

#### Coding for Mental Health in Primary Care Using 2021 Guidelines Presented by: Marc Lashley MD, FAAP February 25, 2021





# Disclosures

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



Marc Lashley, MD, FAAP





# 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

			New	Patient Visits			
СРТ	Time (minutes)	History	Exam	Data Documentation (Categories)	Medical Decision Making		
99202	15-29	Medically Appropriate	Medically Appropriate	Minimal or none	Straightforward/Minimal - 1 self-lim or minor problem (examples:Resi- 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 <u>OR</u> <u>choose</u> an assessment requiring independent historian	Low - 1 stable chronic illness, 1 aci uncomplicated illness or injury (Example: Minor surgery <u>without</u> ris 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 worsening, 2 stable chronic illnesse undiagnosed new problem with		
<b>ALN</b>			Establis	hed Patient Visits			
CPT 99211	Time (minutes)	History	Exam	Data Documentation Categories	Medical Decision Making (Risk		
99211	10 min to 19 min	Medically Appropriate	Medically Appropriate	Minimal or none	Straightforward/Minimal - 1 self-limi minor problem (Examples:Rest, band		
99213	20-29 Medically Appropriate		Medicelly 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 ad uncomplicated illness or injury (Exa Minor surgery <u>without</u> risk factors (0-10 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 <u>OR</u> <u>choose</u> independent interpretation of test <u>OR</u> <u>choose</u> Discussion of management of test interpretation w/external physician	Moderate - 1 chronic condition that worsening, 2 stable chronic illness undiagnosed new problem with unc prognosis, 1 acute illness with syst symptoms (Examples: Minor surgery risk factors (0-10 day global), Major su without risk factors (90 day global), Rx management, Social Determinants of i 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 severe exacerbation and extensive or risk (Examples: Emergency ma surgery (90 day global), Major surgery risk factors (90 day global), Endoscop 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 associ with medical care related to a patient's serious, or complex chronic condition		

 
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 Office of Mental Health
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### **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				Amount and/or Complexity of Data to be Reviewed and Analyzed					Fick							
Cad		Definitions	Econoles				Cedr	Data Needed	Issayin	Definitions			Code	Birk Low!	Executes	Definitions
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9921 9922 9932	XA Minimal (Straightforword) • 1 self-finited or miner	Sa SelEthnized Minor A problem that runs a definite and presented source, in number in success and is not likely to researce with their leadsh states.	PPO stating     BP divid follow op itemseb     Conseptionited monspike bites     Conseptioned disper sub	1			99100/ 99585 99103/ 99113	Dense Strikend science (Orients Lawred & Garves as adopted on bernstag <u>Baninel</u> Ohan morthe requirements of at leasts of the 1 catgooistic Category 3 bers and documents	3 ySopadento Mora historian, no tante	Trate Trate are imaging false story, purphenestic, or physiologic data. A cite soft identities parts in a basic			99322	Minimal risk of mechality from additional disguoric testing or trials out	Supportive case at home- gaugle, trapical OTC eintracts     swab for further lab	Rido The probability and/or consequences of an event. Definitions of tisk are based upon the taxaal behavior and thought processes of a physician or other cystr in the same specialty.
9932 9921	peakless - Joer schoses to - Joer inner achillation (Joe, man a peaklesse - I statistic chose in these - I statistic chose in these - I statistic chose in these - I statistic chose in these or injury	Ballic, dismic likewise reported downion of a loss a year or will dock. Stable is addiently the quick towards gold from an individual patient. A partice that is not a their materians quick for an individual ballic could do a matching of and there is no above term theore to Bill or their for the stable year to the stable of the stable docks. Ballic could be an individual ballic could do a fination. Ballic could be an individual ballic could do and the stable patient of the stable of the stable docks. Ballic could be a stable of the stable of the stable stable of the stable of the stable of the stable and the innovative stable of the stable stable of the stable stable is a stable stable of the stable stable of the stable stable stable stable stable stable of the stable of the stable stable.	Follow up needed contains that was less eventry *follow up estil choose codens yourseliked *Decomplicated plarge glds Uncomplicated plarge glds Uncomplicated plarge glds * allergic complexity * Uncomplicated of its media.				99504/ 99254	Aug verbinaries of Albour de Kalveirag. - verber of plane semi alan er vite de unique antes, - verber of the semilar of establish de unique antes, - verber of the semilar of establish de unique antes, - verber of the semilar of establish unique antes, - verber of the semilar of establish unique antes - Ausenmentes regularizes and of albours are of a nangefact Other antes of the seminary and de unique ante - Ausenmentes regularizes and albours and albours and - Ausenmentes regularizes and albours and - Ausenmentes regularizes and albours and - Ausenmentes regularizes and and - Ausenmentes regularizes and - Ausenmentes and - Ausenmentes regularizes and	U tyle pariner Grekend Gile, Compositionsker metolodie parat (senside bil) Strympedan Oskand Gile, Tu,TSB osnifet bil Tyle parine Spin et the Street Street Street Spin et the Street Street Street	encidents part (Deorgy) is a single- our. The differentiation between single or multiple subject roots is differed in another with the CPT order are. NOTE: The manner supervised different that you also a point of an and obta-between the supervised for and doods. Too manner cate as participle for the different differentiation of the point of the Different differentiation of the point of Different differentiation of the point of Different differentiation of the point of the Different differentiation of the point of the Differentiation of the Differentiation of the point of the Differentiation of the Differentiation of the Differentiation			99345 99325 99324 99324	Low-risk of morbidity from additional diagnorith surfag or transment additional diagnorith surfag or transment additional diagnorith surfag or transment Examples code - discontingent long management - disconting on long resolution - disconting on long resolution - disconting - disconting - disconting - disconting - disconting - disconting - disconting - disconting - disconting - disconting - disconting - disconting - disconting - disconting - discon	testing + shool draw for labs - shool draw for labs - shad loogic tests such as ESOs, a rays - New proceeding transpose - On-poing transpose - On-poing transpose - On-poing transpose - On-poing transpose - Decidan to perform - Decidan to perform - Decidan to perform - Decidan to perform - Decidan to perform	For the purposes of MDM, level of risk is based topon consequences of the problem addressed at the eccentre when appropriately rested, sink also indudes MDM related to the conductivity and a second strateging transment and/or hospitalization. Meridiging Association during which function is limited, quality of like is impaired, or there is advansativit andreas using the second strateging humber, quality of like is impaired, or there is despite transmers and and and the different strateging damped to the second strateging the strateging despite transmers and and the different strateging despite transmers and and individual distances of the spite transmers and and individual distances of the spite transmers and and individual distances for the spite transmers and and individual distances for
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• Need 2 out of 3 to attain Level of service



**ProjectTEACH** 

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



		Elements of Medical Decision Making					
Code	(Based on 2 out of 3 Elements of MDM)	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 I out of 3 categories) Category 1: Tests, documents, or Independent historian(s) Any combination of 3 from the following: Beview 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); Category 3: Discussion of management or test interpretation Discussion of management or test interpretation Discussion of management or test interpretation 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           Disgnosis or treatment significantly limited by social determinants of health			
99205	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 • Discussion of management or test interpretation (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 mergency major surgery • Decision regarding mospitalization • 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 Ivl 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
- $\circ$  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









- 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 offlabel use of OTC medication, SDOH
- Level 5-Medication mgmt. which requires frequent monitoring (e.g. seizure medication)



# **Time Rules**

#### **New Patient:**



**Established Patient:** 



# Applying New Rules to Mental Health

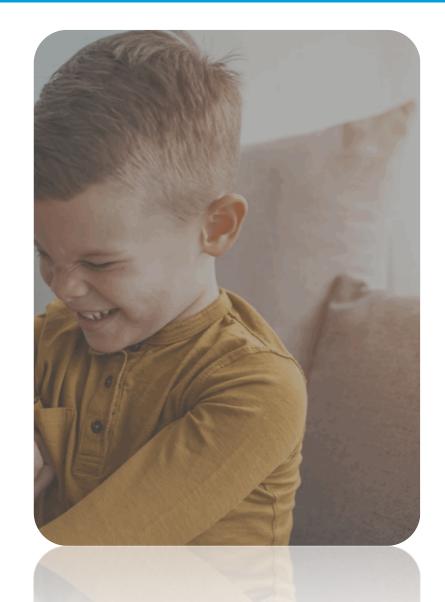
- Remember need 2 out of 3 for Level of service: Problems, Data, Risk
- Data-not generally needed
- Risk-will generally be: level 3 if not on meds, level 4 if patient is on medication, Level 5 if on a medication that requires frequent monitoring
- Assuming above, number and type of problems will drive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

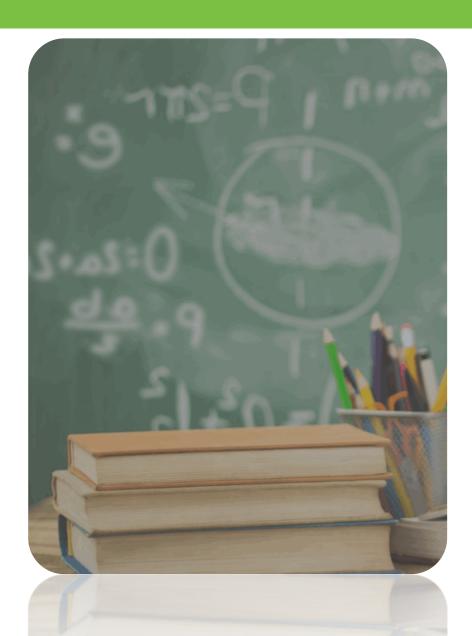






# ADHD Case 2

- 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.

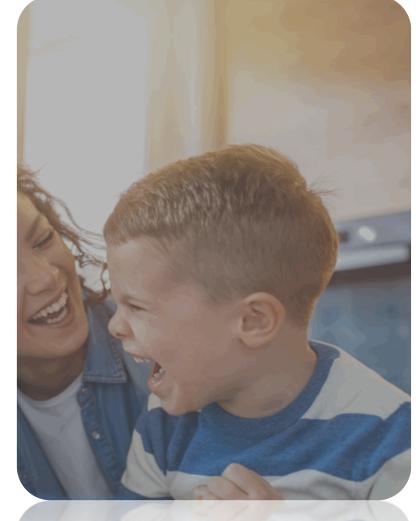


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# ADHD Case 2

- 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.



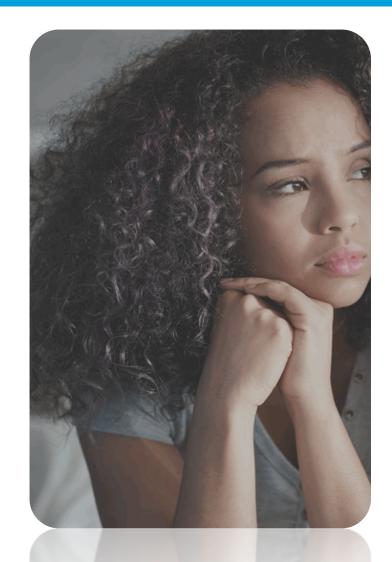






### **Depression/Anxiety**

- 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).

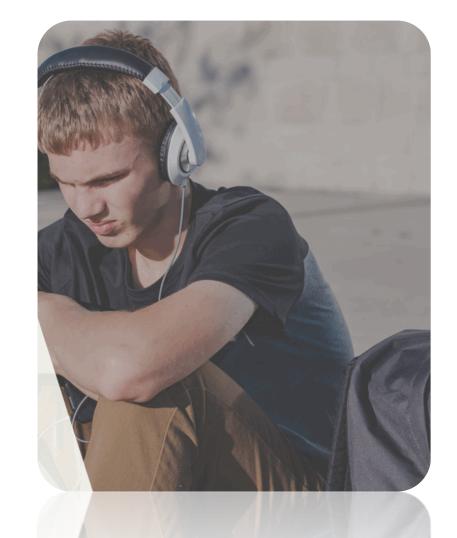






### **Depression/Anxiety**

- 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).





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