Maintaining Compliance with Medical Charting: Billing and Coding Update 2022

Katie Connolly, OD, FAAO

1

Outline

- Review of CPT
- Review of 92XXX codes for vision carriers
- 92XXX codes (medical eye codes)
- Evaluation and Management (E/M) coding
  - Time
  - Medical Decision Making
- Cases

2

Current Procedural Terminology (CPT)

- Is a medical code set that is used to report medical, surgical, and diagnostic procedures and services
- Code is sent along with appropriate ICD-10 code to insurance carrier for payment
- Fees are set by Doctor (Reimbursement rate is determined by insurance carrier)
- Definitions of the codes are registered trademark of the American Medical Association (AMA)
- “Fees”

3

Categories of CPT

- Category 1: Procedures and contemporary medical practices
  - Procedures/services approved by the FDA, broken into 6 sections:
    - **Evaluation and management (E/M)**
    - Anesthesiology
    - Surgery
    - Radiology
    - Pathology and laboratory
    - **Medicine**
- Category 2: Clinical Laboratory Services
  - Codes used to track performance and quality of care (MIPS/MACRA)
- Category 3: Emerging technologies, services and procedures
  - Temporary codes
  - Services that might not have FDA approval, or proven efficacy
  - Used in research

4

Our Most Common Codes

1. 92000 General Ophthalmological Exam – vision or medical (with different definitions)
   – 92002, 92012 (intermediate eye code)
   – 92004, 92014 (comprehensive eye code)
2. Evaluation and Management Codes (E/M) - medical
   – 99201, 99202, 99203, 99204, 99205 (new patient)
   – 99212, 99213, 99214, 99215 (established patient)
3. Special Ophthalmological Procedures (special tests) - medical
   – 92015 (refraction), 92020 (gonio), 92083 (threshold VF), 92134 (macular OCT), 92250 (fundus photo), 92060 (sensorimotor), and many more!
4. Surgical Codes - medical
   – 65222 (corneal FB removal), 66984 (cataract surgery), 68761 (punctal plug placement), etc!
5. Contact lens fittings – combination of medical and vision
   – 92310 – normal cornea fit - vision
   – 92072 (k'conus), 92313 (corneoscleral), 92311 & 92312 (aphakia) – medical
6. Glaucoma Screening Exams - medical
   – G0117, G0118
7. (Routine Eye Exams -- S0620, S0621 – not used anymore)

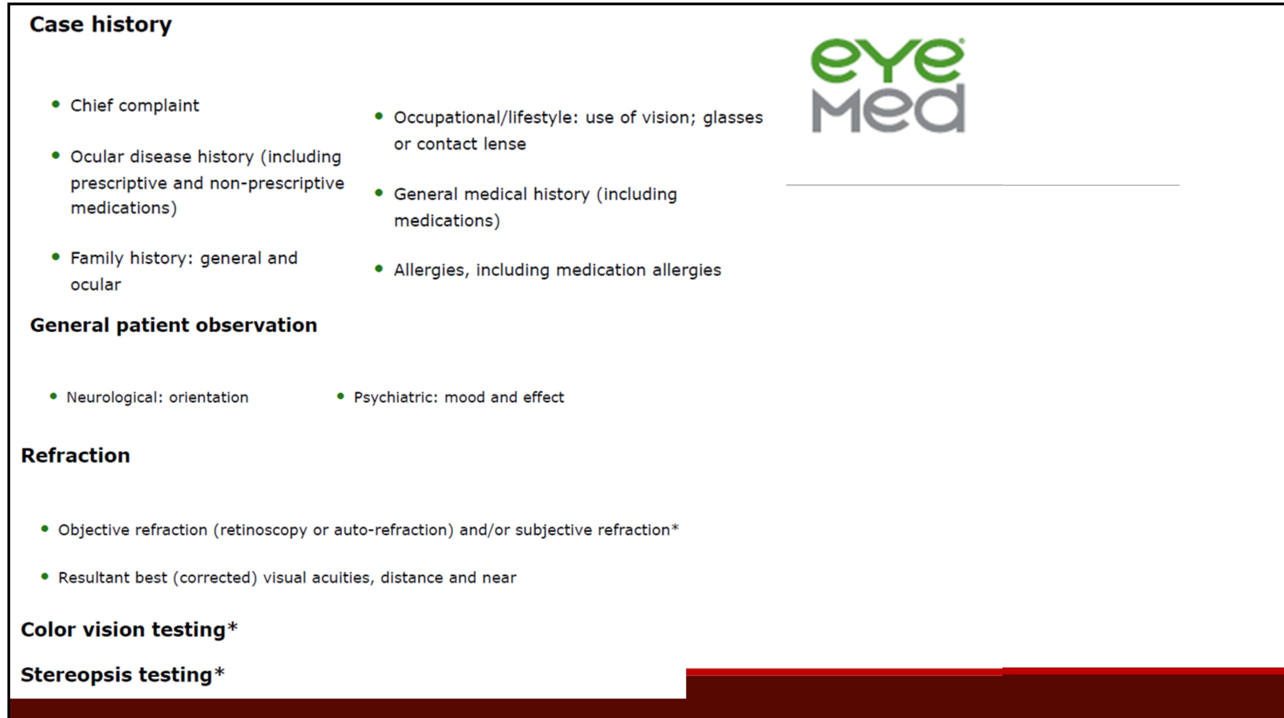
5

Our Most Common Codes

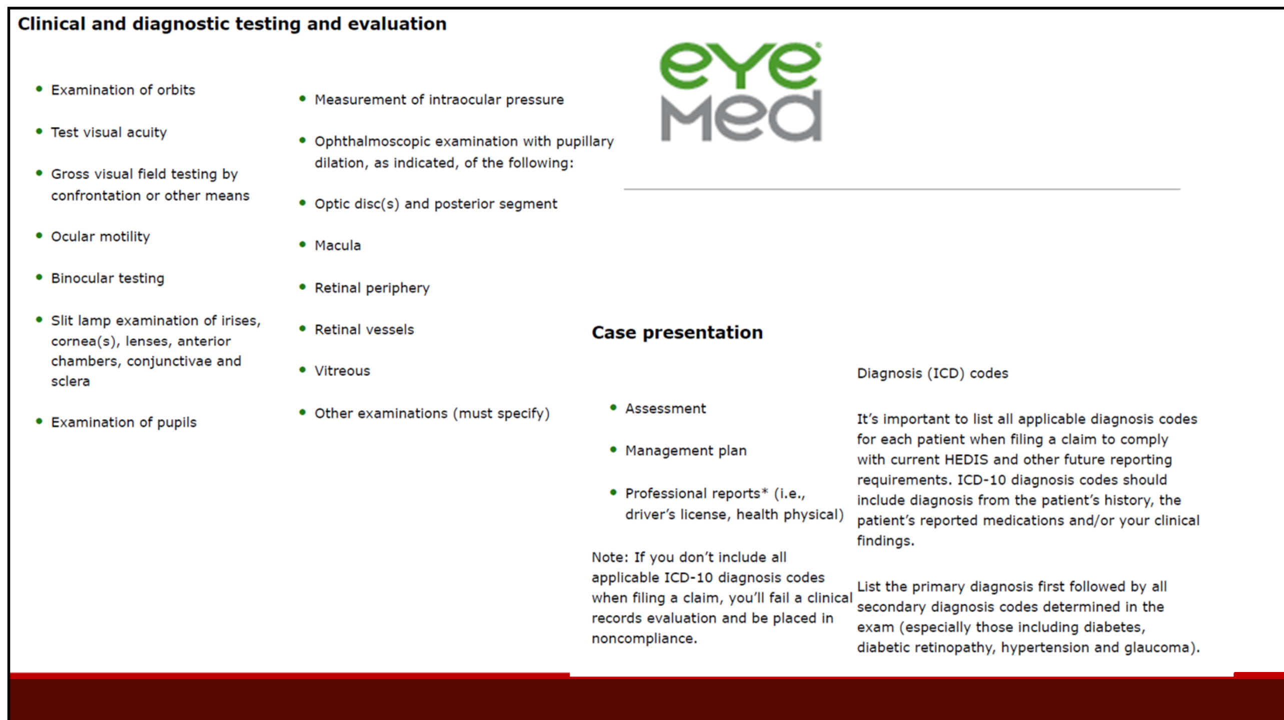
1. 92000 General Ophthalmological Exam – vision or medical (with different definitions)
   – 92002, 92012 (intermediate eye code)
   – 92004, 92014 (comprehensive eye code)
2. Evaluation and Management Codes (E/M) - medical
   – 99201, 99202, 99203, 99204, 99205 (new patient)
   – 99212, 99213, 99214, 99215 (established patient)

   – ***Visit codes above are specific for new or established patients**
     - **New = hasn't been seen at your office for >3 years (to the day)**
     - **New = "0" ie. 92004, 99203**
     - **Established = "1" ie. 92014, 99213**
   – No different between new and established patients for procedure, surgical, or CL fit codes

6



7



8

Note: Payment of 92004 and 92014, the comprehensive eye exam, includes refraction and dilation.Note: In some cases, exam may be completed with other instrumentation because of member limitations.

- Refraction will not be reimbursed separately from the eye exam, except in the case of clients for whom we coordinate benefits.
- The eye exam benefit includes dilation performed within 30 days of the initial eye exam.
  - Retinal imaging doesn't replace dilation.
  - You must dilate all EyeMed members who have diabetes.
- According to FTC guidelines, you must provide members with copies of their eyeglass prescriptions at no cost after performing eye exams.

- *Undilated examination is required – photography isn't enough*
- If you don't complete the posterior segment part of the exam, or miss exam elements you can bill an intermediate eye code
  - 92012/92002

9

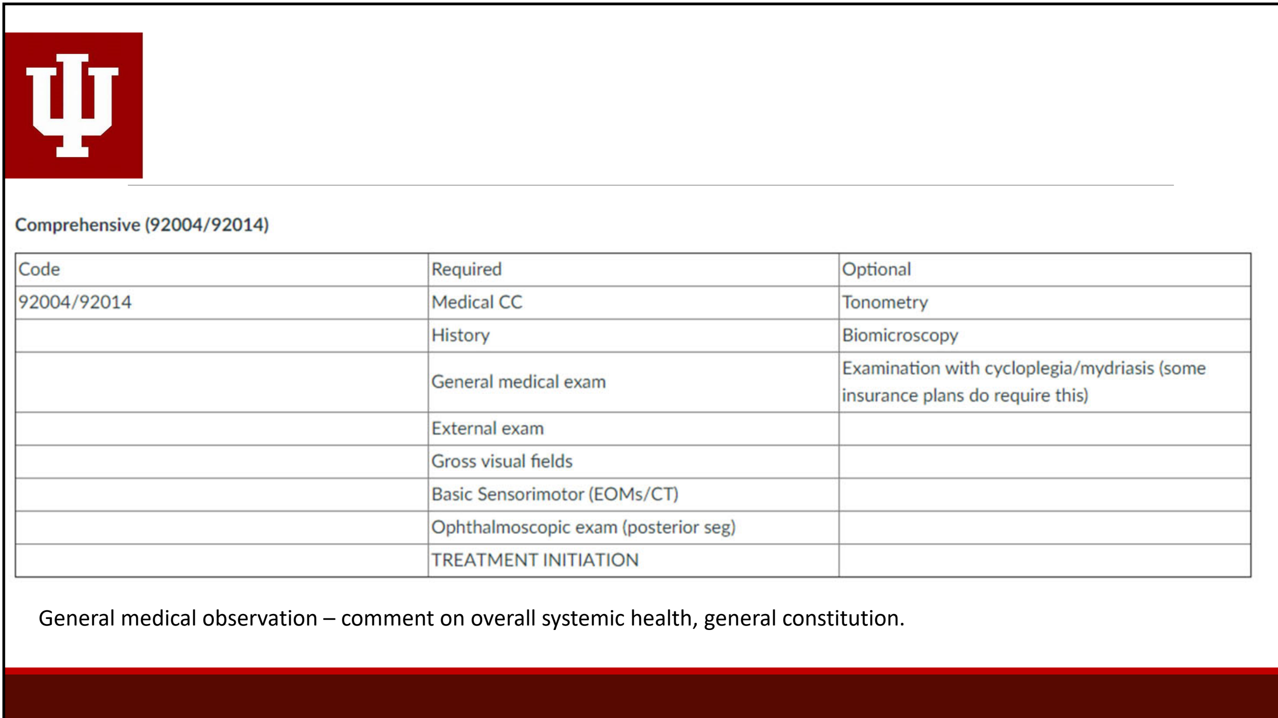
Medical Eye Codes (92XXX) codes

92004/92014 Comprehensive

- "**Comprehensive** ophthalmological services describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examination, gross visual fields and basic sensorimotor examination. It often includes, as indicated: biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs"

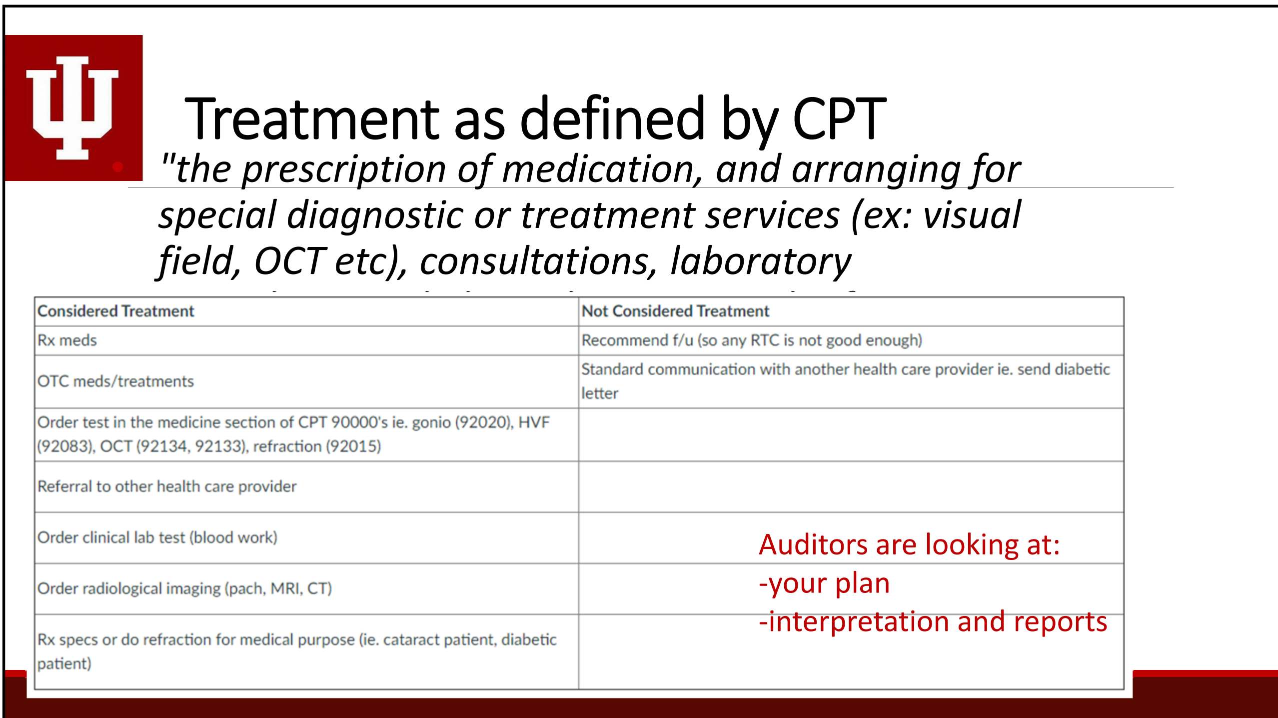
  – Complete evaluation of a medical problem
  – Commonly used for yearly exams that are medical in origin
    - Macular degeneration, cataracts, etc
  – Ideal for medical visits in which observation only is recommended
  – Reimbursed well through Medicare (92014 = $142.83 / 92014 = $119.76)

10



Code	Required	Optional
92004/92014	Medical CC	Tonometry
	History	Biomicroscopy
	General medical exam	Examination with cycloplegia/mydriasis (some insurance plans do require this)
	External exam	
	Gross visual fields	
	Basic Sensorimotor (EOMs/CT)	
	Ophthalmoscopic exam (posterior seg)	
	TREATMENT INITIATION	

11



Considered Treatment	Not Considered Treatment
Rx meds	Recommend f/u (so any RTC is not good enough)
OTC meds/treatments	Standard communication with another health care provider ie. send diabetic letter
Order test in the medicine section of CPT 90000's ie. gonio (92020), HVF (92083), OCT (92134, 92133), refraction (92015)	
Referral to other health care provider	
Order clinical lab test (blood work)	
Order radiological imaging (pach, MRI, CT)	
Rx specs or do refraction for medical purpose (ie. cataract patient, diabetic patient)	

12

92014 Example
Established 65-year-old patient

- CC: cataract exam (or blurry vision)
  - HPI: OU, x 2 years, constant, getting harder to drive at night
  - ROS completed; healthy patient; meds and allergies reviewed
  - Orientation: appropriate X3
  - Mood: appropriate
- Exam: VAs, Pupils, EOMs, confrontations, CT, Refraction, BAT, IOP, Full anterior seg, dilation, posterior seg

13

92014 Example
Established 65-year-old patient

- Assessment

1. H52.813 Combined forms of age-related cataract, bilateral – mild to moderate, worsening
2. H52.03 Hypermetropia, bilateral – increased OU
3. H52.4 Presbyopia, bilateral – stable OU

- Plan

1. New SRx for full time wear to maximize acuity. Surgery not warranted at this time. Monitor in 1 year with full exam.

2-3. See H52.813

14

Comprehensive (92004/92014)

Code	Required	Optional
92004/92014 ✓	Medical CC	Tonometry
✓	History	Biomicroscopy
✓	General medical exam	Examination with cycloplegia/mydriasis (some insurance plans do require this)
✓	External exam	
✓	Gross visual fields	
✓	Basic Sensorimotor (EOMs/CT)	
✓	Ophthalmoscopic exam (posterior seg)	
✓	TREATMENT INITIATION	

15

Medical Eye Codes (92XXX) codes

92002/92012 Intermediate

- "**Intermediate** ophthalmological services describe an evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination and other diagnostic procedures as indicated; may include the use of mydriasis for ophthalmoscopy.“
- Inherently problem focused

16

Code	Required	Optional
92002/92012	Medical CC	May include mydriasis for ophthalmoscopy
	History	
	General medical exam	
	External ocular and adnexal exam	
	Other diagnostic tests as needed	
	New or existing problem complicated by a new management problem	

Hardest part:

"evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis."

17

"evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis."

1. New medical diagnosis the requires a new management plan
   - Red eye that requires treatment of any kind
2. New medical treatment for an established diagnosis
   - Established dry eye that requires addition of treatment (add tears, Bruder Mask, Restasis etc)
   - Established glaucoma that requires a new med or change in dose
3. New diagnostic management problem for a secondary diagnosis not necessarily related to primary diagnosis
   - Established dry eye patient that presents due to new swollen eye lid
4. Change in treatment for an established medical diagnosis
   - Iritis is improving, so steroid taper is started

CAN'T USE FOR: stable diagnosis that you don't have a new plan for
   - Stable glauomca, keep on same drug and dosage

18

92012 Example
Established 20-year-old patient

- Complaint: red eyes
  - HPI: OU, x 1 week, comes and goes, associated itching and sneezing
  - Relevant ROS, PFSH and Meds/Allergies completed; recent cold like symptoms
- Exam: VAs, Pupils, IOP, anterior seg

19

92012 Example
Established 20-year-old patient

- Assessment

1. H10.45 Other chronic allergic conjunctivitis – new, moderate

- Plan

1. Begin OTC Pataday once daily while symptoms persist. RTC ASAP if increased redness, pain or decrease in vision. Otherwise RTC as previously scheduled for full exam.

20

Code	Required	Optional
92002/92012	✓ Medical CC	May include mydriasis for ophthalmoscopy
	✓ History	
	✓ General medical exam	
	✓ External ocular and adnexal exam	
	✓ Other diagnostic tests as needed	
	✓ New or existing problem complicated by a new management problem	

Hardest part:

"evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis."

21

EST Pat Code	Medicare Reimbursement	Anthem Reimbursement	New Pat Code	Medicare Reimbursement	Anthem Reimbursement
92014	$119.76	$62.15	**92004**	$142.83	$62.15
92012	$84.57	$62.15	**92002**	$81.29	$62.15
99212	$52.87	48.59	**99202**	$68.46	82.82
99213	$86.24	81.10	**99203**	$105.68	119.99
99214	$122.65	119.26	**99204**	$158.52	183.25
99215	$171.45	159.76	**99205**	$209.43	227.47

22

Evaluation and Management Codes (E/M)

Previous Format

- 3 Key Components:
  - Evaluate level of History: (HPI elements, ROS, PFSH)
  - Count the Examination elements
  - Determine the level of Medical Decision Making/level of Risk
    - Problem points
    - Data to be reviewed
    - Table of risk
- New Patient: code to lowest key component
- Existing: code to middle key component (highest 2 of 3)

Starting in 2021: Components of Code Selection

OR

Time

Medical decision making

25

Goal of Changes

- Reduce the documentation burden on providers
- Simplify Audits
- Have coding centered on decision making and more related to the care of the patient vs. checking boxes
- Was suggested by AMA as an alternative to the CMS proposed system of just 2 levels of E/M

26

26

Time

- Prior to 2021, could use time only if provider spent 50% or more of the encounter in counseling and/or care coordination
- This limitation was removed in 2021
- Time is total time spent caring for the patient on the date of the exam (including time spent outside of face-to-face time)

27

Time includes

- Total time spent caring for the patient *on the date of service:*
  - Preparing to see the patient (e.g., review of tests)
  - Obtaining and/or reviewing separately obtained history
  - Performing the exam
  - Counseling and educating the patient/family/caregiver
  - Ordering medications, tests or procedures
  - Referring and communicating with other health care professionals
  - Documenting
  - Independently interpreting results and communicating to patient/family
  - Care coordination

28

Time

- Is the provider time only (not an intern or staff member)
- Need to be able to track & document the time clearly and easily
- Need to be able to survive an audit of the time, in 10- or 15-minute intervals
- Can only count work done ON THE DAY OF SERVICE

29

Time Guidelines

New Patient	Total Minutes		Established Patient	Total Minutes
99202	15-29		99212	10-19
99203	30-44		99213	20-29
99204	45-59		99214	30-39
99205	60-74		99215	40-54

30

Coding in 2021…

- **Medical Decision Making** is now the key factor to E/M coding (MDM)

31

Changes to MDM Wording

1997

1. Number of diagnoses or management options
2. Amount and/or complexity of data to be reviewed
3. Risk of complications and/or morbidity or mortality

2021

1. Number and complexity of problems addressed
2. Amount and/or complexity of data to be reviewed and analyzed
3. Risk of complications and/or morbidity or mortality of patient management

32

Key Elements of MDM

1. **Problem:** The number & complexity of problems addressed
2. **Data:** Amount/complexity of data to be reviewed & analyzed
3. **Risk:** Risk of complications &/or morbidity & mortality of patient management

For both new and established patients, choose the highest 2 of 3 components (the middle one).

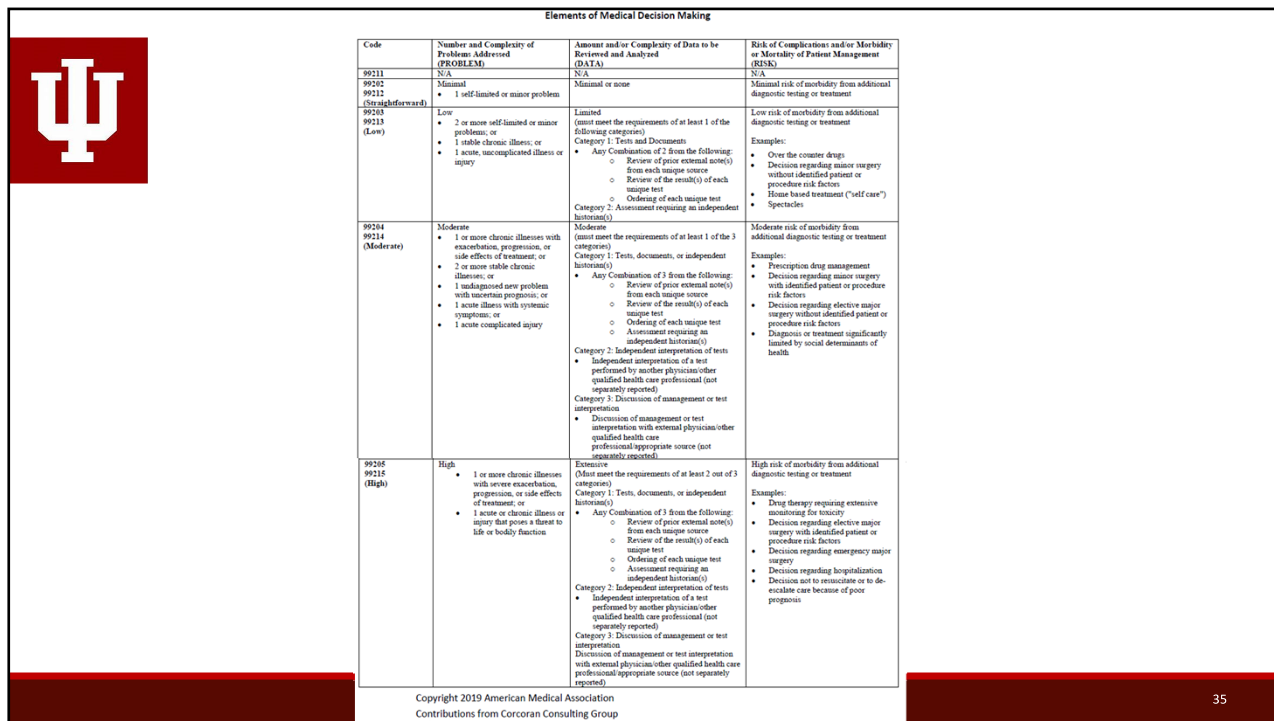
*In optometry, most billing decisions will be based off Problem and Risk

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

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	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 *(Must meet the 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*; • 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)*	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	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*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); 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)	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
99205 99215	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*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); 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)	High risk of morbidity from additional diagnostic testing or treatment *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis



Elements of Medical Decision Making

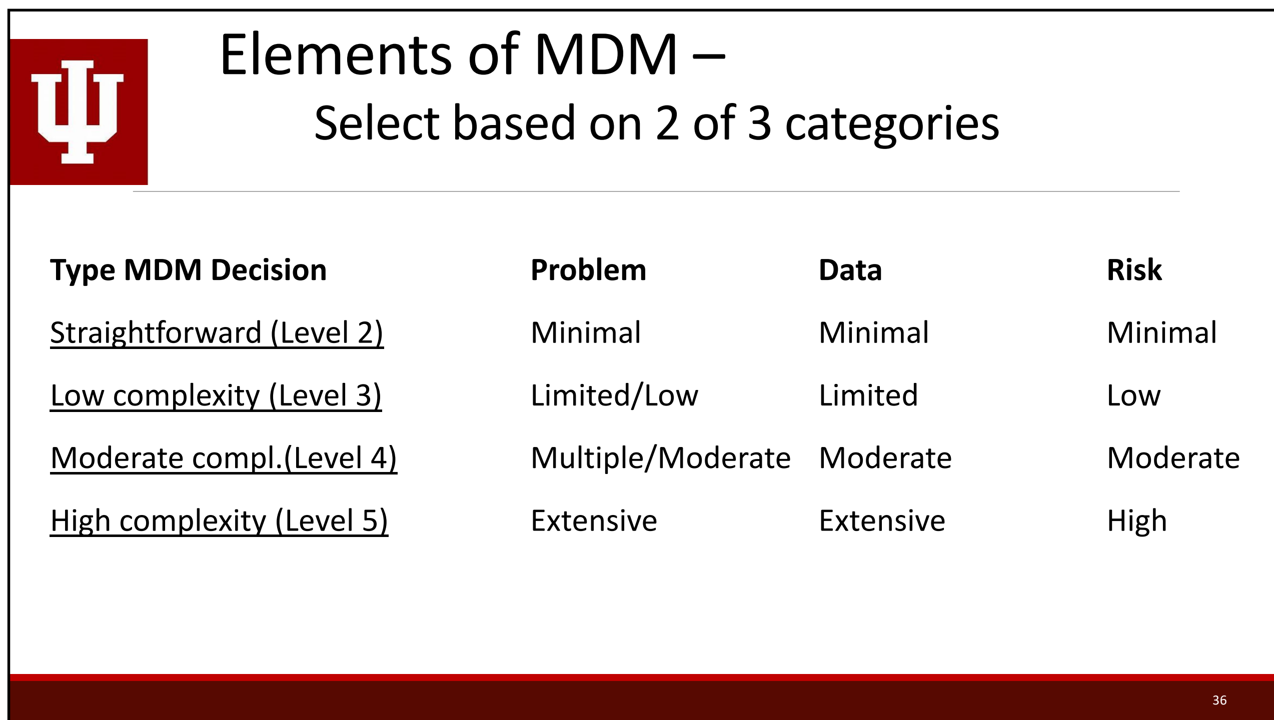
Code	Number and Complexity of Problems Addressed (PROBLEM)	Amount and/or Complexity of Data to be Reviewed and Analyzed (DATA)	Risk of Complications and/or Morbidity or Mortality of Patient Management (RISK)
99211	N/A	N/A	N/A
99202 99212 (Straightforward)	Minimal • 1 self-limited or minor problem	Minimal 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 (must meet the requirements of at least 1 of the following categories) 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)	Low risk of morbidity from additional diagnostic testing or treatment Examples: • Over the counter drugs • Decision regarding minor surgery without identified patient or procedure risk factors • Home based treatment ("self care") • Spectacles
99204 99214 (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 of the 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)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: • 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
99205 99215 (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 ○ 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)	High risk of morbidity from additional diagnostic testing or treatment Examples: • Drug therapy requiring extensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Copyright 2019 American Medical Association

Contributions from Corcoran Consulting Group

35

35



Elements of MDM –
Select based on 2 of 3 categories

Type MDM Decision	Problem	Data	Risk
Straightforward (Level 2)	Minimal	Minimal	Minimal
Low complexity (Level 3)	Limited/Low	Limited	Low
Moderate compl.(Level 4)	Multiple/Moderate	Moderate	Moderate
High complexity (Level 5)	Extensive	Extensive	High

36

36

Elements of MDM –

Select based on 2 of 3 categories

Type MDM Decision	Problem	Data	Risk
Straightforward (Level 2)	Minimal	Minimal	Minimal
Low complexity (Level 3)	Limited/Low	Limited	Low
Moderate compl.(Level 4)	Multiple/Moderate	Moderate	Moderate
High complexity (Level 5)	Extensive	Extensive	High

37

37

COLUMN 1: PROBLEM

The number & complexity of problems addressed

"The assessment"

Elements of Medical Decision Making

Code	Number and Complexity of Problems Addressed (PROBLEM)	mount and/or Complexity of Data to be eviewed and Analzed ATA)	Risk of Complications and/or Morbidity or Mortality of Patient Management (RISK)
99211	N/A	A	N/A
99202 99212 (Straightforwa d)	Minimal • 1 self-limited or minor problem	inimal 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	mited ust meet the requirements of at least 1 of the llowing categories) tegory 1: Tests and Documents Any Combination of 2 from the following: o Review of prior external note(s) from each unique source o Review of the result(s) of each unique test o Ordering of each unique test tegory 2: Assessment requiring an independent torian(s)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214 (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	oderate ust meet the requirements of at least 1 of the 3 tegories) tegory 1: Tests, documents, or independent torian(s) Any Combination of 3 from the following: o Review of prior external note(s) from each unique source o Review of the result(s) of each unique test o Ordering of each unique test o Assessment requiring an independent historian(s) tegory 2: Independent interpretation of tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) tegory 3: Discussion of management or test terpretation Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: • 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
99205 99215 (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	tensive lust meet the requirements of at least 2 out of 3 tegories) tegory 1: Tests, documents, or independent torian(s) Any Combination of 3 from the following: o Review of prior external note(s) from each unique source o Review of the result(s) of each unique test o Ordering of each unique test o Assessment requiring an independent historian(s) tegory 2: Independent interpretation of tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) tegory 3: Discussion of management or test terpretation iscussion of management or test interpretation th external physician/other qualified health care ofessional/appropriate source (not separately ported)	High risk of morbidity from additional diagnostic testing or treatment Examples: • Drug therapy requiring extensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

ciation

Reformatted by Katie Connolly, OD

38

Morbidity and Mortality

- Morbidity: A state of illness or functional impairment that is expected to be of *substantial duration* during which *function is limited, quality of life impaired*, or there is *organ damage* that may not be transient *despite treatment*

- Mortality: Likelihood of death

39

Self limited or minor problem

- Problem that runs a definite or prescribed course
- Transient (will go away)
- Unlikely to alter permanent health status
- Likely to run its course without significant intervention

- Ie. Sub conj heme
- Ie. Mild viral conjunctivitis
- Ie. Mild hordeolum
- Ie. Mild allergic conjunctivitis

40

Acute, uncomplicated illness or injury

- Recent problem, short term
- Low risk of morbidity
- Little to no risk of mortality with treatment
- Full recovery is expected
- Might be a self-limited problem but doesn't have a definite resolution course

- Ie. Hordeolum that is more severe and is likely to go to chalazion
- Ie. Allergic conjunctivitis
- Ie. Mild corneal abrasion

41

Acute illness with systemic symptoms

- Illness with systemic symptoms – general or a single system
- High risk of morbidity without treatment

- Ie. EKC with lymphadenopathy (or maybe an URI)
- Ie. Acute cranial nerve palsy, associated lightheadedness
- Ie. Moderate to severe corneal abrasion, associated nausea
- Ie. Ocular migraine – headache, fatigue

42

Acute, complicated injury

- Treatment requires evaluation of body systems that aren't part of the injured organ, the injury is extensive, there are multiple treatment options, or there is a risk of morbidity with treatment

43

Stable, chronic illness

- Expected to last at least 1 year or until the patient's death
- *Change in stage or severity doesn't change whether it is chronic or not
- ***Treatment goal has been met --- doesn't necessarily matter if it hasn't changed --- give away is the treatment decision made
- Risk of morbidity is significant without treatment

- Ie. Glaucoma – target IOP is 17 and patient has met that goal; no change to medications
- Ie. Amblyopia – goal was to achieve 20/25 or better vision and that has been met

44

Chronic illness with exacerbation, progression or side effects of treatment

- Chronic illness is worsening, not well controlled or is progressing
- Condition requires additional care or treatment of side effects is needed
- Ie. Tons of examples here (worsening cataracts, worsening diabetic ret, worsening dry eye).
- Side effect example: child on atropine for amblyopia, side effect of near blur warrants treatment with reading specs

45

Chronic illness with severe exacerbation, progression or side effects of treatment

- Significant risk of morbidity
- Patient might require hospital care
- Ie. Neovascular glaucoma, choroidal neovascular membrane from AMD, proliferative diabetic retinopathy.

46

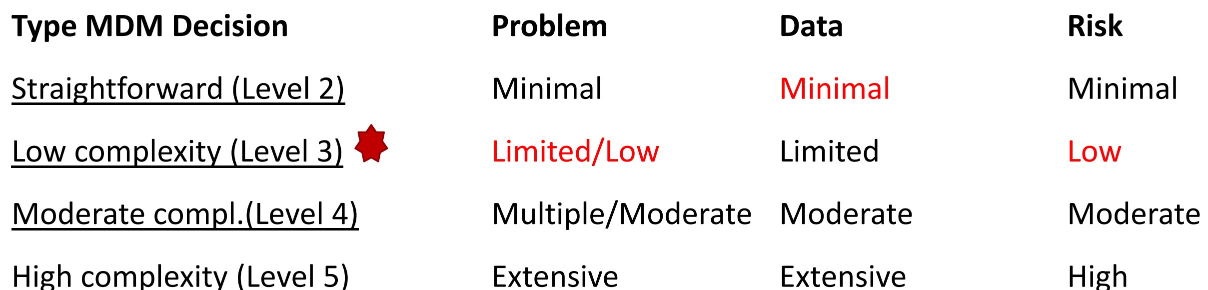
Acute or chronic illness or injury that poses a threat to life or bodily function

- Short term severe threat
- *Vision is important for bodily function
- Ie. Retinal detachment, arteritic anterior ischemic optic neuropathy, orbital cellulitis, retinoblastoma, choroidal melanoma, severe central corneal ulcer, retinal detachment, CRAO, penetrating orbital injury

47

Elements of MDM –

Select based on 2 of 3 categories



Type MDM Decision	Problem	Data	Risk
Straightforward (Level 2)	Minimal	Minimal	Minimal
Low complexity (Level 3)	Limited/Low	Limited	Low
Moderate compl.(Level 4)	Multiple/Moderate	Moderate	Moderate
High complexity (Level 5)	Extensive	Extensive	High

48

48

MDM: **Problem:** Number & complexity of the problem(s) addressed during the encounter

- Straightforward
  - Generally a self-limited condition
- Low
  - Stable, uncomplicated, single problem
- Moderate
  - Multiple problems, or significant problem
- High
  - Very significant problem

NOTE: Problem must be addressed or relevant in this particular visit; i.e. might have DM, COPD, hypertension, etc. but only the DM might be relevant to the dilated fundus exam on this visit, so only **1** problem, not multiple

49

Presenting Problems and Risk Level

- Minimal Level
  - one self-limiting or minor problem
    - Eye irritation after thinking a CL was in the eye, very mild viral or allergic conjunctivitis, sub conj heme
- Low Level
  - two or more self-limiting or minor problems
  - one stable chronic illness or problem
    - dry eye; glaucoma; DM but no retinopathy, cataract
  - acute uncomplicated illness or injury
    - bacterial conjunctivitis; allergic conjunctivitis

50

50

Presenting Problems and Risk Level

- Moderate Level
  - one or more chronic illness with mild exacerbation or progression
    - Glaucoma, dry eye, macular degeneration with mild severity that is worsening
  - two or more stable chronic illnesses
  - undiagnosed new problem with uncertain prognosis
    - Glaucoma suspected, return for testing to diagnose; lid lesion referred for biopsy
  - acute illness with systemic symptoms
    - Corneal issue with associated nausea
  - acute complicated injury
    - Corneal involvement from injury; mild hyphema from injury; retinal effects from contusion injury
- High Level
  - one or more chronic illness with severe exacerbation of progression
    - Diabetes with neovascularization
  - acute or chronic illness or injuries which pose a threat to life or bodily function
    - Orbital cellulitis; RD; penetrating corneal injury; central corneal ulcer; CRAO

COLUMN 2: DATA

Amount/complexity of data to be reviewed & analyzed

Elements of Medical Decision Making

Code	Number and Complexity of Problems Addressed (PROBLEM)	Amount and/or Complexity of Data to be Reviewed and Analzed (DATA)	isk of Complications and/or Morbidity r Mortality of Patient Management ISK)
99211	N/A	N/A	/A
99202 99212 (Straightforward)	Minimal • 1 self-limited or minor probler	Minimal or none	inimal risk of morbidity from additional agnostic testing or treatment
99203 99213 (Low)	Low • 2 or more self-limited or mino problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness r injury	Limited (must meet the requirements of at least 1 of the following categories) 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)	ow risk of morbidity from additional agnostic testing or treatment
99204 99214 (Moderate)	Moderate • 1 or more chronic illnesses wi 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 of the 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)	oderate risk of morbidity from dditional diagnostic testing or treatment xamples: 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
99205 99215 (High)	High • 1 or more chronic illnesse with severe exacerbation, progression, or side effec of treatment; or • 1 acute or chronic illness r injury that poses a threat 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 ○ 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)	igh risk of morbidity from additional agnostic testing or treatment xamples: Drug therapy requiring extensive monitoring for toxicity Decision regarding elective major surgery with identified patient or procedure risk factors Decision regarding emergency major surgery Decision regarding hospitalization Decision not to resuscitate or to de-escalate care because of poor prognosis

Copyright 2019 American Medic Association
Reformatted by Katie Connolly, OD

Column 2: DATA

- Give credit for clinically important activities such as ordering additional tests and communicating with other members of the health care team.

53

Categories

1. Tests, documents, orders, or independent historian(s)—each unique test, order, or document is counted to meet a threshold number

2. Independent interpretation of tests not reported separately

3. Discussion of management or test interpretation with external physician/other qualified health care provider/appropriate source (not reported separately)

54

1. Tests, documents, orders —each unique test, order, or document is counted to meet a threshold number

- Review of prior external note(s) from *each unique source*
- Review of the results of each unique test
- Ordering of each unique test

55

Review of external notes from each unique source

- *External* notes
- Each *unique* source

- Can only count each unique source once per visit
- Can't count the same notes twice (on two separate visits)

- Ie. Patient is referred to me for amblyopia management and I review the last 3 visit notes from the referring OD
  - **COUNT 1 unique source**

56

Definition of Tests

- ***Test:*** Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.

- Tests include:
  - lab tests, in the 80000 series of codes.
  - diagnostic tests, in the 70000 series of codes
  - medical tests in the medicine chapter, in the 90000 series of codes.

57

Rules regarding tests

- If you will be paid for a test, you can't count the order or review (ie. HVF, OCT, Gonio, Pach)
  - Can count the order OR review if the test will be or has been performed (and interpreted) at a separate facility
- So, can only count tests you aren't being paid for (ie. Lab work, MRI/CT)
- Can only count tests that have a unique CPT code
  - Ie. CBC with diff (CPT: 82025)
  - Ie MRI of orbits with and without contrast (CPT: 75043)
- Can only count the order or review once; can't count both for a single test
- You can't count tests that were ordered/reviewed/billed by a colleague in your practice (this is based on the practice's NPI)

58

1. Independent historian(s)

- The AMA defines an independent historian as "an individual (e.g. parent, guardian, surrogate, spouse, witness) who provides a history in addition to the history provided by the patient who is not able to provide a complete history or a reliable history (e.g. due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary.

- Examples:
  - Parent(s) or guardian(s)
  - Spouse or child of a patient with dementia

- the clinician must need to obtain the history because the patient is unable to provide a complete and reliable history "eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary.

59

Categories

1. Tests, documents, orders, or independent historian(s)—each unique test, order, or document is counted to meet a threshold number

2. Independent interpretation of tests not reported separately

3. Discussion of management or test interpretation with external physician/other qualified health care provider/appropriate source (not reported separately)

60

2. Independent interpretation of tests not separately reported

- Tests that don't customarily require your interpretation
- Can NOT be a test that you or a colleague in your practice previously interpreted and were paid for
- Examples of use:
  - Patient is transferred to your practice for glaucoma care and comes with previous OCT and HVF. You review the raw data and provide a specific interpretation
  - Patient has an MRI done and you don't just simply read the report but you review the images and provide your own interpretation of the images.

61

Categories

1. Tests, documents, orders, or independent historian(s)—each unique test, order, or document is counted to meet a threshold number

2. Independent interpretation of tests not reported separately

3. Discussion of management or test interpretation with external physician/other qualified health care provider/appropriate source (not reported separately)

62

3. Discussion of management or test interpretation with external physician/other qualified health care provider/appropriate source (not reported separately)

- ***External physician or other qualified healthcare professional:*** Individual who is not in the same group practice or is a different specialty or subspecialty. It includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.

- Discussion MUST happen on the day of service
- It MUST be a two-way conversation
- Email, phone, video call, in person conversation
- Discussion MUST be documented

63

MDM: Amount &/or Complexity of Data Reviewed & Analyzed

- Straightforward
  - minimal or none
- Low – 2 of the following:
  - Review of prior external note(s) from *each unique source*
  - Review of the results of each unique test
  - Ordering of each unique test

    OR
  - Assessment requiring an independent historian(s)

64

MDM: Amount &/or Complexity of Data Reviewed & Analyzed

Moderate -- 1 of the following:

1. Count 3 items:
   - Review of prior external note(s) from *each unique source*
   - Review of the results of each unique test
   - Ordering of each unique test
2. Independent interpretation of test from an outside source
3. Discussion of management or test interpretation with external physician/other qualified health care provider High

High --- 2 of the above

65

COLUMN 3: RISK

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

"the plan"

Elements of Medical Decision Making

Code	Number and Complexity of Problems Addressed (PROBLEM)	Amount and/or Complexity of Data to be Reviewed and Analzed (DATA)	Risk of Complications and/or Morbidity or Mortality of Patient Management (RISK)
99211	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 (must meet the requirements of at least 1 of the following categories) Category 1: Tests and Documents • Any Combination of 2 from the following: o Review of prior external note(s) from each unique source o Review of the result(s) of each unique test o Ordering of each unique test Category 2: Assessment requiring an independe[nt] historian(s)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214 (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 of the [3] categories) Category 1: Tests, documents, or independent historian(s) • Any Combination of 3 from the following: o Review of prior external note(s) from each unique source o Review of the result(s) of each unique test o Ordering of each unique test o 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)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: • 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
99205 99215 (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: o Review of prior external note(s) from each unique source o Review of the result(s) of each unique test o Ordering of each unique test o 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 ca[re] professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Examples: • Drug therapy requiring extensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Copyright 2019 American Medical Association
Reformatted by Katie Connolly, OD

66

66

Risk

- Risk of complications and/or morbidity or mortality based on:
  - patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s) or treatment(s)
- This includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family.
- Risk of hurt or harm
- What adverse events might occur?
- What will happen if you intervene?
- Your plan!
- *Minimal, Low, Moderate or High*

67

Minimal Risk

- Rest
- Superficial Bandage
- No follow-up care needed

**All follow-up guidelines mentioned within risk are per the Corcoran Consulting Group and not the American Medical Association

68

Low Risk

- Self care/simple home treatments
- Minor surgery/procedure without identified risk factors
- Over the counter medications
- Occlusion therapy
- Observation (yearly)

69

Low risk

- Bruder Mask
- ATs
- Lid hygiene
- Amsler grid monitoring at home
- Patching for amblyopia
- Home based VT
- Yearly observation (cataracts, no diabetic ret or mild diabetic ret)
- Spectacle prescription
- Over the counter drugs (Pataday, Lumify)

70

Moderate Risk

- Prescription drug management
- Minor surgery with identified risk factors
- Elective major surgery/procedure without identified risk factors
- Diagnosis or treatment limited by social determinants of health

71

Moderate Risk

- Follow-up care needed in less than 1 year (months) to change treatment
- When intervention requires in office time
  - In office-based vision therapy
  - Meibomian gland expression
- Atropine therapy for amblyopia
- Prescription meds (oral or topical)
- Care limited by social determinants of health

72

Social Determinants of Health

- Abuse or history of abuse
- Economic difficulties
- Education
- Environmentally compromised housing
- Family/primary support group issues
- Food insecurity
- Housing issues
- Nutrition
- Parent/sibling-child issues
- Social issues (social isolation, discrimination, etc)
- Substance abuse
- Transportation difficulty
- Upbringing issues

*Must document what they are and how they are impacting care

Examples:
- Can't afford treatment needed
- Lives in nursing home which complicates getting daily treatment
- Transportation issues limiting ability to come to the clinic

https://www.aappublications.org/news/2021/01/01/coding010121

73

High Risk

- Elective major surgery with identified risk factors
- Emergency major surgery
- Hospitalization
- Poor prognosis so care is de-escalated
- Follow up care needed within hours or days

74

Things to think about…

- The interval for care (to change treatment)
  - Yearly = low
  - Quarterly/months = moderate
  - Hours/daily = high

- The spectrum of care for a condition
  - Ie. Dry eye
    - Observe – ATs/Bruder Mask – Restasis/Lipiflow – Prokera/Tarsorrhaphy

75

Surgery

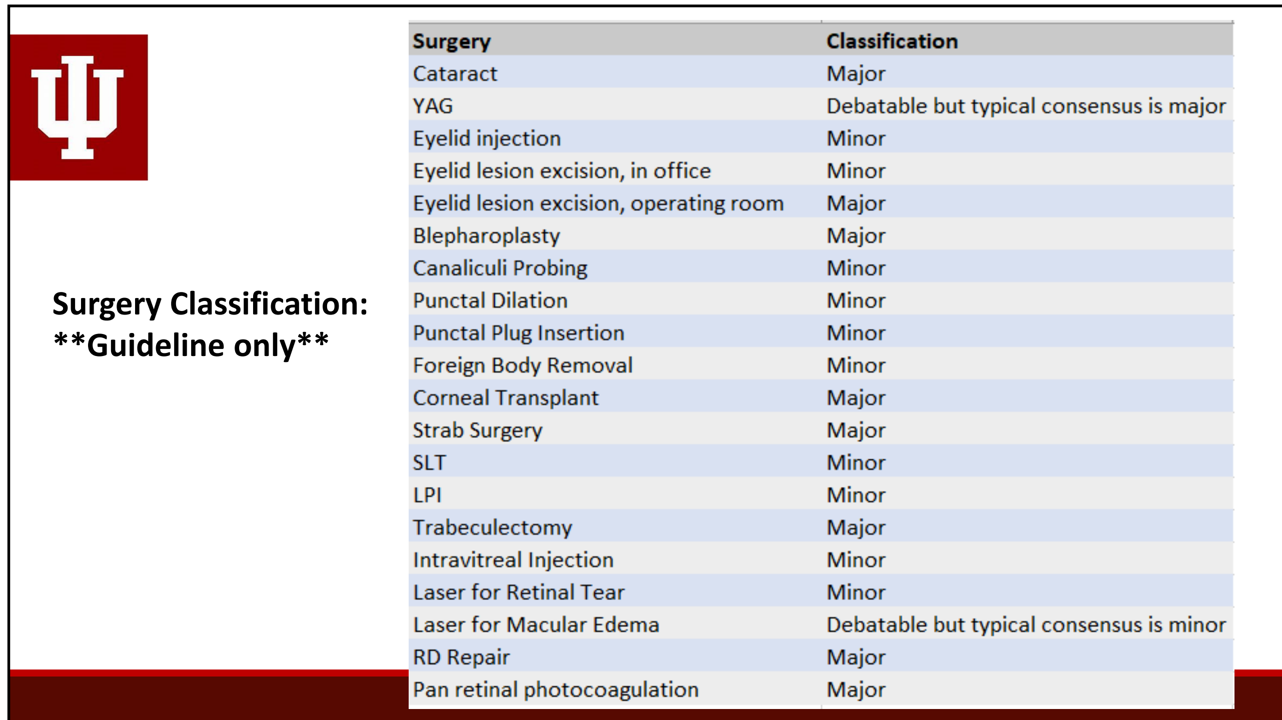
Minor vs Major:

- Not tied to the global period like it was in the old system
- Think about post op care, and when the patient needs to be seen next
  - Intravitreal injection – no specific post op care – LOW
  - YAG Capsulotomy – need f/u in a week - MODERATE
  - Cataract surgery – need f/u within a day – HIGH

Identified risk factors

- *Unique to the patient*
  - Cataract surgery in a monocular patient
  - Cataract surgery in a patient with a collagen disorder
  - Traumatic cataract surgery
  - Intravitreal injection in someone who can't fixate well

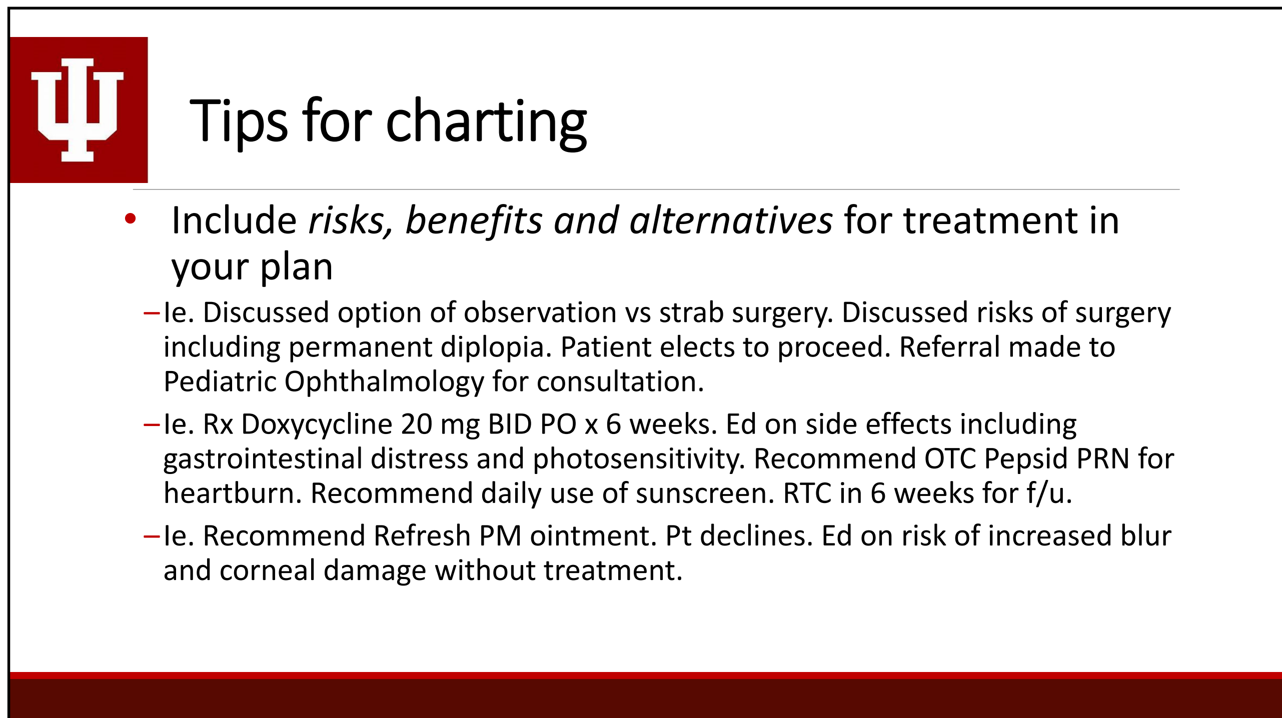
76



Surgery Classification:
****Guideline only****

Surgery	Classification
Cataract	Major
YAG	Debatable but typical consensus is major
Eyelid injection	Minor
Eyelid lesion excision, in office	Minor
Eyelid lesion excision, operating room	Major
Blepharoplasty	Major
Canaliculi Probing	Minor
Punctal Dilation	Minor
Punctal Plug Insertion	Minor
Foreign Body Removal	Minor
Corneal Transplant	Major
Strab Surgery	Major
SLT	Minor
LPI	Minor
Trabeculectomy	Major
Intravitreal Injection	Minor
Laser for Retinal Tear	Minor
Laser for Macular Edema	Debatable but typical consensus is minor
RD Repair	Major
Pan retinal photocoagulation	Major

77



Tips for charting

- Include *risks, benefits and alternatives* for treatment in your plan
  - Ie. Discussed option of observation vs strab surgery. Discussed risks of surgery including permanent diplopia. Patient elects to proceed. Referral made to Pediatric Ophthalmology for consultation.
  - Ie. Rx Doxycycline 20 mg BID PO x 6 weeks. Ed on side effects including gastrointestinal distress and photosensitivity. Recommend OTC Pepsid PRN for heartburn. Recommend daily use of sunscreen. RTC in 6 weeks for f/u.
  - Ie. Recommend Refresh PM ointment. Pt declines. Ed on risk of increased blur and corneal damage without treatment.

78

SECTION 3

Coding Examples

79

”Red Eye” #1

25 year old established female

Complaint: Mildly itchy, red eyes with watery discharge, started 1 week ago.

Exam: Mild conjunctival edema and injection; No corneal involvement; Normal visual acuity

Diagnosis: H10.45 Allergic conjunctivitis

Plan: Recommend OTC Pataday 1 gtt QD OU.

80

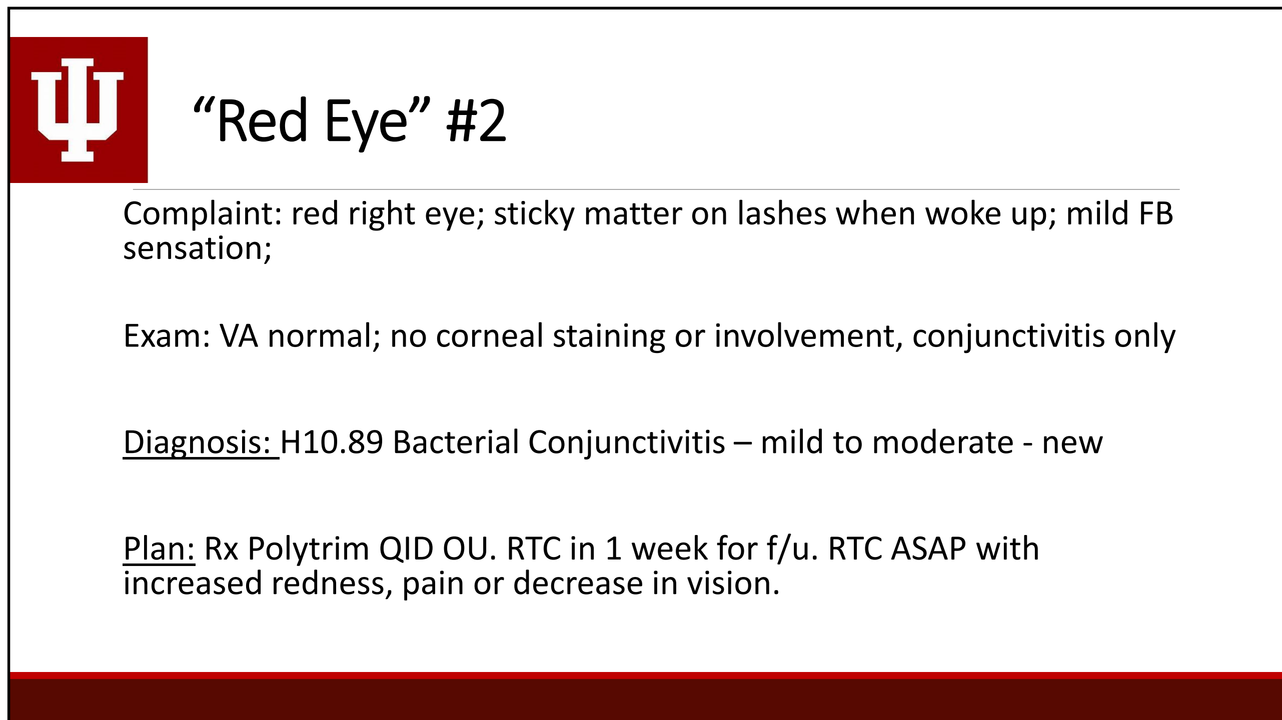
80

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 (must meet the requirements of at least 1 of the following categories) 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)	Low risk of morbidity from additional diagnostic testing or treatment Examples: • Over the counter drugs • Decision regarding minor surgery without identified patient or procedure risk factors • Home based treatment ("self care") • Spectacles

Problem: Minimal or Low
Data: Minimal
Risk: Low
FINAL LEVEL: 99212 or 99213

81

81



82

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 (must meet the requirements of at least 1 of the following categories) 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)	Low risk of morbidity from additional diagnostic testing or treatment Examples: • Over the counter drugs • Decision regarding minor surgery without identified patient or procedure risk factors • Home based treatment ("self care") • Spectacles
99204 99214 (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 of the 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	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: • 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

Problem: LOW

Data: MINIMAL

Risk: MODERATE

Final Level: 99213/99203

83

83

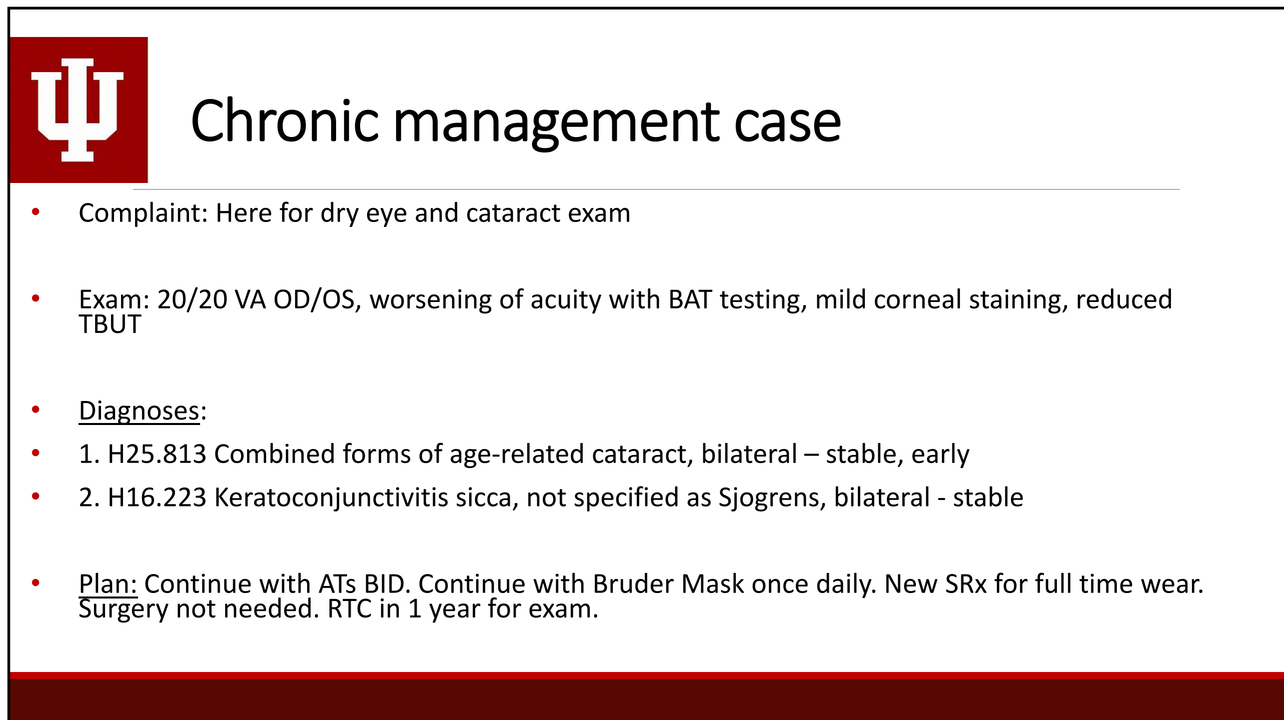
"Red Eye" #3

- Complaint: OD red and blurry; pain when first opened eye this morning; sticky matter on lashes when woke up; moderate to high tearing, significant pain
- Exam: 20/70 VA in affected eye, corneal ulcer with significant corneal edema and mild anterior chamber reaction
- Diagnosis: H16.011 Central corneal ulcer, right eye
- Plan: Discussed high risk for vision loss and need for close care. Instilled 1 gtt 1% Atropine in office. Rx for 1% Atropine BID, Besivance q1h. RTC 1 day.

84

Level	Number and Complexity of Problems	Amount and/or Complexity of Data	Risk	
99204 **99214** **(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 of the 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)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: → 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	Problem: HIGH Data: MINIMAL Risk: MODERATE to HIGH Final Level: 99214/99204 or 99215/99205
99205 **99215** **(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 ○ 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	High risk of morbidity from additional diagnostic testing or treatment Examples: • Drug therapy requiring extensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis	85

85



86

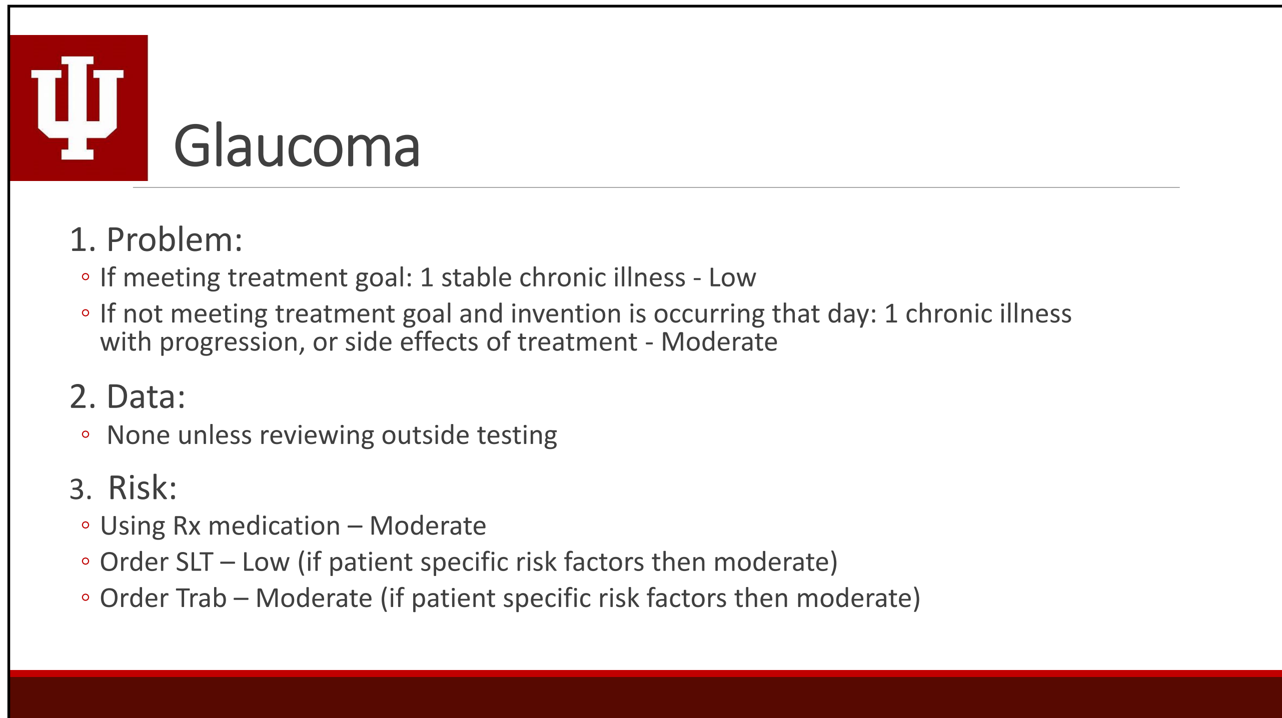
99203 **99213** **(Low)**	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (must meet the requirements of at least 1 of the following categories) Category 1: Tests and Documents • Any Combination of 2 from the following: ○ 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)	Low risk of morbidity from additional diagnostic testing or treatment Examples: • Over the counter drugs • Decision regarding minor surgery without identified patient or procedure risk factors • Home based treatment ("self care") • Spectacles
99204 **99214** **(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 of the 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	Moderate risk of morbidity from additional diagnostic testing or treatment Examples: • 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

Problem: MODERATE Data: MINIMAL Risk: LOW

Final Level: 99213/99203

87

87



88

Diabetes

1. Problem:
   - Without retinopathy - Low
   - With mild or background retinopathy – Low
   - With moderate retinopathy – Moderate
   - With very early DME not affecting vision – Low to moderate
   - With severe retinopathy, PDR, or DME that requires intervention - High
2. Data:
   - None
3. Risk:
   - If observing – minimal to low
   - Anti VEG-F – Low (minor surgery without patient risk factors
   - Laser – Moderate
   - Vitrectomy – Moderate to High

89

Macular Degeneration

1. Problem:
   - Early - Low
   - Moderate – Moderate
   - With neovascular membrane – High
   - Geographic atrophy – severity dependent but likely moderate to high
2. Data:
   - None
3. Risk:
   - If observing – minimal to low
   - Vitamin supplement – Low
   - At home amsler grid - Low
   - Anti VEG-F - Low

90

Watchful Waiting

- Posterior vitreous detachment
  - Problem: minimal to low
  - Data: none
  - Risk: minimal to low (observation)
- Plaquenil exam without toxicity
  - Problem: minimal to low (not a good descriptor here)
  - Data: none
  - Risk: minimal to low (observation)

91

Optometry Cheat Sheet

Decision made off problem and risk vast vast majority of the time

Consider data if you are ordering outside testing or need to confer with outside physicians

- Level 2:
  - No treatment, minor issue
- Level 3:
  - Majority of patient encounters
  - Stable conditions, OTC treatments, self care
- Level 4:
  - Multiple chronic illnesses
  - Progression of a chronic illness
  - Prescription drugs or more complicated treatments
- Level 5:
  - Severe condition with risky treatment

92

93