2)review of results, 3)order of test, 4)assessment requiring	Moderate - 1 chronic condition that is worsening, 2 stable chronic illnesses, 1 undiagnosed new problem with uncertain prognosis, 1 acute illness
ALN Established Patient Visits					
CPT	Time (minutes)	History	Exam	Data Documentation Categories	Medical Decision Making (Risk)
99211					
99212	10 min to 19 min	Medically Appropriate	Medically Appropriate	Minimal or none	Straightforward/Minimal - 1 self-limited or minor problem (Examples: Rest, bandages)
99213	20-29	Medically Appropriate	Medically Appropriate	Choose Two of any: 1)Review of external notes, 2)review of results, 3)order of test OR choose an assessment requiring independent historian	Low - 1 stable chronic illness, 1 acute uncomplicated illness or injury (Example: Minor surgery <i>without</i> risk factors (0-10 day global), OTC)
99214	30-39	Medically Appropriate	Medically Appropriate	Choose Three of any: 1)Review of external notes, 2)review of results, 3)order of test, 4)assessment requiring independent historian OR choose independent interpretation of test OR choose Discussion of management of test interpretation w/external physician	Moderate - 1 chronic condition that is worsening, 2 stable chronic illnesses, 1 undiagnosed new problem with uncertain prognosis, 1 acute illness with systemic symptoms (Examples: Minor surgery <i>with</i> risk factors (0-10 day global), Major surgery without risk factors (90 day global), Rx Drug management, Social Determinants of Health significantly limit dx or Tx)
99215	40-54	Medically Appropriate	Medically Appropriate	Same as above. However, must meet 2 out of 3 categories	High - 1 or more chronic illnesses with severe exacerbation and extensive data or risk (Examples: Emergency major surgery (90 day global), Major surgery with risk factors (90 day global), Endoscopy with risk factors, DNR)
+99417	Each 15 minutes	55-69 99215 x 1 and 99417 x 1 70-84 99215 x 1 and 99417 x 2	85 or more 99215 X 1 and 99417 x 3 or more for each additional 15 minutes		Visit complexity inherent to EM associated with medical care related to a patient's single, serious, or complex chronic conditions

Coding With 2021 Guidelines

- Rules are much simpler
- No longer a distinction between New and Established patients
- 3 Categories only:

Number and Complexity of Problems Addressed			
Code	Number/Complexity of Problems	Definition	Examples
99211	1	1	<ul style="list-style-type: none"> • PPD coding • EP check follow up - normal
99212	1	1	<ul style="list-style-type: none"> • Uncomplicated respiratory illness • Uncomplicated diaper rash • Follow up resolved condition that was low severity
99213	1	1	<ul style="list-style-type: none"> • Follow up resolved condition (continued) • Uncomplicated pharyngitis • Uncomplicated viral syndrome • Simple sprain/strain • Allergic rhinitis • Allergic conjunctivitis • Uncomplicated extra tooth
99214	1	1	<ul style="list-style-type: none"> • Worsening level of breathing distress • Child needs parenting with level of concern • Child needs high WPOC and/or PRRG requiring further work up • Concussion with brief LOC • Injury that requires casting with flow • Fracture(s) • Injury requiring flow or MAX that includes multiple systems
99215	1	1	<ul style="list-style-type: none"> • Worsening with middle school • Severe respiratory distress • Head injury • Treatment for orthopedic injury like pain • New seizure onset

Amount and/or Complexity of Data to be Reviewed and Analyzed			
Code	Data Needed	Examples	Definitions
99212	Minimal or none	None	None
99213	Minimal or none	None	None
99214	Minimal	<ul style="list-style-type: none"> • 1-3 problems • Medical history, no exam • 1-3 problems • Physical exam • Comprehensive metabolic panel (or stable lab) • Assessment requiring an independent literature 	<ul style="list-style-type: none"> • Two Tests (e.g., imaging, laboratory, performance or physiologic data, A clinical laboratory panel (eg, basic metabolic panel (BMP)) is a single test. The differentiation between single or multiple separate tests is defined in accordance with the CPT code set. NOTE: You cannot report one laboratory test per year off an out code. You may only separately for the lab and not simply add to MDM. • Minimal attention to data needed to establish a diagnosis or to monitor a condition or to guide patient care. • 1-3 problems • 1-3 problems • Review of relevant literature • 1-3 problems • Review of relevant literature • 1-3 problems • Review of relevant literature • 1-3 problems • Review of relevant literature
99215	Minimal	<ul style="list-style-type: none"> • 1-3 problems • Medical history, no exam • 1-3 problems • Physical exam • Comprehensive metabolic panel (or stable lab) • Assessment requiring an independent literature 	<ul style="list-style-type: none"> • Independent literature: An independent literature is a peer-reviewed journal article or other source of information that is relevant to the patient's condition and is used to guide patient care. • 1-3 problems • Review of relevant literature • 1-3 problems • Review of relevant literature • 1-3 problems • Review of relevant literature • 1-3 problems • Review of relevant literature

Risk			
Code	Risk Level	Description	Definition
99211	Minimal or none	None	None
99212	Minimal or none	None	None
99213	Low risk of morbidity from additional diagnostic testing or treatment	<ul style="list-style-type: none"> • Supportive care at home, simple, typical CPT equivalent(s) for further lab testing • Blood draw for labs • Radiologic tests such as EKG, X-ray 	<ul style="list-style-type: none"> • Risk: The probability and/or consequences of an event. Definitions of risk are based upon the usual behavior and thought processes of a physician or other expert in the same specialty. For the purposes of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM relative to the need to initiate or discontinue further testing, treatment and/or hospitalization.
99214	Moderate risk of morbidity from additional diagnostic testing or treatment	<ul style="list-style-type: none"> • New prescription drug for acute condition • Prescription drug management • Decision regarding acute surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Decision to treat or not to treat • Decision to perform minor surgery • Decision to perform major surgery • Decision to perform surgery without identified patient or procedure risk factors • Decision to treat or not to treat • Decision to perform surgery without identified patient or procedure risk factors 	<ul style="list-style-type: none"> • Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be resolved despite treatment. Social determinants of health, Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity. • Decision regarding elective major surgery without identified patient or procedure risk factors • Decision to treat or not to treat • Decision to perform surgery without identified patient or procedure risk factors • Decision to treat or not to treat • Decision to perform surgery without identified patient or procedure risk factors
99215	High risk of morbidity from additional diagnostic testing or treatment	<ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring • Drug therapy requiring intensive monitoring • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision to treat or not to treat • Decision to perform surgery without identified patient or procedure risk factors 	<ul style="list-style-type: none"> • Decision regarding intensive monitoring for high-risk drug that requires intensive monitoring in a therapeutic agent that has the potential to cause serious morbidity or death. Intensive monitoring may be long- or short-term. Long-term intensive monitoring is not less than quarterly. The monitoring needs to be a lab test, a physiologic test or imaging. The monitoring agent must be in the management of the patient at the time of the encounter which it is considered in the management of the patient. • Decision regarding emergency major surgery • Decision to treat or not to treat • Decision to perform surgery without identified patient or procedure risk factors

- Need 2 out of 3 to attain Level of service



**Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)**

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> 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* or Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 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	Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) • 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 • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 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	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) • 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 • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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

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Number & Complexity of Problems

- 1 minor problem – level 2
 - 2 or more minor problems – level 3
 - New problem with uncertain prognosis – level 4
 - Acute illness: uncomplicated – level 3
 - Systemic – level 4
 - Threatening – level 5
-
- Chronic illnesses: 1 stable illness – level 3
 - 2 or more stable illnesses level-4
 - 1 with exacerbation or progression-level 4
 - Severe or life threatening-level 5



Data Collected

(Rarely Used in Mental Health)

- Test ordered
- Test reviewed
- Parent or Relative is Historian
- External Input
- Independent interpretation
- Discussion with External Source

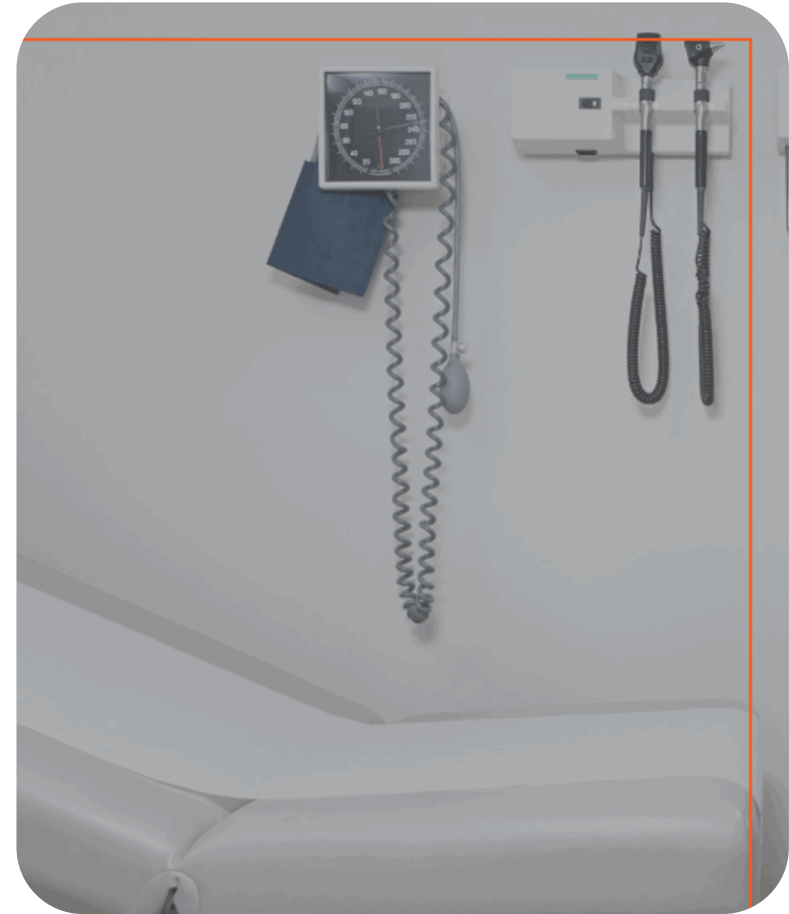
Level

- 2-no data
- 3-3 data points or historian
- 4-3 data points including historian
- 5-2 out of 3 with historian, external interpretations or discussions



Risk

- Really means Risk of Treatment or further testing
- Level 2-no advice or medication (Chicken Soup)
- Level 3-OTC meds only
- Level 4-Prescription medication or off-label use of OTC medication, SDOH
- Level 5-Medication mgmt. which requires frequent monitoring (e.g. seizure medication)



Time Rules

New Patient:



Established Patient:



*99417 for each 15 min above 54min



Applying New Rules to Mental Health

- Remember need 2 out of 3 for Level of service: Problems, Data, Risk
- Data-not generally needed
- Risk-will generally be: level 3 if not on meds, level 4 if patient is on medication, Level 5 if on a medication that requires frequent monitoring
- Assuming above, number and type of problems will drive level of service
- Use time only if needed to reflect the care you gave



ADHD Case 1

- Mom comes in concerned about Johnny, a 6 yr old with hyperactivity. She doesn't know if he has ADHD. He has no other problems.
- You collect HPI, Family Hx, Social History, School History.
- You determine he needs a Psychoed, Vanderbilts, review report cards.
- Will meet again when these are in.
- How do you code?
- Diagnosis is Hyperactivity, School Problems.
- Bill by time as diagnosis is not established but you did a lot of work and no medication is given as yet.



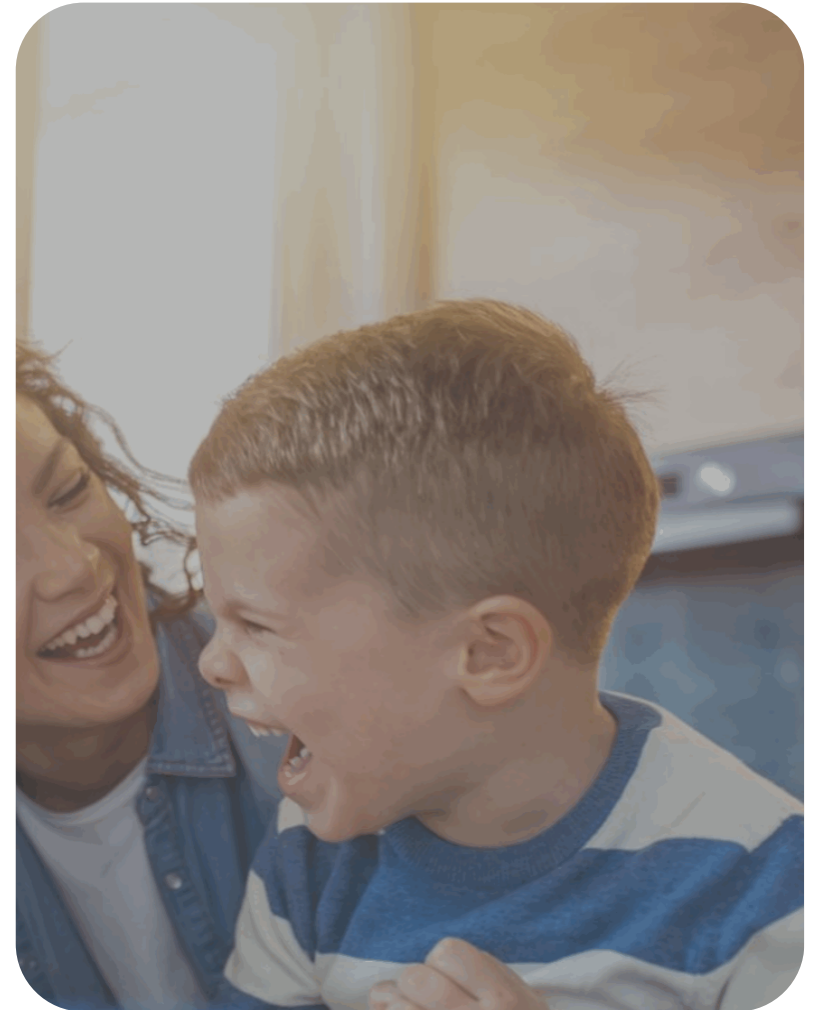
ADHD Case 2

- Johnny is diagnosed with ADHD comorbid with Anxiety Disorder.
- HPI: doing poorly in school. On stimulant, review Vanderbilts.
- Review how he is doing with appetite, sleep, grades, home life, social life.
- DX ADHD with Anxiety.
- You decide to increase his concerta, make sure he is seeing a therapist for anxiety and give mom behavioral management techniques.
- How do you code?
- Level 4: 2 chronic problems, Medication management.



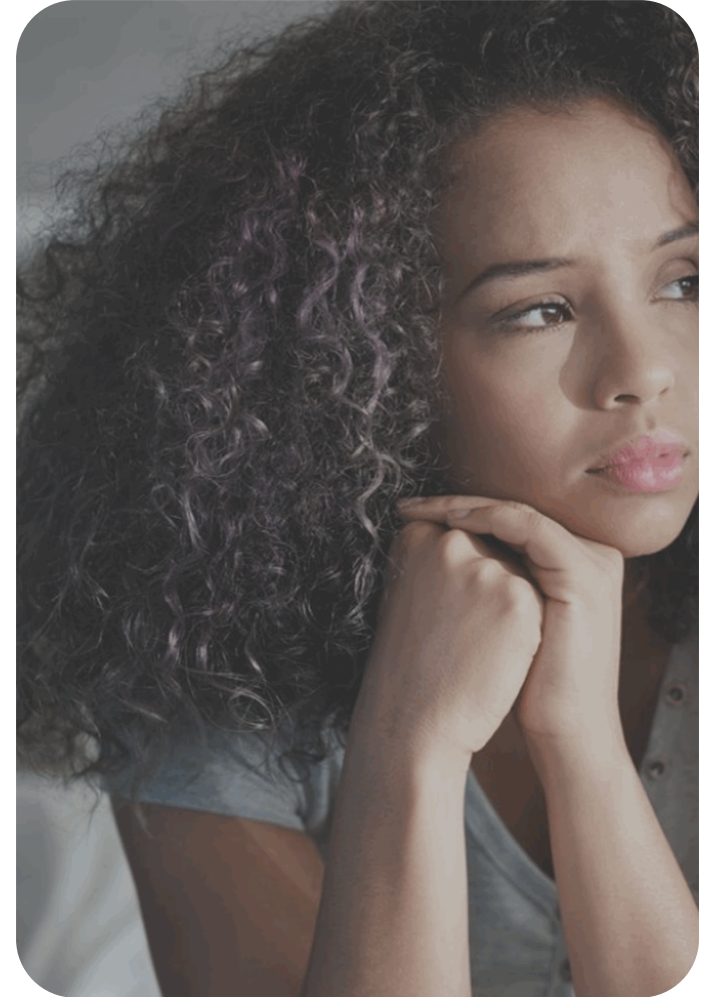
ADHD Case 2

- Johnny has been on his ADHD medication for 6 months.
 - He is doing great. Weight is stable.
 - Your review Vanderbilts from school.
 - His concerta dose does not need to be changed.
-
- How do you code?
 - Level 3
 - Stable chronic illness (3), Medication mgmt. (4)
 - Increase to level 4 if he has a co-morbid condition you are managing.
 - Increase to level 4 if he has wt loss or needs a dose change.



Depression/Anxiety

- 16 yr old who is depressed and admits to suicidal thoughts.
- You increase her Lexapro from 10 to 20mg.
- You decide she is not an imminent risk. Go over with parents how to keep home safe and patient agrees to an oral contract how to manage suicidal thoughts, or you decide she is a risk and send her to the ED immediately.
- How do you code?
- Level 5 Depression with suicidality (5), Risk (5).



Depression/Anxiety

- 16 yr old with Depression without SI.
- He is on Lexapro. He is still somewhat depressed. He refuses to see a therapist and just wants his medication. You changed his Lexapro to 20mg 3 weeks ago and you want to sit at this dose a bit longer before changing.
- How do you code?
- Level 4
- Depression – unstable (4), Risk-medication mgmt. (4).
- Drop to a level 3 if his symptoms are stable and needs only routine follow up, increase to level 4 if he has co-morbid anxiety and advice is given on managing anxiety.



Example With Social Determinant of Health (SDOH) As A Factor

- Brad has ADHD combined type. He is on Vyvanse but teacher reports he is erratic. On history you find both parents are working and he is often cared for by his older sister who sometimes forgets to give him his medication. You work with the school nurse to have his medication given at school.
- How do you code?
- Level 4
- ADHD unstable (4), Risk due to SDOH (4).





Thank You



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