



Revenue Cycle Management

A UPA Billing Office Newsletter



Jennifer Bright, CPC, CPB, CPPM
Director, Quality & Education
jtbright@utmck.edu
865.670.6700

There are BIG changes for CPT in 2023, and more specifically, a major overhaul of hospital E/M services and we know there are still a lot of questions and uncertainty around these code changes.

Please read the highlights from the 2023 CPT & HCPCS code updates.

- 225 New CPT & HCPCS Codes
- 93 Revised CPT & HCPCS Codes
- 75 Deleted CPT & HCPCS Codes

The full AMA document on the 2023 CPT Changes can be found [HERE](#):

2023 CPT E/M descriptors and guidelines (ama-assn.org)

E/M Code Change Highlights:

- Hospital Care codes have significant code revisions to now report only one code set for inpatient and observation/outpatient care.
- Hospital status will no longer determine the CPT code for hospital care.
- There will be different code sets for reporting services with code descriptions to distinguish initial or subsequent stays and discharge services.
- Medicare rules for admitting "observation" services still apply for 2023. Only the admitting provider can report observation, others should report appropriate outpatient care codes.
 - o Deleted: Initial Observation Care 99218-99220

To report initial observation care, new or established patient, report 99221-99223

- o Deleted: Subsequent Observation Care 99224-99226 - To report subsequent observation care, report 99231-99233
- o Deleted: Initial Observation Discharge 99217 - To report observation care discharge services, report 99238 or 99239
- o Revised: Initial Hospital Care; Inpatient or Observation 99221-99223
- o Revised: Subsequent Hospital Care; Inpatient or Observation 99231-99233

For a patient admitted and discharged from hospital inpatient or observation status on the same date, report 99234-99236

- Consultation codes:
 - o Deleted: 99241- To report, use 99242
 - o Deleted: 99251- To report, use 99252
- Nursing facility service
 - o Deleted: 99318- To report, see 99307- 99310
- Domiciliary, rest home (eg, boarding home), or custodial care services
 - o Deleted 99324-99328- For domiciliary, rest home [e.g., boarding home], or custodial care services, new patient, see home or residence services codes 99341- 99345
 - o Deleted 99334-99337- For domiciliary, rest home [e.g., boarding home], or custodial care services, established patient, see home or residence services codes 99347- 99350
 - o Deleted 99339-99340- For domiciliary, rest home [e.g., assisted living facility], or home care plan oversight services, see care management services codes 99437, 99491, or principal care management codes 99424, 99425

- Home or resident services code
 - o Deleted: 99343- To report, see 99341- 99345
- Prolonged services codes
 - o Deleted: 99354-99355; to report prolonged evaluation and management services on the date of an outpatient service, home or residence service, or cognitive assessment and care plan, use 99417
 - o Deleted: 99356-99357; to report prolonged evaluation and management services on the date of an inpatient or observation or nursing facility service, use 99418; For Medicare, Medicare Advantage, and Humana plans, use G0316-G0318
 - o New Code 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 service)
 - o 99418- Report in conjunction with 99223, 99233, 99236, 99255, 99306, 99310
 - o G0316- Inpatient or OBS use in conjunction with 99223, 99233, 99236, 99255,
 - o G0317- Nursing Facility use in conjunction with 99306, 99310
 - o G0318- Home or Residence

Selecting an E/M Level of Service for 2023

- For 2023, hospital and outpatient office evaluation and management services will now follow similar rules for selecting a level of service based on medical decision making or time. History and exam is no longer a component when selecting visit level, although a medically appropriate history and exam are still required. Documentation should continue to support the level of service reported for reimbursement. When coding by MDM, the code selection will be based on the three elements of medical decision making which are: the number and complexity of problems that are addressed and documented during the encounter, the amount and/or complexity of data to be reviewed and analyzed, and the risk of complications or morbidity or mortality of patient management.
- For the categories of codes listed below, the level of E/M service may be selected by the medical decision-making (MDM) or time.
 - o Hospital inpatient and observation care services (CPT 99221-99236)
 - o Consultation services (CPT 99242-99245, 99252-99255)
 - o Nursing facility services (CPT 99304-99310)
 - o Home or residence services (99341-99350)
- For the categories of codes listed below, the level of E/M service must be selected by the medical decision-making (MDM).
 - o Emergency department services (CPT 99281-99285)
- For the categories of codes listed below, the level of E/M service must be selected by time.
 - o Hospital Discharge Services (CPT 99238-99239)
 - o Critical Care Services (CPT 99291-99292)
 - o Nursing Facility Discharge Services (99315-99316)



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upasolutions.com