American Academy of Pediatrics

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Dear Reader,

Updates have been made to articles printed in the *AAP Pediatric Coding Newsletter*™.

1/19/2021

January 2020: "Office E/M 2021: The Why and How of Changes to Office and Other Outpatient Evaluation and Management Services"

The first sentence in the box titled "Beyond *CPT:* CMS Add-on Code for Certain E/M Services in 2021" has been revised. The sentence previously read as follows:

> The Centers for Medicare & Medicaid Services (CMS) has expressed an intent to provide enhanced payment to physicians who predominantly provide evaluation and management (E/M) services in provision of *primary care or ongoing management of single, serious, or complex chronic conditions* in 2021.

It *has been updated* to read as follows:

> The Centers for Medicare & Medicaid Services (CMS) has expressed an intent to provide enhanced payment to physicians who predominantly provide evaluation and management (E/M) services in provision of *primary care or ongoing management of a single serious condition or complex conditions* in 2021.

Throughout the box, code **GPC1X** has been replaced with **G2211**. Additionally, code **99204** has been replaced with **99205** and code **99214** has been replaced with **99215**.

Additionally, the code language that appears next to **GPC1X**—now **G2211**—has been updated. It previously read as follows:

> Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)

It *has been updated* to read as follows:

> Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list

separately in addition to office/outpatient evaluation and management visit, new or established)

The following paragraph *has been added* to the end of the article:

> In the Consolidated Appropriations Act of 2021, the US Congress prohibited the CMS from making payment for **G2211** (or any successor or substantially similar code) prior to January 1, 2024.

February 2020: "Office E/M 2021: An Overview of Medical Decision-making"

In the section titled "Amount and/or Complexity of Data to Be Reviewed and Analyzed," a new item has been added to the list under the bulleted item labeled "Test." It reads as follows:

- Tests performed and/or interpreted and reported by the physician or other QHP are not counted toward the amount and/or complexity of data reviewed and analyzed.

A sentence has been added to the end of the bulleted item labeled "Independent interpretation." It reads as follows:

> Both the order for and independent interpretation of a test may be counted toward the amount and/or complexity of data to be reviewed and analyzed.

May 2020: "Office E/M 2021: Determining the Data Element of Medical Decision-making"

The sentence immediately beneath the table title "Requirements for Amount and/or Complexity of Data" has been updated. It previously read as follows:

(Count each unique test, order, or document to meet requirements of category 1.)

It *has been updated* to read as follows:

(Count each unique test, order, or document to meet requirements of category 1. Do not count tests that are performed and reported by the physician or QHP during the encounter.)

The second sentence of the paragraph that begins "Ordering a test is included in the category of test result(s)" has been updated. It previously read as follows:

> Do not count ordering and review of results for the same test separately in determining the amount and/or complexity of data at a single encounter.

It *has been updated* to read as follows:

> Do not count ordering and review of results for the same test separately. Review of test results is part of the encounter at which the tests are ordered and not a subsequent encounter.

A sentence has been added to the end of the paragraph that begins "Ordering a test is included in the category of test result(s)." That sentence reads as follows:

> Tests performed and/or interpreted during an encounter and separately reported by the physician or other QHP are not counted toward the amount and/or complexity of data to be reviewed and analyzed.

May 2020: "Office E/M 2021: Determining Levels of Amount and/or Complexity of Data"

A new paragraph has been added beneath the paragraph that begins "In conjunction with the moderate risk of prescription drug management…." It reads as follows:

> This example uses review of test results to support the amount and/or complexity of data. However, if the tests were performed and reported by the physician or the order for the tests occurred at a prior visit, the tests would not be counted in determining the amount and/or complexity of data for this visit.

July 2020: "Office E/M 2021: Determining the Level of Medical Decision-making"

Footnote [a] beneath Table 2 has been updated. It previously read as follows:

> [a] Each unique test (as identified by 1 code), order, or document contributes to the combination of 2 or combination of 3 in Category 1. Do not count data review or communications reported with other codes (eg, test interpretation, interprofessional consultation).

It *has been updated* to read as follows:

> [a] Each unique test (as identified by 1 code), order, or document contributes to the combination of 2 or combination of 3 in Category 1. Do not count data review or communications reported with other codes (eg, tests performed and/or interpreted during the encounter and separately reported by the physician or other QHP, interprofessional consultation).

July 2020: "Office E/M 2021: Evaluation and Management Codes: A Work in Progress"

The first 2 bullets beneath the heading "Prolonged Service" have been revised. They previously read as follows:

- The AMA is reviewing the currently published guidance on the threshold time for reporting the new office E/M prolonged service code. More information will be forthcoming in AAP coding resources when available.
- Codes **99354** and **99355** (prolonged service in the outpatient setting) will still be reported for direct (face-to-face) prolonged service in conjunction with E/M services such as group home visits (**99324–99328**, **99334–99337**) or home visits (**99341–99345, 99347–99350**) on the same or different date.

They *have been updated* to read as follows:

- The AMA has published guidance on the threshold time for reporting the new office E/M prolonged service code. Code **99417** is reported when total time on the date of service exceeds the minimum time in the time range assigned to either **99205** or **99215**.
- The Centers for Medicare & Medicaid Services has adopted policy to not pay for code **99417** and instead pay for code **G2212** (prolonged office or other outpatient E/M service[s] beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or QHP, with or without direct patient contact). As with **99417**, **G2212** is reported only in addition to code **99205** or **99215**. Other payers may adopt Medicare policy. Please refer to www.aap.org/coding for more information.

November 2020: "Office E/M 2021: Level 5 Visits"

A new paragraph has been added immediately following the paragraph beginning "Each of the 3 elements of MDM support a level 5 service, though only 2 of 3 are required (Table 2)." The new paragraph reads as follows:

> This example assumes laboratory testing by an external provider. If the pediatrician in this example performs and reports codes for the laboratory tests, these tests would not be counted toward the amount and/or complexity of data. The data to be reviewed and analyzed would then be moderate. However, the high number and complexity of problems addressed and high risk would still support a level 5 service.

A footnote has been added beneath "Table 3. Time Requirements for Code **99417**." It reads as follows:

> [a] The times in this table are based on current *Current Procedural Terminology* (*CPT*®) recommendations. The Centers for Medicare & Medicaid Services (CMS) has adopted a different code, **G2212**, for prolonged office E/M service.

Please contact AAP Member and Customer Care at mcc@aap.org if you have any questions.

Thank you,

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