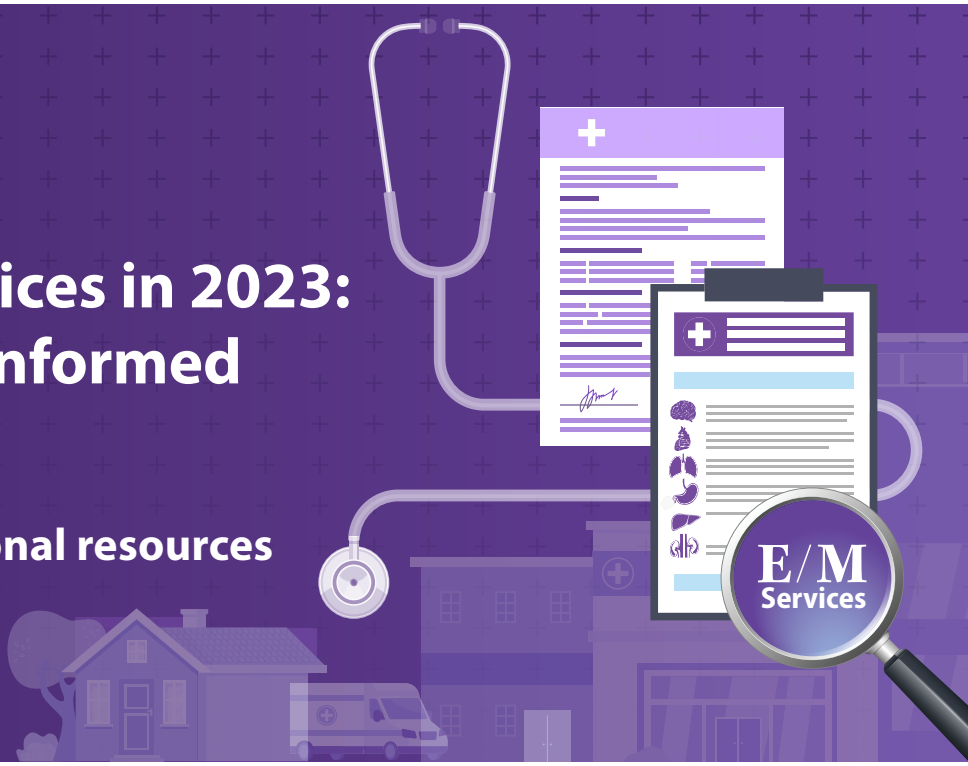
AMA
AMERICAN MEDICAL ASSOCIATION

THE CPT® DOWNLOAD

Reporting E/M Services in 2023: A Check-In to Stay Informed

Webinar takeaways, additional resources and more!



In May 2023, the American Medical Association hosted a **webinar** that covered updates to the Current Procedural Terminology (CPT®) 2023 Evaluation and Management (E/M) codes and guidelines based on feedback the AMA has received from physicians and clinical staff using the codes. This summary highlights the notable changes and several use cases, and offers additional resources to dive even deeper into this important effort to remove obstacles that interfere with patient care.

The Experts

Barbara Levy, MD

Vice-Chair, AMA CPT Editorial Panel
Co-Chair, CPT/RUC Workgroup on E/M

Leslie Prellwitz

Director, CPT Content Management & Development
AMA

Peter Hollmann, MD

Member, AMA/Specialty Society Relative Value Scale Update Committee (RUC)
Co-Chair, CPT/RUC Workgroup on E/M

Our Host

Lori Prestesater

Senior Vice President, Health Solutions

Catching Up on CPT 2023 E/M Code Changes

Recently, the CPT/RUC Workgroup on E/M expanded their scope to streamline E/M guidelines in the CPT code set and focus on four goals:

- To decrease 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

E/M 2023: Notable Changes

THEN		NOW
Codes selected based on		
• History • Examination ***and*** • Medical Decision Making (MDM)	**STREAMLINED** →	• Total Time ***or*** • MDM *Medically appropriate history and/or examination still required *Time still does not apply in the emergency department (ED)
• Hospital Inpatient Services • Hospital Observation Services	**MERGED** →	Hospital Inpatient and Observation Care Services *Medicare still requires office codes for consultants when patient is Observation
• Home Services • Domiciliary Care Services	**MERGED** →	Home or Residence Services
"Admission" codes	**ALIGNED** ↔	Alignment with "initial" service codes.
	NEW !	Now allowed per CPT: Reporting of more than one E/M service on a single date when patient changes site (e.g., office to hospital admission) *The Centers for Medicare & Medicaid Services (CMS) does not accept (unless allowed prior to 2023); but can use total time to account for work on a single day.

MDM Table Updates

Expanding MDM rules introduced the need for new definitions, including:

- ✓ **Stable acute illness:** This describes a category of low-level conditions that require inpatient or observation care and may apply to a patient that has been stabilized in a hospital or nursing facility but is still receiving treatment.
- ✓ **Parenteral controlled substances:** This was added as a high-level MDM risk criterion.

Review and download the CPT E/M code descriptors and guidelines for 2023.

As the codes are used and issues surface that require clarification, the CPT Editorial Panel periodically issues **technical corrections** to clarify the original Panel intent for the current code structure.

Two technical corrections addressed for 2023 provide additional clarity in what may be counted in **independent interpretation** and **appropriate source** by revising definitions within the MDM table to include explicit statements of longstanding guidance:

- **Independent Interpretation:** A definitional addition **that a test that is ordered and independently interpreted may count both as a test ordered and interpreted.**
- **Appropriate Source:** A definitional addition, that **for the purpose of *documents reviewed,* documents from an appropriate source may be counted.**

Review and download the full text of errata and technical corrections issued for CPT 2023 E/M codes.

Applying E/M 2023 Changes

During the May 25 CPT Webinar, CPT Editorial Panel Co-Chair Barbara Levy, MD and AMA/Specialty Society Relative Value Scale Update Committee (RUC) Member Peter Hollmann, MD discussed several case studies in detail to help demonstrate how the E/M 2023 changes can be applied in practice.

Here are some examples they covered:

Reporting Multiple E/M Visits on the Same Date of Service

41-year-old female with a history of uterine fibroids and experiencing severe abdominal pain, nausea and vomiting meets the gynecologist at the emergency department (ED). After exam and initial tests, patient is admitted. An additional exam and tests ordered after admission by the gynecologist reveal the need for surgery. The patient undergoes surgery and is discharged home.

Q **Question:**
Can both the ED and inpatient visit encounters be reported?

A **Answer:**
With 2023 changes, yes, unless this was a Medicare patient. CMS does not allow reporting both and follows the pre 2023 rules.

Q **Question:**
What if the gynecologist saw the patient in the office and then decided to admit them to the hospital?

A **Answer:**
Both the office visit encounter, and the inpatient encounter, may be reported. Also, the gynecologist had the option to report the ED service using the outpatient codes (99212-99215) if the patient was seen in the Emergency Department as a matter of physician convenience.

➔ Follow the full discussion: Jump to **00:26:36** in the **CPT Webinar.**

Prescription Drug Management in the Inpatient Setting

60-year-old male with various co-morbidities and a history of CAD and CABG is admitted with diagnosis of unstable angina. During a five-day stay, while the patient received prescription medications on each day of the stay, changes to the medication regimen occurred only on some days of the stay.

Q **Question:**
When determining appropriate E/M code selection, in the MDM element for Risk, would it be appropriate to consider prescription drug management as a factor for each inpatient day, as the patient received prescription medications each day?

A **Answer:**
Renewing or changing medication in the medication list through an extension or new prescription would represent medication management of the prescribed medications for that patient. Simply reviewing a medication list does not constitute prescription drug management.

The physician is responsible for assessing (and documenting) the level of risk of the services to be performed, including medication management, based on the patient's specific risk factors and the associated risks typically seen with the prescribed drug(s) for that particular patient.

➔ Follow the full discussion: Jump to **00:33:56** in the **CPT Webinar.**

Parenteral Controlled Substances

65-year-old male with a history of co-morbidities is experiencing COPD exacerbation and difficulty breathing after major abdominal surgery. Internal medicine hospitalist reviews notes, orders tests and prescribes IV Hydromorphone. On day two, the hospitalist observes the first dose and returns 30 minutes later to check pulse ox and respirations.

Q **Question:**
When reporting inpatient E/M visit codes for subsequent days, in the area of Risk, are parenteral controlled substances a factor for each inpatient day, or only on the day they are prescribed?

A **Answer:**
The patient must be seen and assessed daily with some documentation of the medical decision making related to continuation or adjustment of the parenteral controlled substances in order for this risk to be counted on subsequent days.

In this case, the initiation of hydromorphone in a patient with a COPD exacerbation requires carefully balancing pain control to improve, but not suppress respirations.

➔ Follow the full discussion: Jump to **00:35:51** in the **CPT Webinar.**

Multiple Morbidities Requiring Intensive Management

A bonus case study was discussed that focused on both appropriate, and inappropriate, use of this new MDM criteria, applicable solely to initial Nursing Facility encounters. If you provide or report services for Nursing Facility patients, make sure to listen to Dr. Hollmann's presentation of the nuances of utilizing this high-level MDM criteria.

➔ Follow the full discussion: Jump to **00:40:00** in the **CPT Webinar.**

Looking Ahead: 2024 and 2025

In addition to the MDM Table, the webinar included high-level information on important upcoming changes that reduce administrative burden, and/or provide additional clarity on key interpretive topics.

Changes for 2024

To provide consistency with recent CMS rules and reduce administrative burden, CPT users will see some changes in the E/M section effective Jan. 1, 2024. Some of the changes include revised time displays for codes 99202-99205, 99212-99215, 99306 and 99308.

E/M guideline revisions will provide additional clarity on:

- ✓ Defining Split or Shared Visits
- ✓ Reporting Multiple Evaluation and Management Services on the same date
- ✓ Reporting Hospital Inpatient or Observation Care Services (including Admission and Discharge Services) when the stay crosses over two calendar dates

In 2025…..

While changes to the CPT code set are not yet finalized, listeners were advised to monitor the CPT set for updates to the Telemedicine Office Visit codes in 2025.

Stay Informed with AMA Resources on E/M

- **CPT Webinar | Reporting E/M Services in 2023: A Check-In to Stay Informed — Watch now**
- ***E/M Companion 2023* — Order your copy**
- **CPT education on the AMA Ed Hub™ — Access now**
- **CPT Knowledge Base with dedicated E/M section — Subscribe**
- ***CPT Assistant* — Subscribe**