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Coding for Mental Health in Primary Care Using 2021 Guidelines
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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

Coding With 2021 Guidelines

- Rules are much simpler

- No longer a distinction between New and Established patients

- 3 Categories only:

- Need 2 out of 3 to attain Level of service

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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

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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 *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	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** *(Must meet the requirements of at least 1 of the 2 categories)* **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)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**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** *(Must meet the requirements of at least 1 out of 3 categories)* **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 *Examples only:* • 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** *(Must meet the requirements of at least 2 out of 3 categories)* **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 *Examples only:* • 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 – lvl 4
- Threatening – level 5

- Chronic illnesses: 1 stable illness – level 3
- o 2 or more stable illnesses level-4
- o 1 with exacerbation or progression-level 4
- o 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

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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:

Level 1 — No time associated

Level 2 — 2 - 15 minutes

Level 3 — 3 - 30 minutes

Level 4 — 4 - 45 minutes

Level 5 — 5 - 60 minutes

Established Patient:

Level 1 — No time associated

Level 2 — 2 - 10 minutes

Level 3 — 3 - 20 minutes

Level 4 — 4 - 30 minutes

Level 5 — 40 - 54 minutes
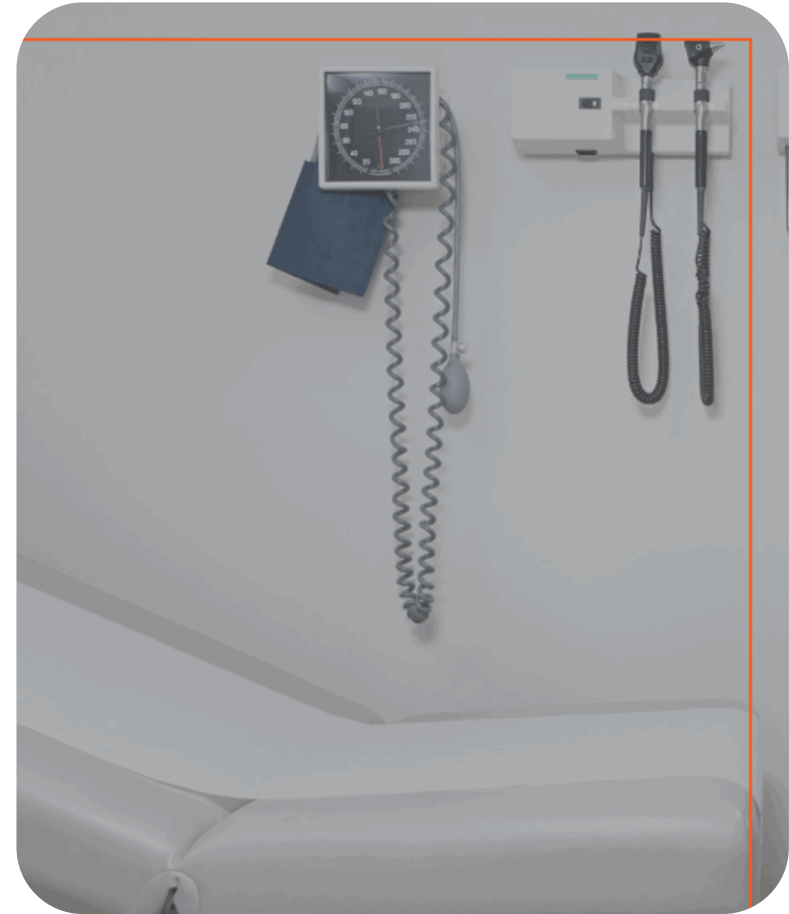
*99417 for each 15 min above 54min

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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 Psyhoed, 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.

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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.

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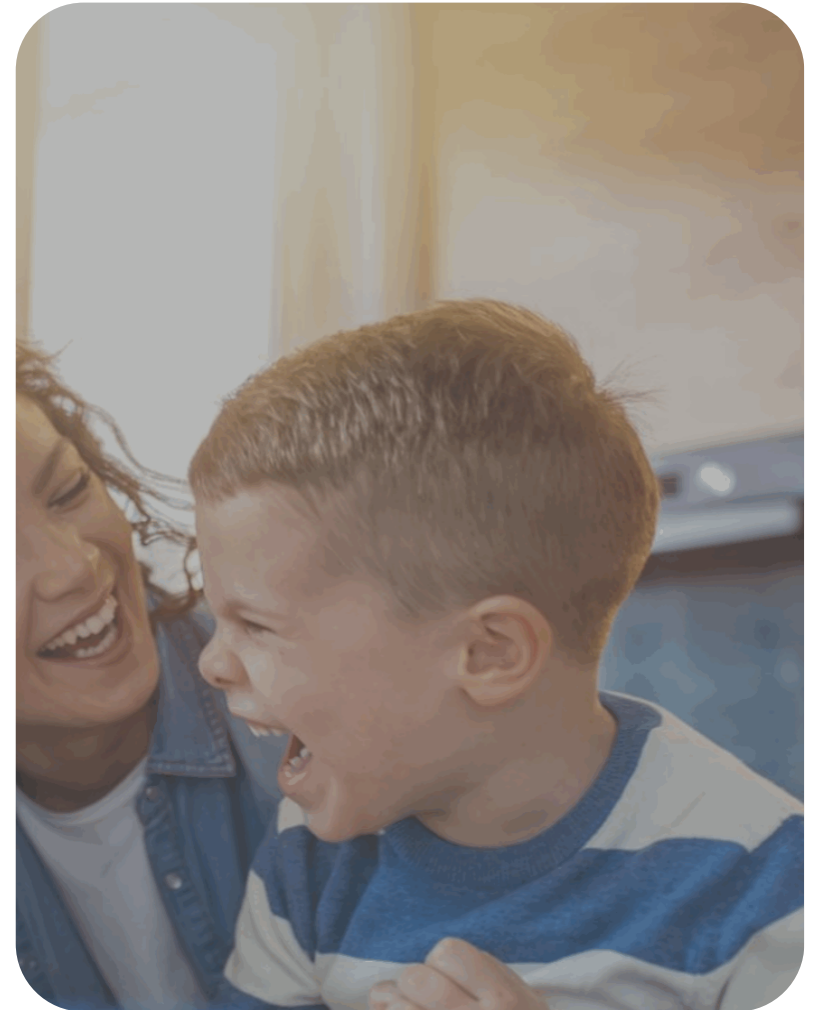
Depression/Anxiety

- 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).
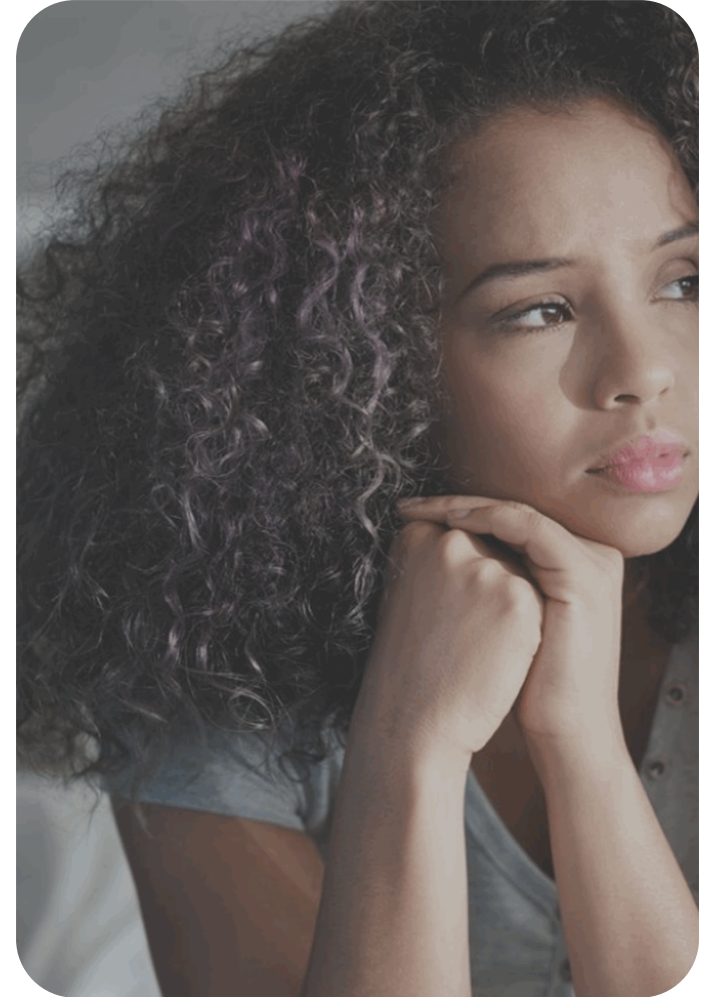
# Depression/Anxiety

- 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.

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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).

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