

# CODING UPDATES FOR 2021

REBECCA WARTMAN OD  
NCOS THIRD PARTY LIAISON  
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# OUTLINE

- **ICD-10-CM CODING CHANGES FOR 2021**
- **CPT® 2021 CODING CHANGES FOR 2021**
- **HCPCS 2021 CODING CHANGES FOR 2021**
- **EVALUATION AND MANAGEMENT CODE CHANGE FOR 2021**
  - **OVERVIEW AND BRIEF SUMMARY**
  - **MDM**
  - **TIME**
- **RESOURCES**
- **QUESTIONS**

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# 2021 ICD-10-CM CODE CHANGES IMPORTANT TO OPTOMETRY

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## SUMMARY OF ICD-10-CM CODE CHANGES

- H18.5 CORNEAL DYSTROPHIES
- H43-H44 MIGRAINE AND OTHER HEADACHES
- H55.8 IRREGULAR EYE MOVEMENTS
- OTHER MISCELLANEOUS CODE CHANGES
- R51 HEADACHES
- T86.84 CORNEAL TRANSPLANT COMPLICATIONS
- Y77 OPHTHALMIC DEVICE ADVERSE EVENTS
- Z03.8 SUSPECTED DISEASES AND CONDITIONS
- Z79 LONG TERM DRUG USE
- CHAPTER 22 U07 CODE SERIES

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## H18.5 CODE SERIES

SEVERAL CODES ADDED EYE SPECIFIC DESIGNATIONS TO THEIR LISTINGS:

**H18.5 CORNEAL DYSTROPHY SECTION CHANGES INCLUDES ADDING RIGHT EYE, LEFT EYE, OR BILATERAL EYE TO THEIR CODE LISTING**

- ENDOTHELIAL CORNEAL DYSTROPHY
- EPITHELIAL (JUVENILE) CORNEAL DYSTROPHY
- GRANULAR CORNEAL DYSTROPHY
- LATTICE CORNEAL DYSTROPHY
- MACULAR CORNEAL DYSTROPHY
- OTHER INHERITED CORNEAL DYSTROPHY

### H18.5 Hereditary corneal dystrophies

#### H18.50 Unspecified hereditary corneal dystrophies

H18.501 Unspecified hereditary corneal dystrophies, right eye

H18.502 Unspecified hereditary corneal dystrophies, left eye

H18.503 Unspecified hereditary corneal dystrophies, bilateral

H18.509 Unspecified hereditary corneal dystrophies, unspecified eye

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## H18.5 CODE SERIES

### H18.51 Endothelial corneal dystrophy

Fuchs' dystrophy

H18.511 Endothelial corneal dystrophy, right eye

H18.512 Endothelial corneal dystrophy, left eye

H18.513 Endothelial corneal dystrophy, bilateral

H18.519 Endothelial corneal dystrophy, unspecified eye

### H18.54 Lattice corneal dystrophy

H18.541 Lattice corneal dystrophy, right eye

H18.542 Lattice corneal dystrophy, left eye

H18.543 Lattice corneal dystrophy, bilateral

H18.549 Lattice corneal dystrophy, unspecified eye

### H18.52 Epithelial (juvenile) corneal dystrophy

H18.521 Epithelial (juvenile) corneal dystrophy, right eye

H18.522 Epithelial (juvenile) corneal dystrophy, left eye

H18.523 Epithelial (juvenile) corneal dystrophy, bilateral

H18.529 Epithelial (juvenile) corneal dystrophy, unspecified eye

### H18.55 Macular corneal dystrophy

H18.551 Macular corneal dystrophy, right eye

H18.552 Macular corneal dystrophy, left eye

H18.553 Macular corneal dystrophy, bilateral

H18.559 Macular corneal dystrophy, unspecified eye

### H18.53 Granular corneal dystrophy

H18.531 Granular corneal dystrophy, right eye

H18.532 Granular corneal dystrophy, left eye

H18.533 Granular corneal dystrophy, bilateral

H18.539 Granular corneal dystrophy, unspecified eye

### H18.59 Other hereditary corneal dystrophies

H18.591 Other hereditary corneal dystrophies, right eye

H18.592 Other hereditary corneal dystrophies, left eye

H18.593 Other hereditary corneal dystrophies, bilateral

H18.599 Other hereditary corneal dystrophies, unspecified eye

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## EXCLUDES NOTES ADDED & CHANGED-G43 & G44

### G43 Migraine

**Note:** the following terms are to be considered equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled

**Use additional** code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

**Excludes1:** headache NOS (R51.9)  
lower half migraine (G44.00)

Note Changed

**Excludes2:** headache syndromes (G44.-)

### G44 Other headache syndromes

**Excludes1:** headache NOS (R51.9)

Note Changed

### G44.8 Other specified headache syndromes

Note Added

**Excludes2:** headache with orthostatic or positional component, not elsewhere classified (R51.0)

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## H55.8 CODE SERIES

- **H55.81** DEFINITION WAS CHANGED TO DEFICIENT SACCADIC EYE MOVEMENT
- **H55.82** DEFICIENT SMOOTH PURSUIT EYE MOVEMENT WAS ADDED

### H55.8 Other irregular eye movements

H55.81 Deficient saccadic eye movements

H55.82 Deficient smooth pursuit eye movements

H55.89 Other irregular eye movements

Added

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# OTHER NOTE ADDITIONS AND CHANGES

**G93.2 Benign intracranial hypertension**  
Pseudotumor

**Excludes1:** obstructive hydrocephalus (G91.1)

Added description and Excludes 1 Note

**I63 Cerebral infarction**

**Excludes1:** neonatal cerebral infarction (P91.82-)

Added Excludes 1 Note

**L57 Skin changes due to chronic exposure to nonionizing radiation**

Use Additional

~~code to identify the source of the ultraviolet radiation (W89)~~

code to identify the source of the ultraviolet radiation (W89), or other nonionizing radiation (W90)

Changed wording of Use Additional Note

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# R51 CHANGES AND ADDITIONS

**R51 Headache**

~~Facial pain NOS~~

**Excludes1:** atypical face pain (G50.1)  
migraine and other headache syndromes (G43-G44)  
trigeminal neuralgia (G50.0)

**Excludes2:** atypical face pain (G50.1)  
migraine and other headache syndromes (G43-G44)  
trigeminal neuralgia (G50.0)

**R51.0 Headache with orthostatic component, not elsewhere classified**

Headache with positional component, not elsewhere classified

**R51.9 Headache, unspecified**

Facial pain NOS

**R52 Pain, unspecified**

**Excludes1:**

~~headache (R51)~~  
headache (R51.9)

Added Excludes 2 Note

Added R51.0 and R51.9 Codes

Revised

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## ADDED PER EYE CODING - CORNEAL TRANSPLANT COMPLICATIONS

**T86.840 Corneal transplant rejection**  
 T86.8401 Corneal transplant rejection, right eye  
 T86.8402 Corneal transplant rejection, left eye  
 T86.8403 Corneal transplant rejection, bilateral  
 T86.8409 Corneal transplant rejection, unspecified eye

**T86.842 Corneal transplant infection**  
 T86.8421 Corneal transplant infection, right eye  
 T86.8422 Corneal transplant infection, left eye  
 T86.8423 Corneal transplant infection, bilateral  
 T86.8429 Corneal transplant infection, unspecified eye

**T86.841 Corneal transplant failure**  
 T86.8411 Corneal transplant failure, right eye  
 T86.8412 Corneal transplant failure, left eye  
 T86.8413 Corneal transplant failure, bilateral  
 T86.8419 Corneal transplant failure, unspecified eye

**T86.848 Other complications of corneal transplant**  
 T86.8481 Other complications of corneal transplant, right eye  
 T86.8482 Other complications of corneal transplant, left eye  
 T86.8483 Other complications of corneal transplant, bilateral  
 T86.8489 Other complications of corneal transplant, unspecified eye

**Per Eye Codes added to each of these codes**

**T86.849 Unspecified complication of corneal transplant**  
 T86.8491 Unspecified complication of corneal transplant, right eye  
 T86.8492 Unspecified complication of corneal transplant, left eye  
 T86.8493 Unspecified complication of corneal transplant, bilateral  
 T86.8499 Unspecified complication of corneal transplant, unspecified eye

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## IMPORTANT CONTACT LENS ADVERSE INCIDENT CODE

*No Change* **Y77 Ophthalmic devices associated with adverse incidents**

*No Change* **Y77.1 Therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents**

*Add* **Y77.11 Contact lens associated with adverse incidents**

*Add* Rigid gas permeable contact lens associated with adverse incidents

*Add* Soft (hydrophilic) contact lens associated with adverse incidents

*Add* **Y77.19 Other therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents**

**ADDED**

**ADDED**

**VERY IMPORTANT FOR REPORTING ADVERSE CONTACT LENS INCIDENTS VITAL FOR OUR BATTLE AGAINST ILLEGAL CONTACT LENS SALES**

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## Z03.8 NEW CODES

### Z03.8 Encounter for observation for other suspected diseases and conditions ruled out

#### Z03.82 Encounter for observation for suspected foreign body ruled out

**Excludes1:** retained foreign body (Z18.-)  
retained foreign body in eyelid (H02.81)  
residual foreign body in soft tissue (M79.5)

**Note: Excludes 1**

**Excludes2:** confirmed foreign body ingestion or aspiration including:  
foreign body in alimentary tract (T18)  
foreign body in ear (T16)  
foreign body on external eye (T15)  
foreign body in respiratory tract (T17)

**Note: Excludes 2**

#### Z03.821 Encounter for observation for suspected ingested foreign body ruled out

#### Z03.822 Encounter for observation for suspected aspirated (inhaled) foreign body ruled out

#### Z03.823 Encounter for observation for suspected inserted (injected) foreign body ruled out

Encounter for observation for suspected inserted (injected) foreign body in eye ruled out  
Encounter for observation for suspected inserted (injected) foreign body in orifice ruled out  
Encounter for observation for suspected inserted (injected) foreign body in skin ruled out

**Note: Descriptors**

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## Z79 EXCLUDES NOTE CHANGES

### Z79 Long term (current) drug therapy

**Excludes2:** long term (current) use of oral antidiabetic drugs (Z79.84)  
long term (current) use of oral hypoglycemic drugs (Z79.84)

### Z79.4 Long term (current) use of insulin

**Excludes1:** long term (current) use of oral antidiabetic drugs (Z79.84)  
long term (current) use of oral hypoglycemic drugs (Z79.84)

**Deleted Excludes 2  
Added Excludes 1**

### Reminder:

**Important to designate type of diabetic medication patient is taking with all medication controlled diabetes**

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## Z85.8 CODES RANGE DESCRIPTORS ADDED

### Z85.8 Personal history of malignant neoplasms of other organs and systems

**Z85.81 Personal history of malignant neoplasm of lip, oral cavity, and pharynx**  
Conditions classifiable to C00-C14

**Z85.83 Personal history of malignant neoplasm of bone and soft tissue**  
Conditions classifiable to C40-C41; C45-C49

**Z85.84 Personal history of malignant neoplasm of eye and nervous tissue**  
Conditions classifiable to C69-C72

**Z85.85 Personal history of malignant neoplasm of endocrine glands**  
Conditions classifiable to C73-C75

**Z85.89 Personal history of malignant neoplasm of other organs and systems**  
Conditions classifiable to C7A.098, C76, C77-C79

Added specific code range descriptors to use in conjunction with this code series

**Example: Z85.84**

**C69.51 Malignant neoplasm of right lacrimal gland and duct**

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## CHAPTER 22 NEW CHAPTER

### Codes for special purposes (U00-U85)

This chapter contains the following blocks:

U00-U49 Provisional assignment of new diseases of uncertain etiology or emergency use

Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)

U07 Emergency use of U07

### U07.0 Vaping-related disorder

Dabbing related lung damage

Dabbing related lung injury

E-cigarette, or vaping, product use associated lung injury [EVALI]

Electronic cigarette related lung damage

Electronic cigarette related lung injury

**Use Additional** code to identify manifestations, such as:

abdominal pain (R10.84)

acute respiratory distress syndrome (J80)

diarrhea (R19.7)

drug-induced interstitial lung disorder (J70.4)

lipoid pneumonia (J69.1)

weight loss (R63.4)

### U07.1 COVID-19

**Use Additional** code to identify pneumonia or other manifestations

**Excludes1:** coronavirus infection, unspecified (B34.2)  
coronavirus as the cause of diseases classified elsewhere (B97.2-)  
pneumonia due to SARS-associated coronavirus (J12.81)

**Example: U07.1**

**B30.8 Other viral Conjunctivitis**

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# CPT<sup>®</sup> 2021 UPDATE

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## CPT 2021 CODE CHANGE OVERVIEW

	Added	Deleted	Revised
Evaluation and Management Services	2	1	17
Anesthesia	0	0	0
Surgery	11	11	28
Radiology Procedures	2	2	6
Pathology and Laboratory Procedures	43	1	9
Medicine Services and Procedures	18	9	4
Category II Codes	0	0	1
Category III Codes	45	23	1
PLA Codes	85	7	3
<b>Grand Total</b>	<b>206</b>	<b>54</b>	<b>69</b>

**329**  
Total changes

**10,623**  
Total codes in 2021 code set

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## CPT<sup>®</sup> 2021 UPDATE

### CPT I

- **76513**
- **92227**
- **92228**
- **92229**
- **99072**

### CPT III

- **0604T**
- **0605T**
- **0606T**
- **0615T**
- **0616T**
- **0617T**
- **0618T**

### HCPCS

- **V2524**
- **J7351**

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## CPT<sup>®</sup> 2021 UPDATE

### 76513

**76513** ANTERIOR SEGMENT ULTRASOUND, IMMERSION (WATER BATH) B-SCAN OR HIGH RESOLUTION BIOMICROSCOPY, UNILATERAL OR BILATERAL

(FOR SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING OF THE ANTERIOR AND POSTERIOR SEGMENTS USING TECHNOLOGY OTHER THAN ULTRASOUND, SEE 92132, 92133, 92134)

**Added Unilateral or Bilateral**

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## CPT® 2021 UPDATE 92227, 92228 REVISED

**92227** IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEASE;  
WITH REMOTE CLINICAL STAFF REVIEW AND REPORT, UNILATERAL OR  
BILATERAL

*CPT CHANGES: AN INSIDER'S VIEW* 2011, 2017, 2020, 2021; *CPT ASSISTANT* FEB 11:7, MAY 11:9, OCT 12:9, JUL 16:9, AUG 19:11  
(DO NOT REPORT 92227 IN CONJUNCTION WITH 92133, 92134, 92228, 92229, 92250)

**92228** ; WITH REMOTE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE  
PROFESSIONAL INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL

*CPT CHANGES: AN INSIDER'S VIEW* 2011, 2017, 2021 *CPT ASSISTANT* FEB 11:7, MAY 11:9, OCT 12:9  
(DO NOT REPORT 92228 IN CONJUNCTION WITH 92133, 92134, 92227, 92229, 92250)

**Added Code 92229 to "Do Not Report With..."**

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## CPT® 2021 UPDATE 92229 NEW CODE

**92229** ; POINT-OF-CARE AUTOMATED ANALYSIS AND REPORT  
UNILATERAL OR BILATERAL

*CPT CHANGES: AN INSIDER'S VIEW* 2021

(DO NOT REPORT 92229 IN CONJUNCTION WITH 92133, 92134, 92227, 92228, 92250)B

**92229** [IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEASE]; POINT-OF-CARE  
AUTOMATED ANALYSIS AND REPORT UNILATERAL OR BILATERAL

**Essentially Artificial Intelligence Use for Remote Retinal Imaging  
No Physician Work**

**AMA-CPT® using term Augmented Intelligence**

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## CPT<sup>®</sup> CODE 99072 ACTIVE BEGINNING SEPTEMBER 8, 2020

**99072 ADDITIONAL SUPPLIES, MATERIALS, AND CLINICAL STAFF TIME OVER AND ABOVE THOSE USUALLY INCLUDED IN AN OFFICE VISIT OR OTHER NON-FACILITY SERVICE(S), WHEN PERFORMED DURING A PUBLIC HEALTH EMERGENCY AS DEFINED BY LAW, DUE TO RESPIRATORY-TRANSMITTED INFECTIOUS DISEASE**

(NATIONAL VALUATION = \$6.57 (WILL VARY BY INSURANCE AND GEOGRAPHIC AREA))

### Used to report extra time required for such things as:

- Patient symptom checks over the phone
- Patient symptom checks upon arrival
- Donning and removing personal protective equipment (PPE)
- Increased sanitation measures to prevent the spread of communicable disease
- Only be reported when service is in non-facility place of service (POS) setting (11-office)

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## CPT<sup>®</sup> CODE 99072 ACTIVE BEGINNING SEPTEMBER 8, 2020

- REPORT **99072** TO ALL PAYERS (DO NOT USE 99070 FOR THIS BILLING AT THIS TIME)
- REPORT ONCE PER PATIENT ENCOUNTER – E&M OR PROCEDURE OR BOTH
- REPORT FOR ALL PATIENTS – PRIVATE PAY, INSURANCE, VISION PLAN COVERAGE (WE DO NOT KNOW IF CMS WILL COVER FOR OFFICE VISITS AT THIS TIME)
- SOME PAYERS MAY NOT IMMEDIATELY REIMBURSE THESE COSTS BUT COULD REVISIT PAYMENT IN THE FUTURE SO, AGAIN, REPORT THIS CODE TO ALL PAYERS
- PATIENT BILLING FOR 99072 SHOULD BE DONE IN ACCORDANCE WITH PAYER CONTRACT
- BE AWARE OF STATE LAW WITH REGARD TO CHARGING PATIENTS FOR PPE COSTS AS SOME STATES CURRENTLY HAVE RESTRICTIONS IN PLACE FOR SUCH BILLING
- CONSIDER USING AN ADVANCE NOTICE TO BENEFICIARY (ABN) IF COVERAGE UNKNOWN

AOA working hard to solve any issues with this codes and claims being rejected rather than code payment being denied

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## EXISTING CPT<sup>®</sup> III CODES FOR EYE CARE

- **0100T** PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND IMPLANTATION OF INTRAOCULAR RETINAL ELECTRODE ARRAY, WITH VITRECTOMY
- **0191T** INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION
- **0376T** EACH ADDITIONAL DEVICE INSERTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- **0198T** MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT
- **0207T** EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL
- **0563T** EVACUATION OF MEIBOMIAN GLANDS, USING HEAT DELIVERED THROUGH WEARABLE, OPEN-EYE EYELID TREATMENT DEVICES AND MANUAL GLAND EXPRESSION, BILATERAL

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## EXISTING CPT<sup>®</sup> III CODES FOR EYE CARE

- **0253T** INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE
- **0290T** CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED USING A LASER, IN PREPARATION FOR PENETRATING OR LAMELLAR KERATOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- **0308T** INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS PROSTHESIS
- **0329T** MONITORING OF INTRAOCULAR PRESSURE FOR 24 HOURS OR LONGER, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
- **0330T** TEAR FILM IMAGING, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
- **0333T** VISUAL EVOKED POTENTIAL, SCREENING OF VISUAL ACUITY, AUTOMATED, WITH REPORT
- **0464T** VISUAL EVOKED POTENTIAL, TESTING FOR GLAUCOMA, WITH INTERPRETATION AND REPORT

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## EXISTING CPT<sup>®</sup> III CODES FOR EYE CARE

- **0356T** INSERTION OF DRUG-ELUTING IMPLANT (INCLUDING PUNCTAL DILATION AND IMPLANT REMOVAL WHEN PERFORMED) INTO LACRIMAL CANALICULUS, EACH
- **0378T** VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
- **0379T** TECHNICAL SUPPORT AND PATIENT INSTRUCTIONS, SURVEILLANCE, ANALYSIS, AND TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
- **0402T** COLLAGEN CROSS-LINKING OF CORNEA, INCLUDING REMOVAL OF THE CORNEAL EPITHELIUM AND INTRAOPERATIVE PACHYMETRY, WHEN PERFORMED (REPORT MEDICATION SEPARATELY)
- **0444T** INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING FITTING, TRAINING, AND INSERTION, UNILATERAL OR BILATERAL
- **0445T** SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING RE-TRAINING, AND REMOVAL OF EXISTING INSERT, UNILATERAL OR BILATERAL

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## EXISTING CPT<sup>®</sup> III CODES FOR EYE CARE

- **0449T** INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE
- **0450T** EACH ADDITIONAL DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- **0469T** RETINAL POLARIZATION SCAN, OCULAR SCREENING WITH ON-SITE AUTOMATED RESULTS, BILATERAL
- **0472T** DEVICE EVALUATION, INTERROGATION, AND INITIAL PROGRAMMING OF INTRAOCULAR RETINAL ELECTRODE ARRAY (EG, RETINAL PROSTHESIS), IN PERSON, WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST FUNCTIONALITY, SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING VISUAL TRAINING, WITH REVIEW AND REPORT BY A QUALIFIED HEALTH CARE PROFESSIONAL
- **0473T** DEVICE EVALUATION AND INTERROGATION OF INTRAOCULAR RETINAL ELECTRODE ARRAY (EG, RETINAL PROSTHESIS), IN PERSON, INCLUDING REPROGRAMMING AND VISUAL TRAINING,
- **0474T** INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACILIARY SPACE WHEN PERFORMED, WITH REVIEW AND REPORT BY A QUALIFIED HEALTH CARE PROFESSIONAL

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## EXISTING CPT<sup>®</sup> III CODES FOR EYE CARE

- **0506T** MACULAR PIGMENT OPTICAL DENSITY MEASUREMENT BY HETEROCHROMATIC FLICKER PHOTOMETRY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
- **0507T** NEAR-INFRARED DUAL IMAGING (IE, SIMULTANEOUS REFLECTIVE AND TRANSILLUMINATED LIGHT) OF MEIBOMIAN GLANDS, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
- **0509T** ELECTRORETINOGRAPHY (ERG) WITH INTERPRETATION AND REPORT, PATTERN (PERG)
- **0514T** INTRAOPERATIVE VISUAL AXIS IDENTIFICATION USING PATIENT FIXATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- **0552T** LOW-LEVEL LASER THERAPY, DYNAMIC PHOTONIC AND DYNAMIC THERMOKINETIC ENERGIES, PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

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## CPT III 2021 CODE CHANGES

**0604T** Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment

**0605T** ;remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days

**0606T** ;review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days

(Do not report 0604T, 0605T, 0606T in conjunction with 99457, 99458)  
Remote Physiological Monitoring

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## CPT III 2021 CODE CHANGES

**0615T** Eye-movement analysis without spatial calibration, with interpretation and report

(Do not report 0615T in conjunction with 92540, 92541, 92542, 92544, 92545, 92546, 92547)  
(Vestibular Function Tests)

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## CPT III 2021 CODE CHANGES

**0616T** Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens

**0617T** ;with removal of crystalline lens and insertion of intraocular lens

(Do not report 0617T in conjunction with 66982, 66983, 66984)

**0618T** ;with secondary intraocular lens placement or intraocular lens exchange

(Do not report 0618T in conjunction with 66985, 66986)

(Do not report 0616T, 0617T, 0618T in conjunction with 66600, 66680, 66682)

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## HCPCS CODING CHANGES 2021

### TWO CHANGES TO BE AWARE OF:

**V2524** Contact lens, hydrophilic, spherical, photochromic additive, per lens

**J7351** Injection, bimatoprost, intracameral implant, 1 microgram

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## 2021 EVALUATION AND MANAGEMENT CODE CHANGES

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## 2021 E&M CODES-INTRODUCTION

TO CHOOSE APPROPRIATE LEVEL OF E/M SERVICES

- LEVEL OF MEDICAL DECISION MAKING (MDM) DEFINED FOR SERVICE

**OR**

- TOTAL TIME FOR E/M SERVICES PERFORMED ON DATE OF ENCOUNTER

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## 2021 E&M CODES-INTRODUCTION

WHY CHANGE NOW?

- PHYSICIANS STRUGGLING WITH BURDENSOME REPORTING GUIDELINES
- ELECTRONIC HEALTH RECORDS (EHR) INCREASED “NOTE BLOAT” IN PATIENT RECORDS
- CMS PROPOSED CHANGES TO E&M REIMBURSEMENT AND CHALLENGE TO REVISE GUIDELINES

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## 2021 E&M CODES-INTRODUCTION

### GOALS:

- DECREASE ADMINISTRATIVE BURDEN OF DOCUMENTATION/CODING
- DECREASE AUDIT NECESSITY BY ADDING AND EXPANDING KEY DEFINITIONS/GUIDELINES
- DECREASE DOCUMENTATION IN MEDICAL RECORD NOT NECESSARY FOR PATIENT CARE
- PROMOTE RESOURCE BASED PAYMENT
- NOT GOAL FOR PAYMENT REDISTRIBUTION BETWEEN SPECIALTIES

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## 2021 E&M CODES-SUMMARY OF CHANGES

- APPLIES ONLY TO OFFICE BASED E&M CODES
- DELETION OF CODE 99201
- REVISED CODES 99202–99205, 99211–99215
- CHANGED CODE SELECTION COMPONENTS USED TO:
  - MEDICAL DECISION MAKING (MDM) OR TIME  
(WAS HISTORY, EXAMINATION, MDM, AND TIME)
- CHANGED DEFINITION OF MDM AND TIME COMPONENTS
- ADDED NEW, SHORTER PROLONGED SERVICES CODE
- MANY E & M GUIDELINE ADDITIONS, REVISIONS, AND RESTRUCTURING

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## 2021 E&M CODE CHANGES

- APPLIES ONLY TO OFFICE BASED E&M CODES
  - DO NOT APPLY TO HOSPITAL, NURSING FACILITY, HOME
  - ALL OF OTHER E&M CODES, FOR NOW, REMAIN THE SAME

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## 2021 E&M CODE CHANGES

### WHY DELETION OF 99201

- CURRENT 99201-99202 HAD STRAIGHTFORWARD MEDICAL DECISION MAKING
- DIFFERENTIATED ONLY BY HISTORY AND EXAMINATION LEVELS
- HISTORY/EXAMINATION COMPONENTS WILL NOT BE RELEVANT TO CODE CHOICE

THUS, DUPLICATION OF CODES IF DID NOT ELIMINATE 92201

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## 2021 E&M CODE CHANGES-MDM

### REDEFINED LEVELS OF MDM:

1. STRAIGHTFORWARD
2. LOW
3. MODERATE
4. HIGH

- MDM DOES NOT APPLY TO 99211
- MDM LEVEL MAY BE IMPACTED BY PROVIDER ROLE/MANAGEMENT RESPONSIBILITIES FOR PATIENT

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## 2021 E&M CODE CHANGES-MDM

### REDEFINED LEVELS OF MDM:

- INTERPRETATION AND REPORT REQUIREMENTS FOR SEPARATE PROCEDURES ARE NOT PART OF MDM FOR E&M CODE SELECTION (FUNDUS PHOTOS, VF, OCT ETC)
- SEPARATE REPORTING OF INTRA-PROFESSIONAL CONSULTATION DISCUSSIONS ARE NOT PART OF THE MDM FOR E&M CODE SELECTION
- SHARED MEDICAL DECISION MAKING INCLUDES ELICITING PATIENT AND/OR FAMILY PREFERENCES, PATIENT AND/OR FAMILY EDUCATION, AND EXPLAINING RISKS AND BENEFITS OF MANAGEMENT OPTIONS.

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# 2021 E&M CODE CHANGES

## MEDICAL DECISION MAKING (MDM)

### 3 ELEMENTS OF MDM

1. NUMBER/COMPLEXITY OF PROBLEM(S)
2. AMOUNT AND/OR COMPLEXITY OF DATA REVIEWED AND ANALYZED
3. RISK

**NOTE: Must meet 2 out of 3 of MDM elements for code level**

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## Elements of MDM

Code	Level of MDM (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 <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	<b>Minimal</b> • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	<b>Low</b> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	<b>Limited</b> <i>(Must meet the requirements of at least 1 of the 2 categories)</i>  <b>Category 1: Tests and documents</b> • <b>Any combination of 2 from the following:</b> • 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 <b>Category 2: Assessment requiring an independent historian(s)</b> <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

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## Elements of MDM

Code	Level of MDM (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 <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
99204 99214	<b>Moderate</b>	<b>Moderate</b> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>• 2 or more stable chronic illnesses;</li> <li>or</li> <li>• 1 undiagnosed new problem with uncertain prognosis;</li> <li>or</li> <li>• 1 acute illness with systemic symptoms;</li> <li>or</li> <li>• 1 acute complicated injury</li> </ul>	<b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i> <b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following:               <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> <li>or</li> <li>• <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> </li> <li>or</li> <li>• <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)</li> </ul> </li> </ul>	<b>Moderate risk of morbidity from additional diagnostic testing or treatment</b>  <i>Examples only:</i> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health</li> </ul>

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## Elements of MDM

Code	Level of MDM (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 <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
99205 99215	<b>High</b>	<b>High</b> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> <li>or</li> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i> <b>Category 1: Tests, documents, or independent historian(s)</b> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following:               <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> <li>or</li> <li>• <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> </li> <li>or</li> <li>• <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul> </li> </ul>	<b>High risk of morbidity from additional diagnostic testing or treatment</b>  <i>Examples only:</i> <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> <li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization</li> <li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

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# TYPE OF DECISION MAKING

**NOTE: Must meet 2 out of 3 of MDM elements for code level**

Applies to new and established patients at each code level

# Diagnoses/ Management Options	Amount/ Complexity Data Reviewed	Risk : Complications Morbidity Mortality	Decision Making type	
Minimal	Minimal or none	Minimal	Straightforward	99202 99212
Limited	Limited	Low	Low complexity	99203 99213
Multiple	Moderate	Moderate	Moderate complexity	99204 99214
Extensive	Extensive	High	High complexity	99205 99215

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# “PROBLEM” DEFINED

- DISEASE
- CONDITION
- ILLNESS
- INJURY
- SYMPTOM
- SIGN
- FINDING
- COMPLAINT
- OTHER ISSUES NOTED AT ENCOUNTER
- MAYBE WITH OR WITHOUT DIAGNOSIS BEING ESTABLISHED AT ENCOUNTER

**Problem is addressed/managed:** when evaluated/ treated during visit by physician  
Includes consideration of further testing or treatment that may not be chosen due to risk/benefit analysis or patient (parent/guardian/surrogate) choice

**Problem NOT Addressed if:**

Record Note - problem managed by another professional and no documentation of additional assessment or care coordination

Referral made without evaluation/treatment consideration for problem being documented

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# NUMBER AND COMPLEXITY OF PROBLEMS

- **MINIMAL:** ONE SELF-LIMITING OR MINOR PROBLEM **No examples provided**
- **LOW:** TWO OR MORE SELF-LIMITING OR MINOR PROBLEMS  
ONE CHRONIC OR STABLE PROBLEM **Stable Chronic Illness**  
ONE ACUTE, UNCOMPLICATED ILLNESS OR INJURY **Well controlled HTN, DM, Cataract**  
**Acute Uncomplicated:**  
Cystitis, Allergic rhinitis, Simple sprain
- **MODERATE:** ONE + CHRONIC PROBLEM W/ EXACERBATION, PROGRESS, TREATMENT COMPLICATIONS  
TWO OR MORE STABLE CHRONIC ILLNESS **Undiagnosed New**  
ONE UNDIAGNOSED NEW PROBLEM WITH UNCERTAIN PROGNOSIS **Breast Lump**  
ONE ACUTE ILLNESS WITH SYSTEMIC SYMPTOMS **Acute New w/Systemic**  
ONE ACUTE COMPLICATED ILLNESS **Pyelonephritis, Pneumonitis, Colitis**  
**Acute Complicated:**  
Head injury w/ brief consciousness loss
- **HIGH:** ONE + CHRONIC PROBLEM W/ SEVERE EXACERBATION, PROGRESS, TREATMENT COMPLICATIONS  
ONE ACUTE OR CHRONIC ILLNESS/INJURY THAT POSES THREAT TO LIFE OR BODILY FUNCTION  
**Acute/Chronic Illness with severe exacerbation**  
Acute myocardial infarction, Severe respiratory distress, Psychiatric illness with potential self threat,  
Abrupt change in neurological status

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# DATA COMPLEXITY

**MINIMAL or no data**

## 4 levels of Data Complexity

1. MEDICAL RECORDS
2. TESTS
3. OTHER INFORMATION OBTAINED, ORDERED, REVIEWED, AND ANALYZED – NOT SEPARATELY CODED AND COLLECTED DURING ENCOUNTER ITSELF

## LIMITED: Complete 1 of 2 categories:

### Category 1 (complete any two of following):

1. Review of prior external notes from unique source
2. Review results of each unique test
3. Ordering of each unique test

### Category 2:

Assessment requiring an independent historian

## Moderate : Complete at least 1 of 3 categories

### Category 1: Test documents or independent historian (any combination of three)

1. Review of prior external notes from unique source
2. Review results of each unique test
3. Ordering of each unique test
4. Assessment requiring an independent historian

### Category 2: Independent interpretation of tests

Independent interpretation of test performed by another physician/QHP (not separately reported)

### Category 3: Discussion of management or test Interpretation

Discussion of management or test interpretation with external physician/QHP – appropriate source (not reported separately)

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## DATA COMPLEXITY

### **Extensive** (At least 2 of 3 categories)

#### **Category 1: Test documents or independent historian**

*(any combination of 3 for category 1)*

1. Review of prior external notes from unique source
2. Review results of each unique test
3. Ordering of each unique test
4. Assessment requiring an independent historian

#### **Category 2: Independent interpretation of tests**

Independent interpretation of test performed by another physician/QHP (not separately reported)

#### **Category 3: Discussion of management or test Interpretation**

Discussion of management or test interpretation with external physician/QHP – appropriate source (not reported separately)

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## DATA COMPLEXITY

### **CAN THE INDEPENDENT VISUALIZATION OF A TEST BE COUNTED IN THE MEDICAL DECISION MAKING IF THE PHYSICIAN IS ALSO BILLING FOR THE TEST?**

- PER AMA, ACTUAL PERFORMANCE AND/OR INTERPRETATION OF DIAGNOSTIC TESTS/STUDIES DURING PATIENT ENCOUNTER ARE NOT INCLUDED IN DETERMINING LEVEL OF E/M SERVICE WHEN REPORTED SEPARATELY
- PHYSICIAN PERFORMANCE OF DIAGNOSTIC TESTS/STUDIES FOR WHICH SPECIFIC CPT CODES ARE AVAILABLE MAY BE REPORTED SEPARATELY, IN ADDITION TO THE APPROPRIATE E/M CODE
- PHYSICIAN'S INTERPRETATION OF RESULTS OF DIAGNOSTIC TESTS/STUDIES (I.E., PROFESSIONAL COMPONENT) WITH PREPARATION OF SEPARATE DISTINCTLY IDENTIFIABLE SIGNED WRITTEN REPORT MAY ALSO BE REPORTED SEPARATELY, USING APPROPRIATE CPT CODE AND, IF REQUIRED, WITH MODIFIER 26 APPENDED.

**If test/study is independently interpreted in order to manage patient - as part of E/M service but is not separately reported - then is part of medical decision making.**

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## RISK LEVELS DEFINED

1. **MINIMAL RISK** OF MORTALITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT
2. **LOW RISK** OF MORTALITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT
3. **MODERATE RISK** OF MORTALITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT
4. **HIGH RISK** OF MORTALITY FROM ADDITIONAL DIAGNOSTIC TESTING OR TREATMENT

### Risk

- a) Complications, morbidity, mortality of patient management decisions made at the visit
- b) Associated patient's problem(s)
- c) Diagnostic procedure(s) and treatment(s)
- d) Possible management options selected and those considered, but not selected
- e) Includes shared medical decision making with the patient and/or family

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## RISK LEVEL EXAMPLES

**Minimal Risk:** No Examples

**Low Risk:** No Examples

### **Moderate Risk Examples:**

Prescription drug management

Decision-minor surgery with patient/procedure risk factors identified

Decision-major surgery with patient/procedure risk factors identified

Diagnosis or treatment significantly limited by social determinants of health

### **High Risk Examples:**

Drug therapy requiring intensive monitoring for toxicity

Decision-elective major surgery with patient/procedure risk factors identified

Decision-emergency major surgery

Decision regarding hospitalization

Decision to Not resuscitate or de-escalate care due to poor prognosis

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## REMINDER

UNDERLYING DISEASE OR COMORBIDITIES NOT CONSIDER FOR E&M LEVEL SELECTION UNLESS:

1. ADDRESSED IN VISIT
2. PRESENCE INCREASE AMOUNT OR COMPLEXITY OF DATA TO BE REVIEWED
3. RISK OF COMPLICATION, MORBIDITY OR MORTALITY OF PATIENT MANAGEMENT

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## SUMMARY OF EACH LEVEL - MDM

Code	MDM	Problems	Data	Risk
99211	NA	NA	NA	NA
99202	Straightforward	Minimal	Minimal/None	Minimal
99212	Straightforward	Minimal	Minimal/None	Minimal
99203	Low	Low	Limited (1/2)	Low
99213	Low	Low	Limited (1/2)	Low
99204	Moderate	Moderate	Moderate (1/3)	Moderate
99214	Moderate	Moderate	Moderate (1/3)	Moderate
99205	High	High	Extensive (2/3)	High
99215	High	High	Extensive (2/3)	High

**NOTE: Must meet 2 out of 3 of MDM elements for code level  
Problem ● Data ● Risk**

**Applies to New and Established Patients for each code level**

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## MDM EYE CARE EXAMPLES

### 99202, 99212

Allergic Conjunctivitis  
Subconjunctival Hemorrhage (known cause)  
Follow up Resolved Acute Conjunctivitis

### 99203, 99213

Episcleritis

### 99204,99214

Acute iridocyclitis in patient w/Ankylosing Spondylitis; Rheumatoid Arthritis

### 99205,99215

Plaquenil Toxicity: Bulls Eye Maculopathy with Systemic Lupus

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## 2021 E&M CODE CHANGES -TIME

- BEFORE 1992 - TIME WAS IMPLICIT IN CODE DEFINITIONS
- IN 1992 - TIME BECAME EXPLICIT IN CODE DEFINITIONS
- BEFORE 2021, TIME COULD ONLY BE USED WHEN COUNSELING/CARE COORDINATION DETERMINED CODE LEVEL

### BEGINNING IN 2021

- TIME CAN BE USED FOR CODE LEVEL SELECTION INDEPENDENT OF COUNSELING AND/OR COORDINATION OF CARE PORTION OF SERVICE
- **TOTAL TIME SPENT BY THE PHYSICIAN/QHP ON THE DAY OF ENCOUNTER**
- TIME IS SPECIFICALLY DEFINED IN EACH E&M SERVICE DESCRIPTOR
- TIME GUIDELINES REQUIRE FACE-TO-FACE ENCOUNTER WITH PROVIDER
- TIME SPENT BY CLINICAL STAFF WILL NOT BE INCLUDED IN THE CALCULATION OF TOTAL TIME FOR THE PURPOSES OF CODE SELECTION BECAUSE PART OF PRACTICE EXPENSE
- IF PROVIDER TIME IS **ONLY** SPENT IN CLINICAL STAFF SUPERVISION AND CLINICAL STAFF PERFORM SERVICE → USE 99211

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## 2021 E&M CODE CHANGES -TIME

### PROVIDER TIME INCLUDES:

### TIME DOES NOT INCLUDE STAFF TIME

1. Preparing to see patient - like review of tests
2. Obtaining and/or reviewing separately obtained history
3. Performing medically appropriate examination and/or evaluation
4. Counseling and educating the patient/family/caregiver
5. Ordering medications, tests, or procedures
6. Referring/communicating with other health care professionals - not separately reported
7. Documenting clinical information in electronic or other health record
8. Independently interpreting results-not separately reported -and communicating results to the patient/family/caregiver
9. Care coordination – when not separately reported

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## 2021 E&M CODE CHANGES -TIME

Code	Time
99211	Not application
99202	15-29 minutes
99212	10-19 minutes
99203	30-44 minutes
99213	20-29 minutes
99204	45-59 minutes
99214	30-39 minutes
99205	60-74 minutes
99215	40-54 minutes

**MUST DOCUMENT TIME SPENT  
IN MEDICAL RECORD**

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## PROLONGED SERVICE CODING

**99417** Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time

(List separately in addition to codes 99205, 99215 for office or other outpatient E&M services)  
 (Use 99417 in conjunction with 99205, 99215)  
 (Do not report 99417 on same date of service as 99354, 99355, 99358, 99359, 99415, 99416)  
**(Do not report 99417 for any time unit less than 15 minutes)**

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## PROLONGED SERVICE CODING

**99417** IS ONLY USED WHEN THE OFFICE OR OTHER OUTPATIENT SERVICE HAS BEEN SELECTED USING TIME ALONE AS THE BASIS AND ONLY AFTER THE MINIMUM TIME REQUIRED TO REPORT THE HIGHEST-LEVEL SERVICE

**THIS MEANS 99205 OR 99215 TIME HAS BEEN EXCEEDED BY 15 MINUTES**

TO REPORT A UNIT OF 99417, 15 MINUTES OF ADDITIONAL TIME MUST HAVE BEEN ATTAINED

DO NOT REPORT 99417 FOR ANY ADDITIONAL TIME INCREMENT OF LESS THAN 15 MINUTES

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## PROLONGED SERVICE CODING

### ► Total Duration of New Patient Office or Other Outpatient Services (use with 99205)

Visit **MUST** last at least 75 minutes before you can use 99417

	Code(s)
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99417 X 1
90-104 minutes	99205 X 1 and 99417 X 2
105 minutes or more	99205 X 1 and 99417 X 3 or more for each additional 15 minutes

Only charge again once you have spent another 15 minute interval

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## PROLONGED SERVICE CODING

### Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)

Visit **MUST** last at least 55 minutes before you can use 99417

	Code(s)
less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99417 X 1
70-84 minutes	99215 X 1 and 99417 X 2
85 minutes or more	99215 X 1 and 99417 X 3 or more for each additional 15 minutes ◀

Only charge again once you have spent another 15 minute interval

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## PROLONGED CLINICAL STAFF SERVICES

**99415** PROLONGED CLINICAL STAFF SERVICE (THE SERVICE BEYOND THE TYPICAL SERVICE TIME) DURING AN EVALUATION AND MANAGEMENT SERVICE IN THE OFFICE OR OUTPATIENT SETTING, DIRECT PATIENT CONTACT WITH PHYSICIAN SUPERVISION; FIRST HOUR

(LIST SEPARATELY IN ADDITION TO CODE FOR OUTPATIENT EVALUATION AND MANAGEMENT SERVICE)

(USE 99415 IN CONJUNCTION WITH 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215)

(DO NOT REPORT 99415 IN CONJUNCTION WITH 99354, 99355, 99XXX)

**99416** ;EACH ADDITIONAL 30 MINUTES

(LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)

(USE 99416 IN CONJUNCTION WITH 99415)

(DO NOT REPORT 99416 IN CONJUNCTION WITH 99354, 99355, 99XXX)

Requires Direct Physician Supervision

Bill only Once per day  
Clinical Staff Time does not have to be continous

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## PROLONGED CLINICAL STAFF SERVICES

Requires Direct Physician Supervision

Total Duration of Prolonged Services	Code(s)
less than 45 minutes	Not reported separately
45-74 minutes (45 minutes - 1 hr. 14 min.)	99415 X 1
75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	99415 X 1 AND 99416 X 1
105 or more (1 hr. 45 min. or more)	99415 X 1 AND 99416 X 2 or more for each additional 30 minutes.

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## PROLONGED E&M BEFORE/AFTER DIRECT PATIENT CARE

Used for prolonged services on date other than date of face-to face encounter

**99358** PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT PATIENT CARE; FIRST HOUR

**99359** ;EACH ADDITIONAL 30 MINUTES

- (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)
- (USE 99359 IN CONJUNCTION WITH 99358)
- (DO NOT REPORT 99358, 99359 ON THE SAME DATE OF SERVICE AS 99XXX)
- (DO NOT REPORT 99358, 99359 DURING THE SAME MONTH WITH 99484, 99487-99489, 99490, 99491, 99492, 99493, 99494)
- (DO NOT REPORT 99358, 99359 WHEN PERFORMED DURING THE SERVICE TIME OF CODES 99495 OR 99496, IF REPORTING 99495 OR 99496)

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## PROLONGED E&M BEFORE/AFTER DIRECT PATIENT CARE

**EXAMPLE: EXTENSIVE RECORD REVIEW MAY RELATE TO PREVIOUS E&M SERVICE PERFORMED AT AN EARLIER DATE**

1. MUST RELATE TO SERVICE OR PATIENT WHERE (FACE-TO-FACE) PATIENT CARE HAS OCCURRED OR WILL OCCUR AND RELATE TO ONGOING PATIENT MANAGEMENT
2. 99358 AND 99359 ARE USED TO REPORT TOTAL DURATION OF NON-FACE-TO-FACE TIME SPENT BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ON A GIVEN DATE
3. PROVIDING PROLONGED SERVICE, EVEN IF NOT CONTINUOUS TIME
4. DO NOT REPORT 99358, 99359 FOR TIME WITHOUT DIRECT PATIENT CONTACT REPORTED IN OTHER SERVICES

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## PROLONGED E&M BEFORE/AFTER DIRECT PATIENT CARE

**99358** USED TO REPORT 1<sup>ST</sup> HOUR OF PROLONGED SERVICE ON GIVEN DATE REGARDLESS OF PLACE OF SERVICE

- REPORT ONLY ONCE PER DATE
- PROLONGED SERVICE < 30 MINUTES TOTAL DURATION ON GIVEN DATE NOT SEPARATELY REPORTED

**99359** used to report each additional 30 minutes after 1<sup>st</sup> Hour

Used to report final 15-30 minutes of prolonged service on a given date)

- Prolonged service of <15 minutes beyond 1<sup>st</sup> Hr or <15 minutes beyond final 30 minutes not separately reported

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## PROLONGED E&M BEFORE/AFTER DIRECT PATIENT CARE

<b>Total Duration of Prolonged Services Without Direct Face-to-Face Contact</b>	<b>Code(s)</b>
less than 30 minutes	Not reported separately
30-74 minutes (30 minutes - 1 hr. 14 min.)	99358 X 1
75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	99358 X 1 AND 99359 X 1
105 or more (1 hr. 45 min. or more)	99358 X 1 AND 99359 X 2 or more for each additional 30 minutes.

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▶ Code	Patient Contact	Minimum Reportable Prolonged Services Time (Single Date of Service)	Use In Conjunction With	*Do Not Report With	Other Prolonged Service(s) Reportable On Same Date Of Service
99358	Non-Face-to-Face Only	30 minutes	Must relate to a service where face-to-face care has or will occur. This is not an add-on code and is not used in conjunction with a base code.	99202-99205, 99212-99215, 99417 On same date of service	99354, 99356
+99359	Non-Face-to-Face Only	Each additional 15 minutes (Beyond 99358)	99358	99202-99205, 99212-99215, 99417 On same date of service	99354, 99356
+99417	Face-to-Face and/or Non-Face-to-Face	Reported with 99205: 75 minutes or more Reported with 99215: 55 minutes or more  <b>(Total time on the date of encounter)</b>	99205, 99215	99354, 99355, 99358, 99359, 99415, 99416	N/A

\*Do not count the time of any separately reported service as prolonged services time  
99355 is for prolonged services time beyond 99354 and may be reported in multiple units  
99357 is for prolonged services time beyond 99356 and may be reported in multiple units  
99359 is for prolonged services time beyond 99358 and may be reported in multiple units  
99417 is for prolonged services time beyond 99205 or 99215 and may be reported in multiple units of at least 15 minutes ◀

### Summary Excerpt from Page 45 CPT®2021

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## ICD-10-CM RESOURCES

### American Optometric Association

<https://www.aoa.org/member-center/doctors-of-optometry>

### CDC ICD-10-CM Official USA site

<https://www.cdc.gov/nchs/icd/icd10cm.htm#FY%202021%20release%20of%20ICD-10-CM>

### CMS ICD-10-CM information

<https://www.cms.gov/Medicare/Coding/ICD10/index.html>

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**AMERICAN OPTOMETRIC ASSOCIATION MARKETPLACE**

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**2021 Code for Optometry**

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# WEBINARS ON E&M AND ICD-10-CM CHANGES 2021

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**CPT 2021 webinar will be added in December 2020**

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# THANK YOU!! QUESTIONS???

**Click "Contact Third Party Committee" to submit any questions!  
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**Dr. Rebecca Wartman**  
Active Member

NC License #: 1269 AOA ID #: 46052

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