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
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

<table>
<thead>
<tr>
<th>CPT</th>
<th>Time (minutes)</th>
<th>History</th>
<th>Exam</th>
<th>Data Documentation Categories</th>
<th>Medical Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>15-29</td>
<td>Medically Appropriate</td>
<td>Medically Appropriate</td>
<td>Minimal or none</td>
<td>Straightforward/Minimal = 1 self-limited or minor problem (examples: Rest, bandages)</td>
</tr>
<tr>
<td>99203</td>
<td>30-44</td>
<td>Medically Appropriate</td>
<td>Medically Appropriate</td>
<td>Choose Two of any: 1) Review of external notes, 2) Review of results, 3) Order of test OR choose an assessment requiring independent historian</td>
<td>Low = 1 stable chronic illness, 1 acute uncomplicated illness or injury (Examples: Minor surgery without risk factors (0-10 day global), OTC)</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>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 with 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)</td>
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</tbody>
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<th>Data Documentation Categories</th>
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</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>10 min to 19 min</td>
<td>Medically Appropriate</td>
<td>Medically Appropriate</td>
<td>Minimal or none</td>
<td>Straightforward/Minimal = 1 self-limited or minor problem (Examples: Rest, bandages)</td>
</tr>
<tr>
<td>99212</td>
<td>20-29</td>
<td>Medically Appropriate</td>
<td>Medically Appropriate</td>
<td>Choose Two of any: 1) Review of external notes, 2) Review of results, 3) Order of test OR choose an assessment requiring independent historian</td>
<td>Low = 1 stable chronic illness, 1 acute uncomplicated illness or injury (Examples: Minor surgery without risk factors (0-10 day global), OTC)</td>
</tr>
<tr>
<td>99213</td>
<td>30-39</td>
<td>Medically Appropriate</td>
<td>Medically Appropriate</td>
<td>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</td>
<td>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 with 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)</td>
</tr>
<tr>
<td>99214</td>
<td>40-54</td>
<td>Medically Appropriate</td>
<td>Medically Appropriate</td>
<td>Same as above. However, must meet 2 out of 3 categories</td>
<td>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)</td>
</tr>
<tr>
<td>99215</td>
<td>Each 15 minutes</td>
<td>55-69 99215 x 1 and 99417 x 1 70-84 99215 x 1 and 99417 x 2</td>
<td>65 or more 99215 X 1 and 99417 X 3 or more for each additional 15 minutes</td>
<td>Visit complexity inherent to EM associated with medical care related to a patient’s single, serious, or complex chronic conditions</td>
<td></td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM</th>
<th>Number and Complexity of Problems Addressed</th>
<th>Elements of Medical Decision Making</th>
<th>Risk of Complications and/or Morbidity or Mortality of Patient Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>99202</td>
<td>Straightforward</td>
<td>Minimal</td>
<td>1 self-limited or minor problem</td>
<td>Minimal or none</td>
</tr>
<tr>
<td>99203</td>
<td>Low</td>
<td>Low</td>
<td>2 or more self-limited or minor problems; or 1 stable chronic illness; or 1 acute, uncomplicated illness or injury</td>
<td>Limited [Must meet the requirements of at least 1 of the 2 categories] Category 3: 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; Category 2: Assessment requiring or independent history(s) [For the categories of independent interpretation of tests and discussion of management or text interpretation, see moderate or high]</td>
</tr>
<tr>
<td>99204</td>
<td>Moderate</td>
<td>Moderate</td>
<td>2 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</td>
<td>Moderate [Must meet the requirements of at least 1 out of 3 categories] Category 2: Tests, documents, or independent history(s) Any combination of 8 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; 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 text interpretation: Discussion of management or text interpretation with external physician/other qualified health care profession appropriatesource (not separately reported)</td>
</tr>
<tr>
<td>99205</td>
<td>High</td>
<td>High</td>
<td>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</td>
<td>Extensive [Must meet the requirements of at least 2 out of 3 categories] Category 1: Tests, documents, or independent history(s) Any combination of 8 from the following: Review of prior external note(s) from each unique source; Review of the result(s) of each unique test; 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 text interpretation Discussion of management or text interpretation with external physician/other qualified health care profession appropriatesource (not separately reported)</td>
</tr>
</tbody>
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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
  - 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
• 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

<table>
<thead>
<tr>
<th>Level</th>
<th>New Patient:</th>
<th>Established Patient:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>No time associated</td>
<td>No time associated</td>
</tr>
<tr>
<td>Level 2</td>
<td>2 - 15 minutes</td>
<td>2 - 10 minutes</td>
</tr>
<tr>
<td>Level 3</td>
<td>3 - 30 minutes</td>
<td>3 - 20 minutes</td>
</tr>
<tr>
<td>Level 4</td>
<td>4 - 45 minutes</td>
<td>4 - 30 minutes</td>
</tr>
<tr>
<td>Level 5</td>
<td>5 - 60 minutes</td>
<td>40 - 54 minutes</td>
</tr>
</tbody>
</table>

*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.
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.
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.
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).
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
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).