ACOEM Tip Sheet on Coding Evaluation and Management Encounters for Workers' Compensation

In 2021, the Centers for Medicare and Medicaid Services (CMS) implemented new rules for coding outpatient Evaluation and Management (E&M) encounters. Providers can now use ***time-based*** or ***medical decision making (MDM)-based*** coding for these encounters. The new rules apply to Medicare payments, but have been adopted by most health insurance plans for non-Medicare treatment. Many, but not all, workers' compensation (WC) insurance providers have also adopted the new rules. ACOEM provides this tip sheet to assist WC providers in appropriately documenting care using the new coding model. Recognizing that WC care differs from personal medical care in several respects, ACOEM proposes some additions to the documentation examples for time-based coding offered by CMS. ***Note that deviations from the official CMS/CPT guidelines are clearly marked and represent ACOEM-recommended best practices for WC. Each user should investigate rules for use with their own payment jurisdiction.*** ACOEM believes that time-based coding, with appropriate documentation in the patient's health record, is a better alternative than MDM-based coding for WC encounters because it provides the most flexibility. ***Documentation of quality care in WC encounters should address***:

- **Causation:** Mechanism of injury; causation; relationship of work factors to the presenting condition
- **Function:** Functional impact of the condition and implications for work; functional outcomes in subsequent visits
- **Work Disability Risk:** Risk factors for prolonged work disability and plan for mitigation if present
- **Work Planning:** Return-to-work planning involving other parties (employer, WC case managers) as needed

Using Time-Based Coding

When using time-based coding, select the code based on total time spent caring for the patient on the date of the encounter. Total time includes face-to-face and non-face-to-face time personally spent by the physician or other qualified health care professional (as defined by the relevant jurisdiction) on the encounter date. Clinical staff time is not counted. There is no need to separately document time spent counseling.

Time-Based Coding	
Code	**Time**
99211	N/A
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

*Note: ACOEM recommends that in WC, a new patient code can be used for a patient seen in the past 6 months IF the encounter is for a new WC claim related problem.

ACOEM recommends documenting the following elements (not in CMS/CPT examples) in WC encounters:

- Preparing to see patient (reviewing prior records, tests, history, job description)
- Obtaining/reviewing separately obtained history (mechanism of injury; work factors/contribution; use of protective equipment)
- Performing medically appropriate examination/evaluation (evaluate risk for work disability, functional impact/outcomes)
- Counseling/educating patient, family, employer, and/or caregiver
- Ordering medications, tests, and procedures; discussing related medications, tests and procedures not appropriate to order at this visit; requesting worksite information such as industrial hygiene measurements or ergonomic evaluations
- Referring/communicating with other health care professionals when not reported separately (includes other health care professionals treating the same patient, such as PT, OT, NPs, PAs, physicians, medical director or nurse from insurance carrier or third-party administrator)
- Documenting clinical information in electronic medical record (EMR) or record (medical decision making and rationale; guidelines or formulary referenced)
- Independently interpreting/communicating results or work recommendations to patient, family, caregiver, claims examiner, employer, and/or case manager when not reported separately (return-to-work instructions; activity restrictions; evaluating relationship of physical exam findings, history, job description, and mechanism of injury)
- Care coordination when not reported separately (case manager; discharge instructions for post-operative care)
- Need to include interpreter for obtaining history, providing counseling, instructions
- Time spent on causation or apportionment analysis

Evaluation and Management Coding Using EITHER Time-based or MDM-based Criteria					
Code	**Time**	**Medical Decision Making (MDM)-based criteria** ***(Note: Elements in red are ACOEM recommended additions for appropriate elements relevant to workers' compensation care.)***			
		Level of MDM	**Elements of Medical Decision Making (2 of 3 needed to support level of MDM)**		
			Number & Complexity of Problems Addressed**	**Amount and/or Complexity of Data to be Reviewed/Analyzed** ***(Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.)***	**Risk*****
99211	N/A	N/A	N/A	N/A	N/A
99202*	15-29 min	Straight-forward	Minimal	Minimal or none	Minimal risk of morbidity
99212	10-19 min				
99203*	30-44 min	Low	Low 2 or more self-limited or minor problems; or 1 stable chronic illness; or 1 acute, uncomplicated illness or injury	Limited (must meet requirements of ***at least 1 of the 2 categories***) **Category 1: Tests and documents:** Any combination of 2 from the following: ▪ Review of prior external note(s) from each unique source *(may include work documents such as job description; first report of injury, etc.)* ▪ Review of the result(s) of each unique test ▪ Ordering of each unique test ▪ Discussion of related medications, tests and procedures not appropriate to order at this visit or **Category 2: Assessment requiring an independent historian(s)** *(may include employer, case or claims manager)*	Low risk of morbidity *(including work disability)*
99213	20-29 min				
99204*	45-59 min	Moderate	Moderate 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or 2 or more stable chronic illnesses; or 1 undiagnosed new problem with uncertain prognosis; or 1 acute illness with systemic symptoms; or 1 acute complicated injury	Moderate (must meet the requirements of ***at least 1 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 *(may include job description; first report of injury)* ▪ Review of the result(s) of each unique test ▪ Ordering of each unique test ▪ Assessment requiring an independent historian(s) *(may include employer, case or claims manager)* or **Category 2: Independent interpretation of tests** Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) *(may include tests related to functional capacity)* or **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) *(may include employer, case or claims manager)*	Moderate risk of morbidity *(including work disability)*
99214	30-39 min				
99205*	60-74 min	High	High 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or 1 acute or chronic illness or injury that poses a threat to life or bodily function	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 *(may include job description; first report of injury)* ▪ Review of the result(s) of each unique test ▪ Ordering of each unique test ▪ Assessment requiring an independent historian(s) *(may include employer, case or claims manager)* or **Category 2: Independent interpretation of tests** Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) *(may include tests related to functional capacity)* or **Category 3: Discussion of management or test interpretation** Discussion of management or test interpretation with external physician/other qualified health care professional/ appropriate source *(may include employer, case or claims manager)*	High risk of morbidity *(including work disability)*
99215	40-54 min				

*Note: ACOEM recommends that in WC, a new patient code can be used for a patient seen in the past 6 months IF the encounter is for a new WC claim related problem.

**"Problems Addressed" means that the problem was evaluated and included in the management plan.

***Risk of complications, morbidity or mortality from diagnostic tests or treatment

Table modified/amended from AMA Table 2 – CPT E/M Office Revisions Level of Medical Decision Making (MDM)

Prolonged Service Coding

There are several codes that may be applied to time spent beyond the highest level of service (beyond 99205/99215). In WC, each payer may have different rules about which codes may be used, and there may be state WC commission rules that apply to payments using these codes. Although ***ACOEM recommends investigating these rules*** in your jurisdiction before deciding how to bill for prolonged services, this table is provided for reference.

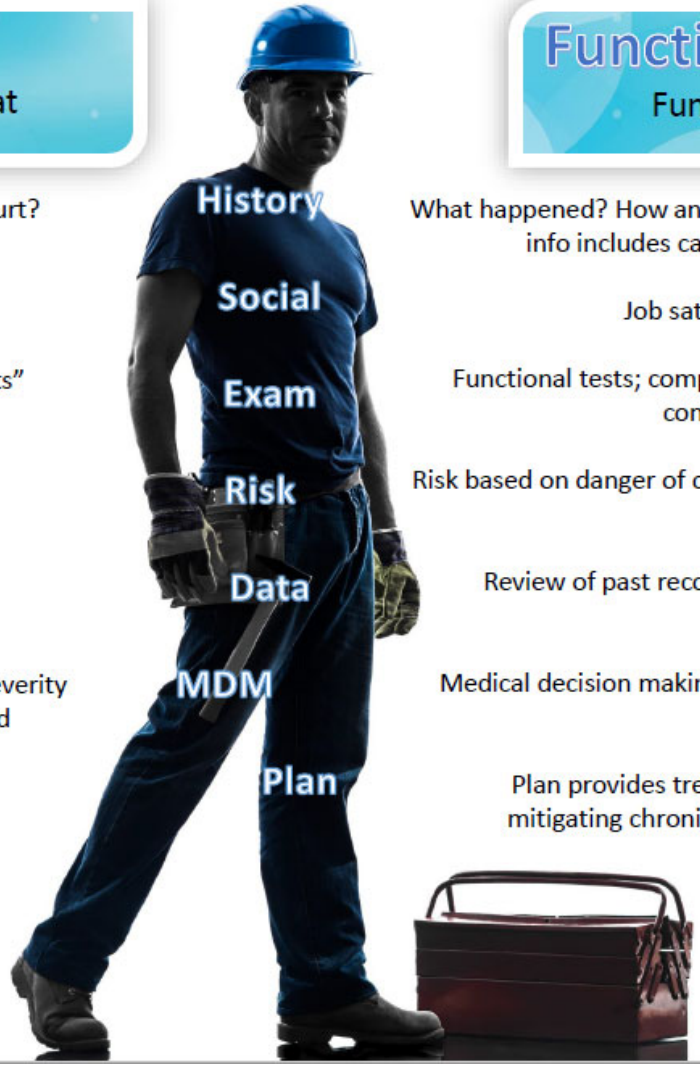
Code	Description	Time Increments	Considerations
99417	Prolonged office or other E&M service beyond 99205/99215 **with or without** direct patient contact. Use only when time-based coding.	15-minute increments; minimum 15 minutes	Can only be used on same date of service as primary encounter. CMS does not recognize 99417. May not bill with 99354/99355/99358/99359.
G2212	Prolonged office or other E&M service beyond 99205/99215 **with or without** direct patient contact. Use only when time-based coding.	15-minute increments; minimum 15 minutes	Can only be used on same date of service as primary encounter. Used by CMS and California WC system. Apply to each 15 min time spent past MAXIMUM time for 99205/99215. May not bill with 99354/99355/99358/99359.
99354	Prolonged visit **with** direct patient contact beyond 99205/99215	First hour past usual service time	May not bill with 99417; replaced in most systems by 99417
99355	Prolonged visit **with** direct patient contact beyond 99205/99215	Each additional 30 minutes	May not bill with 99417; replaced in most systems by 99417
99358	Prolonged visit **without** direct patient contact beyond 99205/99215	First hour past usual service time	May not bill with 99417; replaced in most systems by 99417 Applies to non-face-to-face time related to a specific E&M coded encounter.
99359	Prolonged visit **without** direct patient contact beyond 99205/99215	Each additional 30 minutes	May not bill with 99417; replaced in most systems by 99417 Applies to non-face-to-face time related to a specific E&M coded encounter.

Risk Level Table

Chronic work disability is considered a severe outcome, equivalent to loss of life or limb. ***Risk is based on highest level in any column***, as in CMS system. ACOEM recommends using the functional-oriented MDM table; however, each WC system may view interpretation of this table differently. To date we are not aware of direct incorporation of these concepts in state-wide practice in any jurisdiction.

Risk Level	CMS Criteria for MDM-Based Coding			Function-Oriented Criteria for WC Injury or Illness		
	Presenting Problems	**Diagnostic Procedures**	**Management Options Selected**	**Presenting Problems**	**WC Diagnostic Procedures**	**Management Options Selected**
Minimal	One self-limited or minor problem	Laboratory tests Chest x-rays EKG/EEG Urinalysis Ultrasound/Echocardiogram KOH prep	Rest Gargles Elastic bandages Superficial dressings	One self-limited or minor problem	Laboratory tests X-rays Audiology EKG	Elastic bandages Superficial dressings
Low	Two or more self-limited or minor problems One stable chronic illness Acute uncomplicated injury or illness	Physiologic tests not under stress Non-cardiovascular imaging studies with contrast Superficial needle biopsy ABG Skin biopsies	Over-the-counter drugs Minor surgery, with no identified risk factors Physical therapy Occupational therapy IV fluids, without additives	Two or more self-limited or minor problems One stable chronic condition Acute uncomplicated injury or illness	Physiologic tests not under stress (e.g., spirometry) Imaging studies other than x-rays, without contrast Allergy or skin patch testing	Over-the-counter drugs Work restrictions addressing only injured body part Splints Physical therapy Occupational therapy Counseling on safe activities and self-care
Moderate	Two stable chronic illnesses One chronic illness with mild exacerbation or progression Undiagnosed new problem with uncertain prognosis Acute complicated injury	Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies, with no identified risk factors Deep needle, or incisional biopsies Cardiovascular imaging studies with contrast, with no identified risk factors, e.g., arteriogram, cardiac catheterization Obtain fluid from body cavity, e.g., LP/thoracentesis	Minor surgery, with identified risk factors Elective major surgery with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids, with additives Closed treatment of fracture or dislocation, without manipulation	Two stable chronic conditions One chronic condition with mild exacerbation or progression Undiagnosed new problem with uncertain prognosis Acute complicated injury Delayed injury recovery compared to estimated duration of disability Use of opioids past 30 days Work relationship problems Already off work, <4 weeks	Nerve testing Bone scans Imaging studies with contrast Functional capacity evaluation Physiologic tests under stress, e.g., cardiac stress test, pulmonary exercise test	Work restrictions addressing multiple body parts/functions Management of work accommodations, hazard abatement, equipment, or ergonomic modifications Addressing environmental tests Joint aspiration or epidural injection Prescription drug management Closed treatment of fracture or dislocation, without manipulation Counseling on self-management for pain, disability risk factors, activities to support return to work
High	One or more chronic illness, with severe exacerbation or progression Acute or chronic illness or injury, which poses a threat to life or bodily function An abrupt change in neurological status	Cardiovascular imaging with contrast with identified risk factors Cardiac EP studies Diagnostic endoscopies, with identified risk factors Discography	Elective major surgery with identified risk factors Emergency major surgery Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate, or to de-escalate care	One or more chronic illness, with severe exacerbation/ progression Acute or chronic illness or injury which poses threat to life, bodily function, or return to work Presence of <1 disability risk flag Use of opioids past 60 days Off work >4 weeks Job/modified work not available	Methacholine challenge	Detailed determination of overall functional abilities related to permanent restrictions Collaboration with vocational rehabilitation Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity (including chronic opioid management or detoxification) Work-focused cognitive behavioral therapy Functional restoration program Multidisciplinary pain management. program

Medical Model Symptoms → Diagnose and Treat		Function-Oriented Model Function → Assess and Promote
What hurts? Where does it hurt? How long has it hurt? Review of multiple body systems.	History	What happened? How and when? How has it impacted you? Diagnostic info includes causation, safety hazards and functional impact.
Married? Smoker? Sex life?	Social	Job satisfaction? Friction at work? Coping strategies?
Comprehensive head to toe physical; include 'bullets" from unrelated parts of the body	Exam	Functional tests; comprehensive exam of injured part of the body in comparison to other side; exam of adjacent areas
Risk based on danger of condition and treatment procedures	Risk	Risk based on danger of condition and treatment; disability risk factors; lost days; opioid use
Review of past records, diagnostic test results, consultation reports	Data	Review of past records, diagnostic tests, consultation reports and occupational information
Medical decision making is based on level of risk, severity of the clinical problem and amount of data reviewed	MDM	Medical decision making also includes assessing risk for chronic work disability
Plan is focused on diagnostic tests, medication and referrals to try to reduce symptoms	Plan	Plan provides treatment of the presenting condition while also mitigating chronic work disability and managing return to work



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