

	Describing your independent interpretation of the spine and bone age radiographs that are billed by a different department would also satisfy Category 2 under Moderate data. (If your practice bills for the radiographs ordered and interpreted, then neither the order nor the interpretation will count toward MDM.) The combination of Category 1 and 2 being satisfied supports an Extensive level for the Data element.
Risk	Bracing is an item that isn't included in specific examples qualifying the risk levels. However, given the risk of wearing a brace having relatively low morbidity, it would qualify as Low for the Risk element.
MDM/Code	This encounter would support Moderate MDM . As two of the three categories (Problems and Data) had documentation supporting or exceeding moderate MDM, this code is chosen. If the patient is new to the practice, this encounter would support 99204. If established, code 99214 would apply.
Discussion	Problems Addressed: To qualify for a 'High' level, the diagnosis would have to satisfy " <i>severe exacerbation, progression, or side effects of treatment.</i> " The documentation to support a severe scoliosis would include, for example, evidence of pulmonary compromise or other impact on <i>bodily function</i> . Data: Given the satisfaction of Category 1 and 2, the Data element is already 'Extensive.' Examples of satisfying Category 3 would be calling a colleague in a different practice, discussing interpretation of radiographs and documenting conversation. Risk: Social determinants of health, recommending minor surgery, or major surgery <i>without</i> discussing the risks would all qualify as 'Moderate' under the Risk element.

Example of a Note That Would Justify Billing for Time

(The clinical elements of the note would be included to the level that the provider felt appropriate to communicate to herself and others the purpose of the visit and document the findings and discussion).

Megan is an 11-year-old female presenting for scoliosis identified at a school screening. She is an otherwise healthy 5th grader who enjoys playing volleyball. PMH/MEDS/SH/ROS are otherwise unremarkable.

PE: Healthy and well-appearing. Right thoracic prominence, normal neurologic examination.

Imaging: 27 degree right thoracic curve, Risser 0, closed TRC. Sanders 4.

A/P: 11-year-old female with adolescent idiopathic scoliosis. Plan for TLSO, F/U in 4 weeks for x-ray in brace.

The clinical nurse specialist spent 10 minutes reviewing the outside pediatrician notes and radiology record.

The physician spent an additional 5 minutes reviewing records and the new radiographs obtained on day of visit.

The physician spent 20 minutes with the patient performing HPI, physical exam, reviewing findings and counseling patient to treatment and prognosis.

The clinical nurse specialist spent an additional 15 minutes with the patient teaching the family about brace-wearing, counseling regarding wear-rate and life in a brace.

The physician spent 5 minutes documenting in the EHR.

Total time with the patient on day of service was 55 minutes, supporting code 99204.

Scenario 2 – The Quick Follow-up

An 11-year-old female patient with adolescent idiopathic scoliosis is here for a brace check. She picked up the brace six weeks ago and it did not fit perfectly. She is sent back to the brace shop for an adjustment and with plans for F/U in 4 months for a scoliosis x-ray and bone age.

Example of a Clinic Note That Supports Moderate E/M Code

HPI: Megan is an 11-year-old female with AIS returning for a brace check. She picked up the brace six weeks ago and it did not fit perfectly and has had challenges with increasing her wear rate. Megan’s mother is present with her and is an independent historian given the patient is a child.

Physical Exam: Megan has some very mild redness over her right thorax where the brace has been rubbing. No skin breakdown or wound present.

Assessment/Plan: 11-year-old female with AIS who will require an adjustment. She will meet with the brace shop today for that and she will F/U in 4 months with a PA spine radiograph and bone age.

Problems Addressed	Adolescent Idiopathic Scoliosis is a chronic illness. Because the patient is not at treatment goal, we would not consider this stable. Based on the description we’d consider the Problem Addressed to be <i>1 or more chronic illness with exacerbation, progression, and side effects of treatment</i> , which falls as Moderate .
Data	No data is viewed but two separate radiographs are ordered and won’t be billed by provider (PA spine and bone age). The physician documents a parent providing supplemental history. These three items satisfy Category 1 in the Data element for the Moderate level.
Risk	The brace is considered Low risk.
MDM/Code	This encounter would support Moderate MDM , as an established patient code 99214 would be used.
Discussion	This scenario drives home two points relative to the Data element. Even though no tests are interpreted, two unique tests are ordered AND the independent historian was used and documented. Meeting the criteria for Category 1 is one way to qualify as Moderate for the Data element.

Example of a Note That Would Justify Billing for Time

Megan returns for a brace check and isn’t wearing her brace well due to it not fitting properly. We will send her to the brace shop for modifications and F/U in 4 months with spine and bone age radiographs.

10 minutes were spent by the physician with the patient discussing proper brace wear and examining the patient.

The clinical nurse specialist spent an additional 20 minutes with the patient strategizing methods for increasing brace compliance.

The physician spent 5 minutes documenting in the EHR.

Total time on day of service was 35 minutes, supporting code 99214.

Scenario 3 – The Surgical Discussion

A 13-year-old male patient presents to an academic practice for follow-up of scoliosis diagnosed over a year ago. Due to Covid-19, he has not been able to come to clinic for a year and his 29-degree curve has progressed to 55 degrees. The family wants to know why it progressed, are asking for an MRI, and the next steps toward surgical treatment options.

Example of a Clinic Note That Supports Moderate E/M Code

HPI: Terrence is a 13-year-old male with adolescent idiopathic scoliosis that returns to clinic after missing his past two visits due to Covid-19. His father accompanies him and provides independent history due to his son being a child. He mentions that he has noticed a significant change in the appearance of his hump. Terrence isn't really bothered by the change and hasn't noticed any difference in pain or ability to be active. No change in his symptoms.

Physical Exam: Well-appearing male with a significant right thoracic prominence of ~4.5cm. He has some mild back acne but otherwise benign skin. Strength, sensation, and reflexes are normal.

Imaging: PA spine radiograph ordered today demonstrate 55-degree right thoracic curve, Risser 1.

Assessment/Plan: 13-year-old male with adolescent idiopathic scoliosis that has progressed to a surgical magnitude with immaturity present predicting for continued progression. Given the degree of deformity and surety of future progression, he would be indicated for posterior spinal fusion. The surgical treatment pathway was discussed with the family, specifically the risks of infection, hardware failure, re-operation, blood loss, weakness or numbness occurring, spinal cord injury resulting in paralysis or bowel/bladder loss.

Problems Addressed	Adolescent idiopathic scoliosis is a chronic illness. Because the patient is not at treatment goal, we would not consider this stable. Based on the description, we'd classify the Problems Addressed as <i>1 or more chronic illness with exacerbation, progression, and side effects of treatment</i> , which falls as Moderate .
Data	Documenting an independent interpretation of the x-rays that are billed by the radiologist supports Category 2 under Moderate Data. The physician could also take credit for the x-ray order under Category 1 and the father's input as an independent historian, but without a third item, these data do not change the Data element level.
Risk	A decision for elective major surgery with identified patient or procedural risk factors falls at High Risk of Patient Management.
MDM/Code	This encounter would support Moderate MDM , as an established patient code 99214 would be used.
Discussion	If the physician ordered an additional test such as an MRI to evaluate for unexplained progression, the level of Data would increase to Extensive based upon meeting both categories 1 and 2. Combined with High Risk this would support 99215.

Example of a Note That Would Justify Billing for Time

Terrence returns to clinic after an extended absence brought about by Covid-19. He has had significant progression of his AIS to 55 degrees and we have recommended surgery.

30 minutes were spent in discussion with the father (and mother via FaceTime) regarding the new x-rays, the progression, and the surgical discussion including the risks and benefits of surgery.

2 minutes were spent documenting in the EHR.

Total time on day of service was 32 minutes, supporting code 99214.

Scenario 4 – The Clinic Stopper

A 17-year-old female patient has been referred for back pain and scoliosis. She has seen numerous other specialists and the family has brought a neatly organized binder with the physician notes, multiple MRIs, EMG, and physical therapy notes.

The clinical nurse specialist spends 15 minutes reviewing the records and provides a summary for the physician.

The physician spends 10 minutes reviewing the records herself, then spends 35 minutes in face-to-face time with the patient performing the history and physical exam, reviewing the imaging studies, and concluding with a plan of care.

The clinical nurse specialist, after the physician leaves, spends an additional 10 minutes with the family counseling them.

The physician spends 5 minutes documenting in the EHR.

Example of a Note that Would Justify Billing for Time

Dominique is a 17-year-old female patient with muscular low back pain. Her scoliosis measures 9 degrees on imaging today and she is a Risser 5. There is no concern for future progression or problems related to scoliosis. We have prescribed physical therapy for her back pain and will follow-up in 6 months for a clinical check.

The clinical nurse specialist spent 15 minutes reviewing the records and provided a summary for the physician.

The physician spent 10 minutes reviewing the records herself, then spent 35 minutes in face-to-face time with the patient performing the history and physical exam, reviewing the imaging studies, and concluding with a plan of care.

The clinical nurse specialist, after the physician left, spent an additional 10 minutes with the family counseling them.

The physician spent 5 minutes documenting in the EHR.

Total time on day of service is 75 minutes, supporting codes 99215 and +99417.

While CPT guidelines and the CMS system for work RVUs are independent of one another, it is valuable to note that CMS has increased the work RVUs for seven of the nine E/M codes used in the outpatient setting. The 2021 work RVUs are displayed in Figure 2, compared to the respective values in 2019 and 2020.

2021 CMS Physician Fee Schedule wRVU Comparison

New Patient Code	2019 wRVU	2020 wRVU	2021 wRVU	Est. Patient Code	2019 wRVU	2020 wRVU	2021 wRVU
99202	0.93	0.93	0.93	99211	0.18	0.18	0.18
99203	1.42	1.42	1.60	99212	0.48	0.48	0.70
99204	2.43	2.43	2.60	99213	0.97	0.97	1.30
99205	3.17	3.17	3.50	99214	1.50	1.50	1.92
				99215	2.11	2.11	2.80

Figure 2. CMS wRVU for respective E/M codes. Increases occurred in seven of nine codes for 2021, most notably for 99204/99214 and 99205/99215.