

The New 2023 AMA CPT E/M update are published. What is changing?

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Physician practices have been trying to keep up with all of the recent changes that have been made to the Evaluation and Management Codes over the past 2 years in the office setting.

In 2021, AMA CPT® Editorial Panel approved and published new documentation guidelines for Office and Other Outpatient Evaluation and Management (E/M) CPT® codes (99202-99215, deleting 99201) and their code descriptors and documentation standards that directly addressed the continuing problem of administrative burden for physicians in nearly every specialty, across the country.

After these revisions were implemented, in 2021, it has been challenging for physicians to manage two sets of documentation rules, since the office visits were the only rules updated and the 1995/1997 documentation guidelines were still in place for all hospital E/M services.

However, announced this past week, is some good news. The CPT® Editorial Panel has now approved, for 2023, additional revisions to the rest of the E/M code section. These revisions seek to provide continuity across all the E/M sections, by allowing for the revisions implemented in the E/M office visit section in 2021 to extend to all other E/M sections beginning January 1st, 2023.

Medicare (CMS) also has a stake in this update and published their version of the new updates in their recent (July 7th) newsroom article.

Evaluation and Management (E/M) Visits

As part of the ongoing updates to E/M visits and related coding guidelines that are intended to reduce administrative burden, the AMA CPT® Editorial Panel approved revised coding and updated guidelines for Other E/M visits, effective January 1, 2023. Similar to the approach we finalized in the CY 2021 PFS final rule for office/outpatient E/M visit coding and documentation, we are proposing to adopt most of these changes in coding and documentation for Other E/M visits (which include hospital inpatient, hospital observation, emergency department, nursing facility, home or residence services, and cognitive impairment assessment) effective January 1, 2023. This revised coding and documentation framework would include CPT code definition changes (revisions to the Other E/M code descriptors), including:

- *New descriptor times (where relevant).*
- *Revised interpretive guidelines for levels of medical decision making.*

- *Choice of medical decision making or time to select code level (except for a few families like emergency department visits and cognitive impairment assessment, which are not timed services).*
- *Eliminated use of history and exam to determine code level (instead there would be a requirement for a medically appropriate history and exam).*

We are proposing to maintain the current billing policies that apply to the E/Ms while we consider potential revisions that might be necessary in future rulemaking. We are also proposing to create Medicare-specific coding for payment of Other E/M prolonged services, similar to what CMS adopted in CY 2021 for payment of Office/Outpatient prolonged services.

The following is also a summary of some “key” revisions to the E/M code descriptors and guidelines for 2023 will be.

Expect deletion of observation CPT® codes (99217-99220, 99224-99226) and merged into the existing hospital care CPT codes (99221-99223, 99221-99233, 99238-99239), with updated code descriptors.

Consultations will get a facelift, with the deletion of some confusing guidelines, including the definition of “transfer of care”.

In keeping with the level one CPT® code deletions of 2021, as MDM duplication, expect to see the deletion of lowest level office (99241) and inpatient (99251) consultation codes to align with four levels of MDM, in 2023.

Nursing facility services, along with home and residence services will also see revisions in line with similar documentation rules as the 2021 office visit revisions.

Home and residence services or what is also referred to as the domiciliary or rest home CPT® codes (99234-99340) were deleted and merged with the existing home visit CPT® codes (99341-99350).

The CPT® Editorial Panel worked to again, create revisions to the E/M code descriptors and guidelines that met their objective to decrease the administrative burden of excessive documentation whenever possible. We hope as physicians’ continue to embrace these changes, that it will decrease the need for audits, through the expansion of fundamental definitions of E/M encounters, and by focusing on patient care, and not the unnecessary and potential non-contributory work of cut and paste, templated items.

We will be presenting Educational Webinars on this topic and more as we dive deeper into these updates this fall.

References and Resources:

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-proposed-rule>

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