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Educating Healthcare Professionals

Evaluation and Management Changes 2023

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Objective

- AMA 2023 Evaluation and Management Changes

Resource:AMA

2023 E/M Changes

The AMA states the reason for the changes:

- To decrease the administrative burden of documentation and coding and align CPT and CMS whenever possible,
- To decrease the need for audits
- To decrease unnecessary documentation in the medical record that is not needed for patient care
- To ensure that payment for E/M is resource-based and that there is no direct goal for payment redistribution between specialties

Resource: AMA

2023 E/M Changes

- 99211 and 99281
 - Face-to-face service
 - Performed by clinical staff

Resource:AMA

2023 E/M Changes

- Basic format
 - Based on MDM or time
 1. A unique code number is listed
 2. The place and/or type of service is defined
 3. The content of the service is defined
 4. Time is specified

Resource: AMA

2023 E/M Changes

- New vs Established Patient
 - Seen by provider or provider of the same specialty or subspecialty in the same group practice in the last three years
- NP and PAs

2023 E/M Changes

- Initial vs Subsequent Visit
 - Seen by provider or provider of same specialty or subspecialty in the same group practice during the admission and stay.
 - NP and PAs

2023 E/M Changes

History and Exam Requirements

- Medically appropriate history
- Medically appropriate exam

MEDICAL DECISION MAKING

2023 E/M Changes

- Medical Decision Making
 - Concept does not apply to 99211 or 99281

Source: AMA

2023 E/M Changes

- Medical Decision Making
 - The number and complexity of problem(s) that are addressed during the encounter
 - The amount and/or complexity of data to be reviewed and analyzed
 - The risk of complications and/or morbidity or mortality of patient management

Source: AMA

2023 E/M Changes

- Medical Decision Making
 - The number and complexity of problem(s) that are addressed during the encounter

Source: AMA

2023 E/M Changes

- Problem addressed:
 - A problem that is evaluated or treated at the encounter
 - Consideration of further testing or treatment
- Problem not addressed:
 - Notation of another professional managing the problem
 - Referral without evaluation or consideration of treatment

For inpatient and observation care services, the problem addressed is the problem status on the date of the encounter, which may be significantly different than on admission.

Source: AMA

2023 E/M Changes

- Self-limited or minor problem:
 - A problem that runs a definite and prescribed course,
 - is transient in nature, and
 - is not likely to permanently alter health status.
- Stable, chronic illness:
 - A problem with an expected duration of at least a year or
 - until the death of the patient.

Source: AMA

2023 E/M Changes

- Acute, uncomplicated illness or injury (no changes to definition)
- Acute illness with systemic symptoms (no changes to definition)
- Acute uncomplicated illness or injury requiring hospital inpt or obs level of care:
 - Treatment required is delivered in a hospital inpt or obs setting
- Stable, acute illness
- Acute, complicated injury:

Source: AMA

2023 E/M Changes

- Medical Decision Making
 - The amount and/or complexity of data to be reviewed and analyzed

Source: AMA

2023 E/M Changes

- Independent historian
 - Parent, guardian, surrogate, spouse, witness
 - **Does not include translation services**
 - Does not need to be obtained in person, but does need to be obtained directly from the historian providing the independent information

Source: AMA

2023 E/M Changes

- Medical Decision Making
 - The risk of complications and/or morbidity or mortality of patient management

Source: AMA

2023 E/M Changes

- Medical Decision Making.
 - Number and complexity of problems addressed at the encounter
 - Amount and/or complexity of data to be reviewed and analyzed
 - Tests, documents, orders or independent historian
 - Independent interpretation of tests
 - Discussion of management or test interpretation with external physician or other qualified healthcare professional or appropriate source
 - Risk of complications and/or morbidity or mortality of patient management

Source: AMA

2023 E/M Changes

Level of MDM	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment

Source: AMA

2023 E/M Changes

Level of MDM	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
Low	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems or • 1 stable chronic illness or • 1 acute, uncomplicated illness or injury or • 1 stable acute illness or • 1 acute uncomplicated illness or injury requiring hospital inpatient or observation level of care 	Limited (must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • 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)	Low risk of morbidity from additional diagnostic testing or treatment

Source: AMA

2023 E/M Changes

Level of MDM	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
Moderate	Moderate <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment <li style="text-align: center;">or • 2 or more stable chronic illnesses <li style="text-align: center;">or • Undiagnosed new problem with uncertain prognosis <li style="text-align: center;">or • 1 acute illness with systemic symptoms <li style="text-align: center;">or • 1 acute complicated injury <p style="text-align: right;">Source: AMA</p>	Moderate (must meet the requirements of at least 1 of the 3 categories) Category 1: Tests and documents or independent historian <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); or Category 3 Discussion of management or test interpretation <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision or treatment significantly limited by social determinants of health

2023 E/M Changes

Level of MDM	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
High	<p>High</p> <ul style="list-style-type: none"> 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 	<p>Extensive (must meet the requirements of at least 2 of the 3 categories)</p> <p>Category 1: Tests and documents or independent historian</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); <p>or</p> <p>Category 3 Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> 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 or escalation of care hospital-level care Decision not resuscitate or deescalate care because of poor prognosis Parenteral controlled substances

Source: AMA

2023 E/M Changes

- Time
 - Total time on the date of the encounter.
 - Includes:
 - Face-to-face time with the patient and/or family/caregiver
 - Non-face-to-face time
 - All time regardless of the location of the Physician/QHP
- If you are currently using last year's time statement regarding face-to-face time, you could potentially be leaving revenue on the table.

2023 E/M Changes

- Time
 - Split Shared
 - Distinct time of physician and other qualified healthcare professional may be summed together.

2023 E/M Changes

- Time Includes:
 - Preparing to see the patient (eg, review of tests)
 - Obtaining and/or receiving separately obtained history
 - Performing medically appropriate examination and/or evaluation
 - Counseling and educating the patient/family/caregiver
 - Ordering medications, tests, or procedures
 - Referring and communicating with other health care professionals
 - Documenting clinical information in the EHR
 - Independently interpreting results & communicating
 - Care coordination

Source: AMA

2023 E/M Changes

- Time does not include:
 - Separately reportable services

Source: AMA

2023 E/M Changes

- Observation
 - Observation Discharge 99217 has been deleted.
 - Initial Observation Care 99218-99220 has been deleted
 - Subsequent Observation Care 99224-99226 has been deleted

Source: AMA

2023 E/M Changes

- Inpatient
 - Code categories changed from inpatient to inpatient or observation
 - Time
 - Total time on the calendar date
 - A continuous service that spans two calendar date is a single service and reported on one calendar date.
 - For the purpose of reporting an initial hospital inpatient or observation care service, a transition from observation level to inpatient does not constitute a new stay.

Source: AMA

2023 E/M Changes

- Inpatient
 - When the patient is admitted to the hospital as an inpatient or to observation status in the course of an encounter in another site of service (eg, hospital emergency department, office, nursing facility), **the services in the initial site may be separately reported.** Modifier 25 may be added to the other evaluation and management service to indicate a significant, separately identifiable service by the same physician or other qualified health care professional was performed on the same date.
 - **CMS proposes to retain policy of only reporting one E/M per day**

Source: AMA

2023 E/M Changes

- Inpatient
 - 99221 Initial hospital inpatient or observation care, per day, for E&M of a patient, which requires a medically appropriate history and/or examination and **straightforward or low-level medical decision-making**. (40 minutes)
 - 99222 Initial hospital inpatient or observation care, per day, for E&M of a patient, which requires a medically appropriate history and/or examination and **moderate level medical decision-making**. (55 minutes)
 - 99223 Initial hospital inpatient or observation care, per day, for E&M of a patient, which requires a medically appropriate history and/or examination and **high-level medical decision-making**. (75 minutes)

Source: AMA

2023 E/M Changes

- Inpatient
 - 99231 Subsequent hospital inpatient or observation care, per day, for E&M of a patient, which requires a medically appropriate history and/or examination and **straightforward or low-level medical decision-making. (25 minutes)**
 - 99232 Subsequent hospital inpatient or observation care, per day, for E&M of a patient, which requires a medically appropriate history and/or examination and **moderate level medical decision making. (35 minutes)**
 - 99233 Subsequent hospital inpatient or observation care, per day, for E&M of a patient, which requires a medically appropriate history and/or examination and **high-level medical decision making. (50 minutes)**

Source: AMA

2023 E/M Changes

- Time

Code	Prior to 2023	Starting 2023
99221	30 minutes	40 minutes
99222	50 minutes	55 minutes
99223	70 minutes	75 minutes
99231	15 minutes	25 minutes
99232	25 minutes	35 minutes
99233	35 minutes	50 minutes

2023 E/M Changes

- Hospital Inpatient or Observation Care Services (Including Admission and Discharge Services)
 - Require two or more encounters on the same date of which one of these encounters is an initial admission encounter and another encounter being a discharge encounter.
 - If the patient is admitted and discharged at the same encounter (one encounter) see 99221-99223. Do not report discharge in addition

Source: AMA

2023 E/M Changes

- Admit/Discharge
 - 99234 Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and **straightforward or low-level medical decision-making**. (45 minutes)
 - 99235 Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and **moderate level medical decision-making**. (70 minutes)
 - 99236 Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and **high-level medical decision-making**. (85 minutes)

Source: AMA

2023 E/M Changes

- Time

Code	Prior to 2023	Starting 2023
99234	40 minutes	45 minutes
99235	50 minutes	70 minutes
99236	55 minutes	85 minutes

2023 E/M Changes

- Hospital Inpatient or Observation Discharge Services
 - Codes 99238-99239 are now reported for inpatient or observation discharge

Source: AMA

2023 E/M Changes

- Office Consultations
 - 99242 Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and **straightforward medical decision-making (20 minutes)**
 - 99243 Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and **low medical decision-making (30 minutes)**
 - 99244 Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and **moderate medical decision-making (40 minutes)**
 - 99245 Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and **high medical decision-making (55 minutes)**

Source: AMA

2023 E/M Changes

- Time

Code	Prior to 2023	Starting 2023
99242	30 minutes	20 minutes
99243	40 minutes	30 minutes
99244	60 minutes	40 minutes
99245	80 minutes	55 minutes

Prolonged service code 99417

2023 E/M Changes

- Inpatient or Observation Consultations
 - 99252 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and **straightforward medical decision-making (35 minutes)**
 - 99253 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and **low medical decision-making (45 minutes)**
 - 99254 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and **moderate medical decision-making (60 minutes)**
 - 99255 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and **high medical decision-making (80 minutes)**

Source: AMA

2023 E/M Changes

- Time

Code	Prior to 2023	Starting 2023
99252	40 minutes	35 minutes
99253	55 minutes	45 minutes
99254	80 minutes	60 minutes
99255	110 minutes	80 minutes

Prolonged service – new code

2023 E/M Changes

- Emergency Department
 - 99281 Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional
 - 99282 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **straightforward medical decision making**
 - 99283 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **low medical decision making**
 - 99284 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and **moderate medical decision making**
 - 99285 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and **high medical decision making**

Source: AMA

2023 E/M Changes

- Prolonged Services
 - 99354-99355 have been deleted see 99417
 - 99356-99357 have been deleted see 99418

Source: AMA

2023 E/M Changes

- Prolonged Services
 - 99358 Prolonged evaluation and management services before and/or after direct patient care; first hour
 - 99359 each additional 30 minutes (List separately in addition to code for prolonged service)
 - Prolonged service on a date other than the date of a face-to-face E/M
 - Must relate to a face-to-face service that has occurred or will occur.
 - Less than 30 minutes is not separately reportable.

Source: AMA

2023 E/M Changes

- Prolonged Services
 - A table was added for 99415 and 99416 for calculating prolonged clinical staff time for a new or established patient.

Source: AMA

2023 E/M Changes

- Prolonged Services
 - *99417 Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code for outpatient Evaluation and Management services)*
 - Add-on code
 - 99417 is coded in addition to 99205, 99215, 99245, 99345, 99350, 99483

Source: AMA

2023 E/M Changes

Prolonged Services

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	Code(s)
Less than 75 minutes	Not reported separately
75 – 89 minutes	99205 x 1 and 99417 x 1
90 – 104 minutes	99205 x 1 and 99417 x 2
105 minutes or more	99205 x 1 and 99417 x 3 or more for each additional 15 minutes

Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	Code(s)
Less than 55 minutes	Not reported separately
55 – 69 minutes	99215 x 1 and 99417 x 1
70 – 84 minutes	99215 x 1 and 99417 x 2
85 minutes or more	99215 x 1 and 99417 x 3 or more for each additional 15 minutes

Source: AMA

Prolonged Services

Total Duration of Office or Other Outpatient Consultation Services (use with 99245)	Code(s)
Less than 70 minutes	Not reported separately
70 – 84 minutes	99245 x 1 and 99417 x 1
80 – 99 minutes	99245 x 1 and 99417 x 2
100 minutes or more	99245 x 1 and 99417 x 3 or more for each additional 15 minutes

Source: AMA

2023 E/M Changes

- Prolonged Services – Medicare
 - *G2212 Prolonged office or other outpatient evaluation and management service(s) beyond the **maximum** required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by physician or QHP, w/ or w/o direct patient contact (List separately in addition to codes 99205, 99215)*

2023 E/M Changes

Prolonged Services

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	Code(s)
60-88 minutes	Report 99205 only
89 – 103 minutes	99205 x 1 and G2212 x 1
104 – 118 minutes	99205 x 1 and G2212 x 2
119 minutes or more	99205 x 1 and G2212 x 3 or more for each additional 15 minutes

Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	Code(s)
40-68 minutes	Report 99215 only
69 – 83 minutes	99215 x 1 and G2212 x 1
84 – 98 minutes	99215 x 1 and G2212 x 2
99 minutes or more	99215 x 1 and G2212 x 3 or more for each additional 15 minutes

Source: Novitas webinar – Not from final rule

2023 E/M Changes

- Prolonged Services
 - 99418 *Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management services)*
 - Add-on code
 - 99418 is coded in addition to 99223, 99233, 99236, 99255, 99306, 99310

Source: AMA

2023 E/M Changes

- Prolonged Services – Medicare
 - G0316 Prolonged *hospital or observation* care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by physician or QHP, w/ or w/o direct patient contact

Prolonged Services – CMS Proposed Codes

TABLE 24: Required Time Thresholds to Report Other E/M Prolonged Services

Primary E/M Service	Prolonged Code*	Time Threshold to Report Prolonged	Count physician/NPP time spent within this time period (surveyed timeframe)
Initial IP/Obs. Visit (99223)	G0316	105 minutes	Date of visit
Subsequent IP/Obs. Visit (99233)	G0316	80 minutes	Date of visit
IP/Obs. Same-Day Admission/Discharge (99236)	G0316	125 minutes	Date of visit to 3 days after
IP/Obs. Discharge Day Management (99238-9)	n/a	n/a	n/a
Emergency Department Visits	n/a	n/a	n/a
Initial NF Visit (99306)	G0317	95 minutes	1 day before visit + date of visit +3 days after
Subsequent NF Visit (99310)	G0317	85 minutes	1 day before visit + date of visit +3 days after
NF Discharge Day Management	n/a	n/a	n/a
Home/Residence Visit New Pt (99345)	G0318	140 minutes	3 days before visit + date of visit + 7 days after
Home/Residence Visit Estab. Pt (99350)	G0318	110 minutes	3 days before visit + date of visit + 7 days after
Cognitive Assessment and Care Planning (99483)	G2212	100 minutes	3 days before visit + date of visit + 7 days after
Consults	n/a	n/a	n/a

* Time must be used to select visit level. Prolonged service time can be reported when furnished on any date within the primary visit's surveyed timeframe, and includes time with or without direct patient contact by the physician or NPP. Consistent with CPT's approach, we do not assign a frequency limitation.

Source: CMS

Split/Shared Visits

- CMS
- Definition of split (or shared) E/M visits as E/M visits provided in the facility setting by a physician and an NPP in the same group. The visit is billed by the physician or practitioner who provides the substantive portion of the visit.
- Split (or shared) visits can be reported for new as well as established patients, and initial and subsequent visits, as well as prolonged services.
- Documentation in the medical record must identify the two individuals who performed the visit. The individual providing the substantive portion must sign and date the medical record

Split/Shared Visits

- Facility Setting only
- Physician and NPP in the same group
- Billed by the provider who provides the substantive portion of the visit.
- More than half of the total time
- History, physical exam, and medical decision-making (only in 2022 during the transitional year)

Split/Shared Visits

- Documentation must
- Identify both individuals who performed the service.
- Signature (and date) of the individual providing substantive portion.

Split/Shared Visits

- Modifier Required
- Modifier FS Split or shared E/M Visit

Split/Shared Visits

- Critical Care
- Substantive portion of critical care services is defined as more than half of the total time spent by the physician and NPP.
- The MD and NPP must be of the same group practice on the same date.
- The billing provider can report both 99291 and 99292 as appropriate with the appropriate number of units
- Modifier FS must be appended to the critical care codes on the claim.
- If the two providers see the patient together at the same time, the time is counted once.

Split/Shared Visits Example

If the NPP first spent 10 minutes with the patient and the physician then spent another 15 minutes, their individual time spent would be summed to equal a total of 25 minutes. The physician would bill for this visit since they spent more than half of the total time (15 of 25 total minutes). If, in the same situation, the physician and NPP met together for five additional minutes (beyond the 25 minutes) to discuss the patient's treatment plan, that overlapping time could only be counted once for purposes of establishing total time and who provided the substantive portion of the visit. The total time would be 30 minutes, and the physician would bill for the visit since they spent more than half of the total time (20 of 30 total minutes).

Training & Education Resources

AMA

<https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>

Thank You!



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