



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

**December 16, 2020**



# POE Advisory Group

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# 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

# Medical Decision Making Table

## MDM 2020

Number of diagnoses or management options

Amount and/or complexity of data to be reviewed

Risk of complications and/or morbidity or mortality



## MDM Effective Jan. 1, 2021

Number and complexity of problems addressed at the encounter

Amount and/or complexity of data to be reviewed and analyzed

Risk of complications and/or morbidity or mortality of patient management

# 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



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	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

<p>99204 99214</p>	<p>Moderate</p>	<p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 2 or more stable chronic illnesses;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 undiagnosed new problem with uncertain prognosis;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute illness with systemic symptoms;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute complicated injury</li> </ul>	<p><b>Moderate</b> <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following:</li> <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> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <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> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <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>	<p><b>Moderate risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <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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99205 99215	High	<p><b>High</b></p> <ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<p><b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li><b>Any combination of 3 from the following:</b> <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> </ul> <p><b>or</b></p> <p><b>Category 2: Independent interpretation of tests</b></p> <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> <p><b>or</b></p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <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>	<p><b>High risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <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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# 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)**

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	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	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i>  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) <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

# 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)

New Patient E/M Code	Typical Time (2020)	Total Time (2021)
99201	10 minutes	Code deleted
99202	20 minutes	15-29 minutes
99203	30 minutes	30-44 minutes
99204	45 minutes	45-59 minutes
99205	60 minutes	60-74 minutes



# Time: Office and Other Outpatient E/M Services

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

Established Patient E/M Code	Typical Time (2020)	Total Time (2021)
99211	5 minutes	Time component removed
99212	10 minutes	10-19 minutes
99213	15 minutes	20-29 minutes
99214	25 minutes	30-39 minutes
99215	40 minutes	40-54 minutes

# 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

CPT Code(s)	Total Time Required for Reporting*
99205	60-74 minutes
99205 x 1 and G2212 x 1	89-103 minutes
99205 x 1 and G2212 x 2	104-118 minutes
99205 x 1 and G2212 x 3 or more for each additional 15 minutes	119 or more

\*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

CPT Code(s)	Total Time Required for Reporting*
99215	40-54 minutes
99215 x 1 and G2212 x 1	69-83 minutes
99215 x 1 and G2212 x 2	84- 98 minutes
99215 x 1 and G2212 x 3 or more for each additional 15 minutes	99 or more

\*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](#)

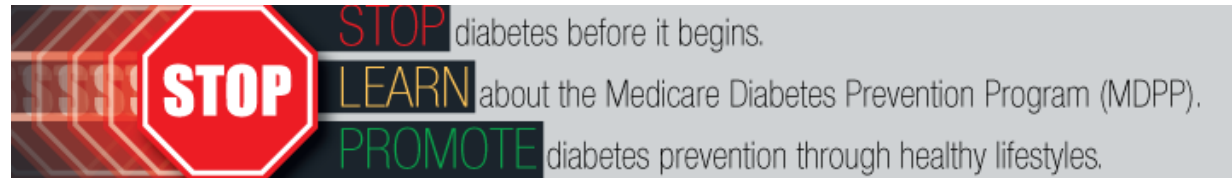
# DSMT References

- [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

