Jurisdiction K & 6 Part B
Provider Outreach and Education Advisory Group Meeting

December 16, 2020
POE Advisory Group

This session is being conducted by webinar and teleconference.

In order to view the presentation, you will need to log into the webinar. You should have received an email after registering. You will also need to dial into the conference for audio.

To use your computer’s audio:
When the webinar begins, you will be connected to audio using your computer's microphone and speakers.

To use your telephone:
If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers in your email.
The audio PIN will show after joining the webinar.
POE Advisory Group

- The materials for the meeting can be found on the Provider Outreach and Education Advisory Group link at:

  - http://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/entry/poeag-deliverables/JKPtBPOEAGDeliverables
POE Advisory Group Mission

To facilitate communication between National Government Services and the provider community, through education and training, for the purpose of enhancing the Medicare program through a partnership of patients, providers and the Medicare contractor.
Agenda

- 2021 Updates
- 2021 E/M changes
- Diabetes Awareness
- NGS Jurisdiction Affairs Update
  - CMS Flu and NGS Flu & Pneumonia Campaign
  - New NGS + Aunt Bertha and USA.gov Websites Now Available
  - Connecting Provider Associations and Societies to NGS Educational Tools
- Open Discussion
- 2021 Meeting Dates
2021 Updates

Arlene Dunphy & Michele Poulos
2021 E/M changes

Lori Langevin
Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services

- Changes apply only to Office and Outpatient services
- Extensive E/M guideline additions, revisions, and restructuring
- Deletion of code 99201 and revision of codes 99202-99215
  - 99202 requires straightforward MDM
- Components for code selection:
  - MDM or
  - Total time on the date of the encounter
Summary of Revisions for 2021

- E/M level of service for office or other outpatient services can be based on:
  - MDM
    - Extensive clarifications provided in guidelines to define elements of MDM
  - Time: Total time spent on date of the encounter
    - Including non-face-to-face services
    - Clear time ranges for each code

- Addition of a shorter 15-minute prolonged service code (G2212)
  - Reported only when visit is based on time and after total time of highest-level service (i.e., 99205 or 99215) has been exceeded
2021 CPT Definition 99202

- ★▲99202 Office or other outpatient visit for the evaluation and management of a **new** patient, which requires a **medically appropriate history and/or examination** and **straightforward medical decision making**

- **When using time for code selection,** 15-29 minutes of total time is spent on date of encounter
2021 CPT Definition 99203

- ★▲99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making

- When using time for code selection, 30-44 minutes of total time is spent on date of encounter

- Note changes: no specific history or exam requirements
2021 CPT Definition 99204

- ★▲99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

- When using time for code selection, 45-59 minutes of total time is spent on date of encounter.
2021 CPT Definition 99205

- ★▲99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making

- When using time for code selection, 60-74 minutes of total time is spent on date of encounter

- For services 75 minutes or longer, see Prolonged Services G2212
2021 CPT Definition 99211

- ★▲ 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional

- Usually, presenting problem(s) are minimal
2021 CPT Definition 99212

- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires medically appropriate history and/or examination and straightforward medical decision making
- When using time for code selection, 10-19 minutes of total time is spent on date of encounter
2021 CPT Definition 99213

- ★▲99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making

- When using time for code selection, 20-29 minutes of total time is spent on date of encounter

- Note changes: no specific history or exam requirements
2021 CPT Definition 99214

- ★▲99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making

- When using time for code selection, 30-39 minutes of total time is spent on date of encounter
2021 CPT Definition 99215

- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making

- When using time for code selection, 40-54 minutes of total time is spent on date of encounter

- For services 55 minutes or longer, see Prolonged Services G2212
2021: Selecting Level of Service

- Effective January 1, 2021
- Appropriate level of E/M service is based on:
  1. Level of the MDM as defined for each service
  2. Total time for E/M services performed on the date of encounter
Medical Decision Making (MDM)

- Effective January 1, 2021
- Level of Medical Decision Making Table
- Guide to assist in selecting the level of MDM
- Used for office or other outpatient E/M services only
- Includes four levels of MDM (unchanged from current levels of MDM)
  - Straightforward
  - Low
  - Moderate
  - High
<table>
<thead>
<tr>
<th>MDM 2020</th>
<th>MDM Effective Jan. 1, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of diagnoses or</td>
<td>Number and complexity of problems addressed at the encounter</td>
</tr>
<tr>
<td>management options</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount and/or complexity</td>
<td>Amount and/or complexity of data to be reviewed and analyzed</td>
</tr>
<tr>
<td>of data to be reviewed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of complications</td>
<td>Risk of complications and/or morbidity or mortality of patient</td>
</tr>
<tr>
<td>and/or morbidity or</td>
<td>management</td>
</tr>
<tr>
<td>mortality</td>
<td></td>
</tr>
</tbody>
</table>
MDM: Number and Complexity of Problems Addressed at Encounter

- **Straightforward**
  - Self-limited

- **Low**
  - Stable, uncomplicated, single problem

- **Moderate**
  - Multiple problems or significantly ill

- **High**
  - Very ill
MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed

- **Straightforward**
  - Minimal or None

- **Low (one category only)**
  - Two documents or independent historian

- **Moderate (one category only)**
  - Count: Three items between documents and independent historian; or
  - Interpret; or
  - Confer

- **High (two categories)**
  - Same concepts as moderate
MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management

- **Straightforward**
  - Minimal risk from treatment (including no treatment) or testing. (Most would consider this effectively as no risk)

- **Low**
  - Low risk (e.g., very low risk of severity problems), minimal consent/discussion

- **Moderate**
  - Would typically review with patient/surrogate, obtain consent and monitor, or there are complex social factors in management

- **High**
  - Need to discuss higher risk problems that could happen for which physician or other qualified health care professional will watch or monitor
<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM (Based on 2 out of 3 Elements of MDM)</th>
<th>Number and Complexity of Problems Addressed at the Encounter</th>
<th>Amount and/or Complexity of Data to be Reviewed and Analyzed</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  99212</td>
<td>Straightforward</td>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99203  99213</td>
<td>Low</td>
<td>Low</td>
<td>Limited (Must meet the requirements of at least 1 of the 2 categories)</td>
<td>Low risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
</tbody>
</table>
|           |                                                  | 2 or more self-limited or minor problems; or 1 stable chronic illness; or 1 acute, uncomplicated illness or injury | 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) |
<table>
<thead>
<tr>
<th>99204</th>
<th>Moderate</th>
<th>99214</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Moderate</td>
<td></td>
<td>(Must meet the requirements of at least 1 out of 3 categories)</td>
</tr>
<tr>
<td></td>
<td>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</td>
<td></td>
<td>Category 1: Tests, documents, or independent historian(s)</td>
</tr>
<tr>
<td></td>
<td>or</td>
<td></td>
<td>• Any combination of 3 from the following:</td>
</tr>
<tr>
<td></td>
<td>• 2 or more stable chronic illnesses;</td>
<td></td>
<td>• Review of prior external note(s) from each unique source*;</td>
</tr>
<tr>
<td></td>
<td>or</td>
<td></td>
<td>• Review of the result(s) of each unique test*;</td>
</tr>
<tr>
<td></td>
<td>• 1 undiagnosed new problem with uncertain prognosis;</td>
<td>or</td>
<td>• Ordering of each unique test*;</td>
</tr>
<tr>
<td></td>
<td>or</td>
<td></td>
<td>• Assessment requiring an independent historian(s)</td>
</tr>
<tr>
<td></td>
<td>• 1 acute illness with systemic symptoms;</td>
<td></td>
<td>Category 2: Independent interpretation of tests</td>
</tr>
<tr>
<td></td>
<td>or</td>
<td></td>
<td>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</td>
</tr>
<tr>
<td></td>
<td>• 1 acute complicated injury</td>
<td>or</td>
<td>Category 3: Discussion of management or test interpretation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>High risk of morbidity from additional diagnostic testing or treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples only:</td>
</tr>
<tr>
<td>• Drug therapy requiring intensive monitoring for toxicity</td>
</tr>
<tr>
<td>• Decision regarding elective major surgery with identified patient or procedure risk factors</td>
</tr>
<tr>
<td>• Decision regarding emergency major surgery</td>
</tr>
<tr>
<td>• Decision not to resuscitate or to de-escalate care because of poor prognosis</td>
</tr>
</tbody>
</table>

### 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)

**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 with external physician/other qualified health care professional/appropriate source (not separately reported)

<table>
<thead>
<tr>
<th>High</th>
<th>High or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</th>
</tr>
</thead>
<tbody>
<tr>
<td>99205 99215</td>
<td>1 acute or chronic illness or injury that poses a threat to life or bodily function</td>
</tr>
</tbody>
</table>
Medical Decision Making Table

To qualify for a particular level of medical decision making, two of the three elements for that level of decision making must be met or exceeded (concept unchanged from current guidelines).

<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM (Based on 2 out of 3 Elements of MDM)</th>
<th>Number and Complexity of Problems Addressed at the Encounter</th>
<th>Elements of Medical Decision Making</th>
<th>Amount and/or Complexity of Data to be Reviewed and Analyzed</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>
<td>N/A</td>
</tr>
<tr>
<td>99202</td>
<td>Straightforward</td>
<td>N/A</td>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td>99212</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99203</td>
<td>Low</td>
<td>N/A</td>
<td>Limited (Must meet the requirements of at least 1 of the 2 categories)</td>
<td>Low risk of morbidity from additional diagnostic testing or treatment</td>
<td></td>
</tr>
<tr>
<td>99213</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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)
Time: Office and Other Outpatient E/M Services

- Effective January 1, 2021
- Time may be used to select code level in office or other outpatient services whether or not counseling and/or coordination of care dominates service
- Time may only be used for selecting level of other E/M services when counseling and/or coordination of care dominates service
- CPT code selection is total time on date of encounter
Time: Office and Other Outpatient E/M Services

- **Total Time** on date of encounter
- Includes physician/other QHP face-to-face and non-face-to-face time
- Time spent by clinical staff is not included
- More than one clinician addressed (count only 1 person per minute)
Time: Office and Other Outpatient E/M Services

- Physician/other QHP time includes the following activities (when performed)
  - Preparing to see patient (e.g., review of tests)
  - Obtaining and/or reviewing separately obtained history
  - Performing medically necessary appropriate examination and/or evaluation
  - Counseling and educating patient/family/caregiver
  - Ordering medications, tests, or procedures
  - Referring and communicating with other health care professionals (when not reported separately)
  - Documenting clinical information in electronic or other health record
  - Independently interpreting results (not reported separately) and communicating results to patient/family/caregiver
  - Care coordination (not reported separately)
### Time: Office and Other Outpatient E/M Services
#### New Patient (Total Time on the Date of the Encounter)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>10 minutes</td>
<td>Code deleted</td>
</tr>
<tr>
<td>99202</td>
<td>20 minutes</td>
<td>15-29 minutes</td>
</tr>
<tr>
<td>99203</td>
<td>30 minutes</td>
<td>30-44 minutes</td>
</tr>
<tr>
<td>99204</td>
<td>45 minutes</td>
<td>45-59 minutes</td>
</tr>
<tr>
<td>99205</td>
<td>60 minutes</td>
<td>60-74 minutes</td>
</tr>
</tbody>
</table>
## Time: Office and Other Outpatient E/M Services

Established Patient (Total Time on the Date of the Encounter)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>5 minutes</td>
<td>Time component removed</td>
</tr>
<tr>
<td>99212</td>
<td>10 minutes</td>
<td>10-19 minutes</td>
</tr>
<tr>
<td>99213</td>
<td>15 minutes</td>
<td>20-29 minutes</td>
</tr>
<tr>
<td>99214</td>
<td>25 minutes</td>
<td>30-39 minutes</td>
</tr>
<tr>
<td>99215</td>
<td>40 minutes</td>
<td>40-54 minutes</td>
</tr>
</tbody>
</table>
Prolonged Services (G2212)

- Effective January 1, 2021
- Shorter prolonged services code to capture each 15 minutes of physician/other QHP work beyond time captured by office or other outpatient service E/M code
- Used only when office/other outpatient code is selected using time
- For use only with 99205, 99215
- Prolonged services of less than 15 minutes should not be reported
Prolonged Services (G2212)

- Prolonged Service with or without direct patient contact on date of an office or other outpatient service

- G2212 descriptor: “Prolonged office or other outpatient evaluation and management 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 qualified healthcare professional, with or without direct patient contact

- List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services
Prolonged Services

- Use G2212 in conjunction with 99205, 99215
- Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416
- Do not report G2212 for any time unit less than 15 minutes
# Prolonged Service New Patient Coding

<table>
<thead>
<tr>
<th>CPT Code(s)</th>
<th>Total Time Required for Reporting*</th>
</tr>
</thead>
<tbody>
<tr>
<td>99205</td>
<td>60-74 minutes</td>
</tr>
<tr>
<td>99205 x 1 and G2212 x 1</td>
<td>89-103 minutes</td>
</tr>
<tr>
<td>99205 x 1 and G2212 x 2</td>
<td>104-118 minutes</td>
</tr>
<tr>
<td>99205 x 1 and G2212 x 3 or more for each additional 15 minutes</td>
<td>119 or more</td>
</tr>
</tbody>
</table>

*Total time is the sum of all time, with and without direct patient contact and including prolonged time, spent by the reporting practitioner on the date of service of the visit.
# Prolonged Service Established Patient Coding

<table>
<thead>
<tr>
<th>CPT Code(s)</th>
<th>Total Time Required for Reporting*</th>
</tr>
</thead>
<tbody>
<tr>
<td>99215</td>
<td>40-54 minutes</td>
</tr>
<tr>
<td>99215 x 1 and G2212 x 1</td>
<td>69-83 minutes</td>
</tr>
<tr>
<td>99215 x 1 and G2212 x 2</td>
<td>84- 98 minutes</td>
</tr>
<tr>
<td>99215 x 1 and G2212 x 3 or more for each additional 15 minutes</td>
<td>99 or more</td>
</tr>
</tbody>
</table>

*Total time is the sum of all time, with and without direct patient contact and including prolonged time, spent by the reporting practitioner on the date of service of the visit.*
Diabetes Awareness

Carleen Parker
Diabetes Awareness

- National Government Services (NGS) Inc. Message to Providers on Role of Nutrition in Maintaining Health in the Nation’s Medicare Population
  - MNT- Medical Nutrition Therapy
  - DSMT- Diabetic Self-Management training
  - MDPP- Medicare Diabetes Prevention program
Concept

- Slow progression of diabetes
  - Educate providers on benefits within Medicare to fully understand meaningful analytics related to beneficiary population
  - Connect providers with relevant information to address gaps in care for covered services
  - Connect beneficiaries to Medicare covered services
Diabetes Health Professionals

- Health educators, registered dietitians, nutrition professionals or other licensed practitioner or a team of such medical professionals, working under the direct supervision of a physician as defined in this section.

- For Medicare Part B services, dietitians may not be sole providers of DSMT and MNT services.

- Whereas, MDPP program itself is not under direct supervision of physician.
Medical Nutrition Therapy (MNT)

- Medicare coverage of MNT services when furnished by registered dietitian or nutrition professional
- Treating physician must make referral and indicate a diagnosis of diabetes or renal disease
- MNT programs are credentialed with Medicare
- MNT is not a separately recognized provider type; therefore, providers cannot enroll in Medicare for sole purpose of providing MNT
Diabetes Self Management Training (DSMT)

- Medicare coverage of outpatient DSMT services when services are furnished by a certified provider
- Meeting approved quality standards
  - National Standards for Diabetes Self-Management Education Programs;
  - CMS-approved national accreditation organizations include American Diabetes Association (ADA)
  - American Association of Diabetic Educators (AADE)
- Treating physician must make a referral and indicate diagnosis of diabetes or renal disease
- DSMT programs are credentialed with Medicare
- DSMT is not a separately recognized provider type; therefore, providers cannot enroll in Medicare for sole purpose of providing DSMT
MDPP

- MDPP established in 2017 final rule as diabetic prevention expanded model
- Structured intervention with goal of preventing type 2 diabetes in individuals with indication of prediabetes
- Physician or non-physician referral is not required
- Separate enrollment process CMS-20134
  - Once CDC confirms recognition, form CMS-20134, Medicare Enrollment Application for Clinics/Group Practices and Certain Other Suppliers would need to be completed
NGS Desired Outcome

- We need your help!
- Increase the rate of utilization of Medicare Nutritional Therapy Services, Diabetes Self-Management Training Services and Medicare Diabetes Prevention Program
MNT References

- ADA Website
- CMS IOM Publication 100-03, *National Coverage Determinations Manual*, Chapter 1, Part 3, Section 180.1
- CMS IOM Publication 100-04, *Claims Processing Manual*, Chapter 4
- CMS IOM Publication 100-04, *Claims Processing Manual*, Chapter 18
- CMS Preventive Services Reference Chart
DSMT References

- ADA Website
- CMS IOM Publication 100-03, *National Coverage Determinations Manual*, Chapter 1, Part 3, Section 180.1
- CMS Diabetic Self-Management Training (DSMT) Accreditation Program
- National Coverage Determination (NCD) for Diabetes Outpatient Self-Management Training (40.1)
- CMS IOM Publication 100-02 *Benefits Policy Manual*, Chapter 15
- CMS IOM Publication 100-04, *Claims Processing Manual*, Chapter 4
- CMS IOM Publication 100-04, *Claims Processing Manual*, Chapter 18
- CMS Preventive Services Reference Chart
MDPP References

- NGSMedicare.com >
  - MDPP Fact Sheet
  - MDPP Enrollment Fact Sheet
  - MLN Booklet ICN MLN34893002: Medicare Diabetes Prevention Program Expanded Model
  - National Diabetes Prevention Program (National DPP): Guidance for CDC-Recognized Organizations on Alternative Program Delivery Options
  - Centers for Disease Control and Prevention Personal Success Tool (PST) Modules
  - National Diabetes Prevention Program Personal Success Tool Quick Reference Guide
NGS Jurisdiction Affairs Update

Michael Dorris
Open Discussion
2021 Advisory Group Meetings:
March, May, September & December