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2023 Evaluation and Management Updates

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Today's Presenters

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Objectives

- Provide an overview of changes made by the AMA to E/M services for 2023 which have been accepted by CMS
- CMS has not accepted all AMA changes
- Discuss why the changes came to be and how they will impact future coding
- Provide resources with additional training

Agenda

- E/M Code Sections for 2023
  - Inpatient/Observation (99221–99239)
  - Emergency Department (99281–99285)
  - Nursing Facility Care (99304–99310)
  - Home or Residence (99341–99350)
  - Prolonged Service (G0316–G0318, G2212)

E/M Services Big Picture

- All codes that used history, examination, and medical decision making (MDM) now use MDM or total time on the date of the encounter
  - **Exception:** Time still does not apply in the emergency department
- Merged: Hospital Inpatient Services and Hospital Observation Services
- Merged: Home Services and Domiciliary Care Services
- Aligned: admission codes with current use of initial services (e.g., consult)
- AMA has allowed reporting of more than one E/M service when patient changes site (e.g., office to hospital admission) but **CMS will not be implementing** this change for Medicare

E/M Services Big Picture

- Revised prolonged services codes align with total time on the date of the encounter
- Split/shared services are limited to the facility setting; services split between physicians and qualified NPPs
- CMS allows "incident to" for office or other outpatient services codes

E/M Services Guidelines Overview

- Elimination of defined requirements for codes that used history, examination, and medical decision making as the three key components
- Modifications of guidelines to address the other code families
- Change in definition of "initial" and "subsequent" for use in hospital inpatient and observation care and nursing facility services
- Other limited changes (mostly related to new families using the guidelines)
  - MDM table
  - Definitions

E/M Services Guidelines

- **Classification of E/M Services**
- The basic format of codes with the levels of E/M services based on MDM or time is the same for most categories
  - First, a unique code number is listed
  - Second, the place and/or type of service is specified (e.g., office or other outpatient visit), consultation
  - Third, the content of the service is defined
  - Fourth, time is now specified, no longer a suggested timeframe
  - The place of service and service type are defined by the location where the face-to-face encounter with the patient and/or family/caregiver occurs
- **Note, Exception:** outpatient services for designated inpatients (e.g., hospital or SNF) are reported with the CPT and POS relative to the patient's inpatient setting

E/M Services Guidelines Initial and Subsequent

- Concept includes
  - Same physician or qualified health care professional
  - Same specialty and/or subspecialty and NPP group members performing same-specialty services (basically, same care team members)
- Note: Definition for "new" now varies based on site of service – see next slide

E/M Services Guidelines

- Professional Service Definition: face-to-face service rendered by physician and/or qualified NPP
- Observation, Inpatient or SNF setting
  - Initial service is defined as care rendered to a patient who has not received any professional service(s) by a physician or same-specialty or NPP group member during the current stay

E/M Services Guidelines

- Office/outpatient setting
  - Initial service is defined as care rendered to a patient who has not received any professional service(s) by a physician or same–specialty group member during the prior three years

E/M Services Guidelines

- A Subsequent Observation or Hospital service
  - The patient has received professional service(s) from the physician or qualified NPP group member of the exact same specialty and subspecialty during the admission and stay
- **Note:** When a physician or qualified NPP is on call for or covering for another physician or qualified NPP, encounter is classified as performed by the unavailable provider
- **Reminder:** NPs and PAs working with physicians are considered as working in the exact same specialty and subspecialty as the physician

E/M Services Guidelines

- Single Stay
  - Hospital inpatient or observation care services
    - includes a transition from observation to inpatient
  - Nursing facility services
    - includes a transition from skilled nursing facility to nursing facility level of care

Prolonged Services: Code Summary

- As of 1/1/2023, the following codes may be used to represent **fully completed** 15-minute segments of prolonged care
  - **G0316** – prolonged service in the inpatient/observation setting, when also billing 99223 or 99233 or 99236
  - **G0317** – prolonged service in the nursing facility setting, when also billing 99306 or 99310
  - **G0318** – prolonged service in the home or residence setting, when also billing 99345 or 99350
  - **G2212** – continues to be used for prolonged services in the office/outpatient setting and for prolonged cognitive impairment assessment services

Prolonged Services

- Prolonged service codes are not applicable to the following services
  - ED services (99281–99285)
  - Critical care services (99291–99292)

Prolonged Services

- CPTs 99415–99416 represent prolonged clinical staff time
  - Added only after a F2F service by a physician or NPP
  - Require a full 30 minutes of additional time after completion of either 99205 or 99215 by the physician or NPP
  - Cannot be used to represent time spent awaiting test results or elsewhere in the office suite

Prolonged Services (Without Direct Patient Contact)

- 99358–99359: CMS has designated these as invalid for 2023
  - MPFSDB Status I – indicating another code is to be used
- 99417–99418: AMA codes, invalid for Medicare
- For 2023: Prolonged service codes G0316–G0318 encompass all provider time spent on the DOS, including both with and without the patient being present

2023 Inpatient/Observation E/M Changes

Hospital Observation Services Deleted Codes

- Observation Care Discharge Services
  - 99217 has been deleted (For 2023, use 99238, 99239)
- Initial Observation Care
  - 99218, 99219, 99220 have been deleted (For 2023, use 99221, 99222, 99223)
- Subsequent Observation Care
  - 99224, 99225, 99226 have been deleted (For 2023, use 99231, 99232, 99233)

Hospital Inpatient Services Revisions

- Guidelines revised to include both observation and inpatient services
- Sections and subsections renamed to include observation care
- Codes 99221–99223, 99231–99233 restructured to model outpatient office codes
- Time expectations revised and are now required

Hospital Inpatient and Observation Care

- Key Facts
  - Hospital inpatient or observation care codes are also used to report partial hospitalization services
  - Observation services may be provided in any hospital location, including the ED, a designated observation area or elsewhere in the hospital
  - Codes 99234, 99235 and 99236 – for admission and discharge from hospital inpatient or observation status on the same date
  - Total time on the date of the encounter is by calendar date
    - A service that spans the transition of two calendar dates is a single service and is reported on the calendar date on which it was initiated, with all time reported on a single claim

Hospital Inpatient or Observation Care Services (Including Admission and Discharge)

- Admission and discharge on different DOS
  - 99221–99223 (initial), 99231-99233 (subsequent), 99238–99239
- Admission and discharge on same DOS
  - 99234, 99235, 99236

Hospital Inpatient or Observation Care Services (Including Admission and Discharge)

- Note
  - These codes require two or more encounters on the same date, one of which must represent an initial admission visit and another representing a discharge visit. These encounters must be completed by the attending physician or a member of the group. A resident's service does not meet this requirement
  - Do not report 99238 or 99239 in conjunction with same date admission and discharge services

Hospital Inpatient or Observation Discharge Different Dates

- 99238–99239: When admission and discharge occur on different dates
  - Performed and billed only by the attending physician
  - Include cumulative time spent on the date of the discharge
  - Codes include, as appropriate, final examination of the patient, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions, and referral forms
  - Discharge date services by other providers are billed with 99231-99233 as appropriate

Same Date Admission and Discharge

- 99234–99236
  - Apply to services on which admission and discharge to either observation or inpatient status have been completed on the same date
  - Performed and billed only by the attending physician
  - Include cumulative time spent on the date of care
  - Require a minimum of two encounters by the attending physician, one of which must be an admission visit and the other a discharge visit
  - Bill for stays of eight or more hours
  - Stays of less than eight hours: use 99221–99223

2023 Nursing Facility E/M Changes

Overview

- Nursing facility services guideline revisions
- Initial nursing facility care (99304–99306)
- Subsequent nursing facility care (99307–99310)
- Nursing facility discharge services (99315–99316)
- Other nursing facility services (99318)

Prolonged Service: Initial Nursing Facility

- G0317 – only added when timeframe for 99306 (95 minutes) has been completed and an additional 15 minutes unit(s) of care have been provided
- Initial nursing facility service may occur over a timespan of five days, including the date prior to 99306 and three days subsequent to the 99306
- G0317 is only billed upon completion of the five day 99306 timeframe, G0317 is then billed on the DOS on which it was performed and completed

Nursing Facility Services Summary of Changes

- Changed initial nursing facility care and subsequent nursing facility care code descriptors to use MDM or total time on the date of the encounter
- Removed regulatory language related to comprehensive assessments
- Matched place of services to CMS manuals
- Revised the initial nursing facility care codes
- Created new "problem addressed" type specific to nursing facility services not in the MDM table
- Clarified the reporting of discharge services

Nursing Facility Services

- For 2023: The codes are used to report evaluation and management services
  - For patients in nursing facilities and skilled nursing facilities
  - For patients in psychiatric residential treatment centers
  - For patients in intermediate care facilities for individuals with intellectual disabilities
  - Performed by the principal physician(s) and other qualified health care professional(s) overseeing the care of the patient in the facility
  - Also used by providers who are performing consultative services

Nursing Facility Services

- Two major subcategories of nursing facility services, both of which apply to new or established patients
  - Initial nursing facility care
  - Subsequent nursing facility
  - Same codes apply to SNF and nursing facility settings
- POS reflect type of facility and care provided

Nursing Facility Services

- CMS allows both hospital discharge and initial nursing facility services to be reported on the same calendar date
- CMS does not allow both nursing facility and emergency department services to be reported on the same calendar date
  - 2023 CMS Final Rule allows these to be billed by different physicians/qualified healthcare providers

Initial Nursing Facility Care

- Initial nursing facility care codes 99304, 99305, 99306 may be used once per admission, per physician or other qualified health care professional, regardless of length of stay
- They may be used for the initial comprehensive visit performed by the principal physician or other qualified health care professional

Initial Nursing Facility Care

- Skilled nursing facility initial comprehensive visits must be performed by a physician
- Qualified health care professionals may report initial comprehensive nursing facility visits for nursing facility level of care patients, if allowed by state law or regulation

Initial Nursing Facility Care

- The principal physician or other qualified health care professional may work with others (who may not always be in the same group) but are overseeing the overall medical care of the patient, in order to provide timely care to the patient
- Medically necessary assessments conducted by these professionals prior to the initial comprehensive visit are reported using subsequent care codes (99307, 99308, 99309, 99310)

Initial Nursing Facility Care

- Initial service: patient has not received any F2F services from the physician or qualified group member during the stay
- This restriction applies services provided by group member NPPs working with the attending physician

Initial Nursing Facility Care Codes

Code	MDM Level	Time
99304	Straightforward or Low	25
99305	Moderate	35
99306	High	45

Level of Care Changes Not a New Stay

- When a patient is transitioned between skilled nursing facility care and nursing facility care, this **does not** constitute a new stay
- Transition services between these two levels may be represented by **subsequent** nursing facility care codes

Subsequent Nursing Facility Care Codes

Code	MDM Level	Time
99307	Straightforward	10
99308	Low	15
99309	Moderate	25
99310	High	45

Home or Residence Services New Patient

CPT Code	Medical Decision Making	Time Thresholds
99341	Straightforward	15–29 minutes
99342	Low	30–59 minutes
99344	Moderate	60–74 minutes
99345	High	75–89 minutes

Nursing Facility Discharge Services

- These services require a face-to-face encounter with the patient and/or the patient's family or caregiver
- Services may be performed on a date other than the date of the physical discharge
- Code selection is based on total time on the date of the discharge management encounter

Discharge: Nursing Facility Care Codes

Code	Time
99315	30 or less
99316	More than 30

Nursing Facility Discharge Services

- 99315–99316: used to report the total duration of time spent by a physician or other qualified health care professional for the final nursing facility discharge of a patient
- The codes include, as appropriate, final examination of the patient, discussion of the nursing facility stay, even if the time spent on that date is not continuous. Instructions are given for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions, and referral forms
- These services require a face-to-face encounter with the patient and/or family/caregiver that may be performed on a date prior to the date the patient leaves the facility
- Code selection is based on the total time on the date of the discharge management face-to-face encounter

Other Nursing Facility Services Summary

- Annual nursing facility assessment code 99318 has been **deleted**
- Services may be reported with an appropriate code from subsequent nursing facility services codes (99307, 99308, 99309, or 99310)
- These services are commonly reported as annual wellness visits (G0438–G0439)

2023 Home and Residence Services E/M Changes

Home and Residence Services

- **Deleted:** New patient codes: 99324, 99325, 99326, 99327, 99328: Domiciliary, Rest Home (e.g., Boarding Home), or custodial care
- **Deleted**: Established patient codes (99334, 99335, 99336, 99337)
- **Deleted:** Domiciliary, Rest Home (e.g., Assisted Living Facility), or home care plan oversight services (99339, 99340)
- **Now in Use:** Home or Residence Services (99341–99345 (new patient) and 99347–99350 (established)

New Patient: Home or Residence Services

CPT Code	Medical Decision Making	Time Thresholds
99341	Straightforward	15–29 minutes
99342	Low	30–59 minutes
99344	Moderate	60–74 minutes
99345	High	75–89 minutes

Home or Residence Service Overview

- 2023: Guidelines have been revised
- Home or residence now includes
  - Domiciliary, rest home (e.g., boarding home or assisted living), custodial care
- Home care plan oversight subsections have been incorporated into a single section and renamed "Home or Residence Services"
- Sections and subsections have been renamed to include observation care
- New and established patient codes 99341–99342, 99344–99345, 99347–99350 have been restructured to model the office or other outpatient services codes
- Code 99343 has been deleted

Home or Residence Services Guidelines

- Codes are used to report E/M services provided in a home or residence
- Home may be defined as a private residence, temporary lodging, or short -term accommodation (e.g., hotel, campground, hostel or cruise ship)
- Codes also apply when the residence is
  - An assisted living facility
  - Group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities)
  - Custodial care facility
  - Residential substance abuse treatment facility

Home or Residence Services Guidelines

- Use Nursing Facility Service codes (99304–99306 or 99307–99310, 99315–99316) for services in a licensed intermediate care facility for individuals with intellectual disabilities and services provided in a psychiatric residential treatment center
- When selecting code level using time, do not count any travel time
- When a patient is admitted to hospital inpatient, observation status, or to a nursing facility, as a result of care in a home or residence, refer to codes for initial hospital inpatient and observation care or initial nursing facility care

Home or Residence Services Established Patient

CPT Code	Medical Decision Making	Time Thresholds
99347	Straightforward	20–29 minutes
99348	Low	30–39 minutes
99349	Moderate	40–59 minutes
99350	High	60–74 minutes

2023 Emergency Department E/M Changes

Emergency Department E/M

- Revised codes: 99281, 99282, 99283, 99284, 99285
- Alignment of codes 99211 and 99281 – neither require participation by a physician
- Guidelines for selecting level of service based on MDM
- New and revised guidelines

Emergency Department Services

- Codes for emergency department services have been revised and are now reported based on level of MDM to conform with office E/M revisions
  - Concept of MDM does not apply to 99281
  - Four types of MDM
    - Straightforward
    - Low
    - Moderate
    - High

Alignment of Codes 99211, 99281

- Level of service decreased for code 99281 to align with code 99211
- Code 99281 and code 99211 reported for minimal services in their respective setting
- Code 99281 and code 99211 require supervision by clinical staff

Emergency Department Services and Time

- Time is not a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time
- CPT® 2023 Professional Edition (p 20)
- In the ED setting, only MDM is the basis for level-setting a service

ED and Critical Care Guidelines

- For critical care services provided in the ED, see critical care guidelines for 99291, 99292
- Critical care and ED services may both be reported on the same day by the same provider or group, when after completion of the emergency department service, the condition of the patient changes and critical care services are medically necessary

Emergency Department Coding

CPT Code	Medical Decision Making
99281	N/A
99282	Straightforward
99283	Low
99284	Moderate
99285	High

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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