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2023 Evaluation and Management (E/M) Coding Changes

Part 2

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Agenda

- Consultations and Transfer of Care
- Emergency Department Services
- Nursing Facility Services
- Home and Residence Services
- Examples / Scenarios

Consultations and Transfer of Care

Consultations and Transfer of Care

- A consultation is a type of evaluation and management service provided at the request of another physician, other qualified health care professional, or appropriate source to recommend care for a specific condition or problem.

- The consultant's opinion and any services that were ordered or performed must also be communicated by written report to the requesting physician, other qualified health care professional, or other appropriate source

Consultations and Transfer of Care

- A “consultation” initiated by a patient and/or family, and not requested by a physician, other qualified health care professional, or other appropriate source (eg, non-clinical social worker, educator, lawyer, or insurance company), is not reported using these consultation codes.
    - Report with other appropriate E/M service codes such as the initial hospital or observation codes or the nursing facility codes.

- If a consultation is mandated (eg, by a third-party payer) modifier 32 should also be reported.

Consultations and Transfer of Care

- “Transfer of Care” definition and guidelines have been deleted.

    - Services that constitute “transfer of care” are now reported with appropriate new or established patient codes for office, outpatient visits, home or residence services in the Initial Hospital Inpatient or Observation Care (99221-99223) or Initial Nursing Facility Care (99304-99306) subsections.

Consultations and Transfer of Care

- If a consultation is performed in anticipation of, or related to, an admission by another physician or other qualified health care professional, and then the same consultant performs an encounter once the patient is admitted by the other physician or other qualified health care professional, report the consultant's inpatient encounter with the appropriate subsequent care code (99231, 99232, 99233). This instruction applies whether the consultation occurred on the date of the admission or a date prior to the admission. It also applies for inpatient consultations reported with any appropriate code (eg, office or other outpatient visit or office or other outpatient consultation.)

Consultations and Transfer of Care

Lowest level (straightforward) office and inpatient consultation codes have been deleted to align with four levels of Medical Decision Making (MDM).

- **[DELETED] 99241**- Office consultation for a new or established patient, which requires these three key components: a problem focused history; problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

- **[DELETED] 99251**- Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.

Consultations and Transfer of Care

CPT 99242- Office or Outpatient Consultation	
Revised Description -2023	**Previous Description**
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. **When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**	Office consultation for a new or established patient, which requires these **3 key components: An expanded problem focused history; An expanded problem focused examination;** and Straightforward medical decision making**. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Consultations and Transfer of Care

CPT 99252- Inpatient or Observation Consultation	
Revised Description -2023	**Previous Description**
Inpatient or observation consultation for a new or established patient, **which requires a medically appropriate history and/or examination** and straightforward medical decision making. **When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.**	**Inpatient** consultation for a new or established patient, which requires these **3 key components: An expanded problem focused history; An expanded problem focused examination;** and Straightforward medical decision making. **Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.**

Consultations and Transfer of Care

Office/Other Outpatient Consultations

When using total time on the date of the encounter for code selection, at least 20 minutes must be met or exceeded. Time is calculated based on total time on the date of the encounter.

CPT Code	Time (in minutes) *(Must be met or exceeded)*
99242	**20** ***(previously 30)***
99243	**30** ***(previously 40)***
99244	**40** ***(previously 60)***
99245	**55** ***(previously 80)***
Prolonged (99417)	**70 mins or longer**

Consultations and Transfer of Care

Inpatient/Observation Consultation

When using total time on the date of the encounter for code selection, at least 35 minutes must be met or exceeded. Time is calculated based on total time on the date of the encounter

CPT Code	Time (in minutes) *(Must be met or exceeded)*
99252	**35** ***(previously 40)***
99253	**45** ***(previously 55)***
99254	**60** ***(previously 80)***
99255	**80** ***(previously 110)***
Prolonged (99418)	**95 mins or longer**

Consultations and Transfer of Care

Prolonged Services Code	Report with E/M Consultation Code	Do Not Report with E/M Consultation Codes	Beyond Allocated Time in E/M Consultation Code
99417	99245	99242, 99243, 99244	70 minutes or longer
99418	99255	99252, 99253, 99254	95 minutes or longer

Scenario 1

An 83-year-old woman presents to the ER with atypical chest pain. The hospitalist consults a cardiologist, and the cardiologist sees the patient for a consultation prior to admission. The cardiologist orders a stress myocardial perfusion imaging study. The hospitalist admits the patient and then after admission, the cardiologist sees the patient for a second time. How should the consultation that took place after admission be coded?

a. With the appropriate inpatient or observation subsequent care code (99231, 99232, 99233).

b. With the appropriate inpatient or observation consultation for a new or established patient code (99252-99255)

Scenario 1

Answer:

a. With the appropriate inpatient or observation subsequent care code (99231, 99232, 99233).

Guideline states:

If a consultation is performed in anticipation of, or related to, an admission by another physician or other qualified health care professional, and then the same consultant performs an encounter once the patient is admitted by the other physician or other qualified health care professional, report the consultant's inpatient encounter with the appropriate subsequent care code (99231, 99232, 99233). This instruction applies whether the consultation occurred on the date of the admission or a date prior to the admission.

Scenario 2

The same 83-year-old woman undergoes a stress myocardial perfusion imaging study. The perfusion images reveal an anteroapical fixed defect with some reversibility. The cardiologist recommends a cardiac catheterization, but the patient and family requests a consultation and second opinion from another physician before making a decision to proceed. How would the consultation with the second cardiologist be coded?

a. Using a code from the Inpatient or Observation Consultation Codes (99252-99255)

b. Using a code from the Initial Inpatient or Observation Care Services Codes (99221-99223)

Scenario 2

Answer:

b. Using a code from the Initial Inpatient or Observation Care Services Codes (99221-99223)

Because the consultation was at the request of the family, not the physician, it would not be appropriate to use the Inpatient or Observation Consultation Codes (99252-99255)

Emergency Department Services

Emergency Department Services

- Maintained existing principle that 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 by the same physician or QHP with several patients over an extended period of time.

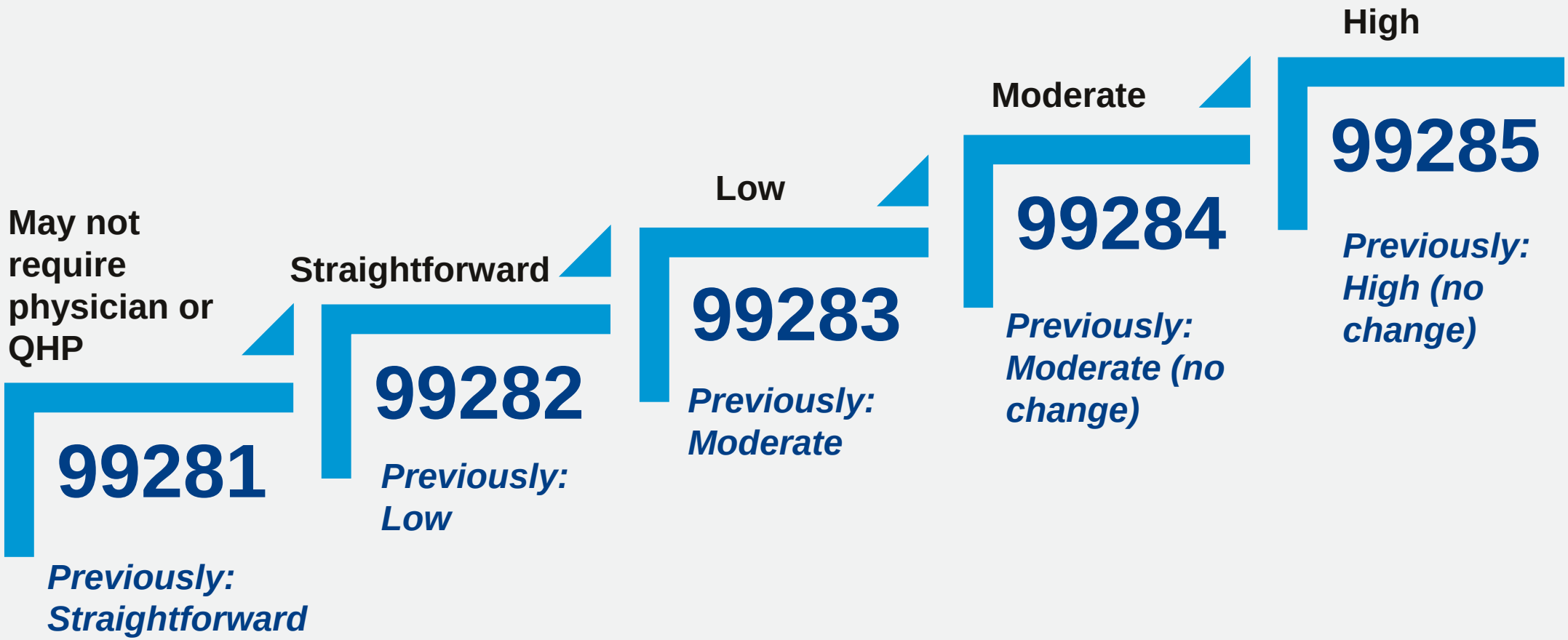
- Maintained existing principle that there is no distinction between new and established patients in the ED.

- Guidelines clarified that these codes may be used by physicians and QHPs other than just the ED staff

Emergency Department Services

- For critical care services provided in the emergency department, see Critical Care guidelines and 99291, 99292. Critical care and emergency department services may both be reported on the same day when after completion of the emergency department service, the condition of the patient changes and critical care services are provided.

Emergency Department Services



Emergency Department Services

•Modified MDM levels to align with office visits and maintain unique MDM levels for each visit.

CPT 99281- Lowest Level ER Visit	
Revised Description -2023	**Previous Description**
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.**	Emergency department visit for the evaluation and management of a patient, **which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.**

Emergency Department Services

CPT 99282- Straightforward ER Visit	
Revised Description -2023	**Previous Description**
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**	Emergency department visit for the evaluation and management of a patient, **which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.**

Emergency Department Services

CPT 99283- Low Level ER Visit	
Revised Description -2023	**Previous Description**
Emergency department visit for the evaluation and management of a patient, **which requires a medically appropriate history and/or examination and low level of medical decision making**	Emergency department visit for the evaluation and management of a patient, **which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.**

Scenario 1

A 20 year old male was biking and collided into another biker. He fell off his bike onto the cement. He presents to the ED with several minor lacerations on his arms and legs, but no other complaints of pain. The nurse examines the lacerations and determines that simple wound care is warranted, and this patient does not require an examination by the physician. What code should be used?

a. Code 99211 (Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional

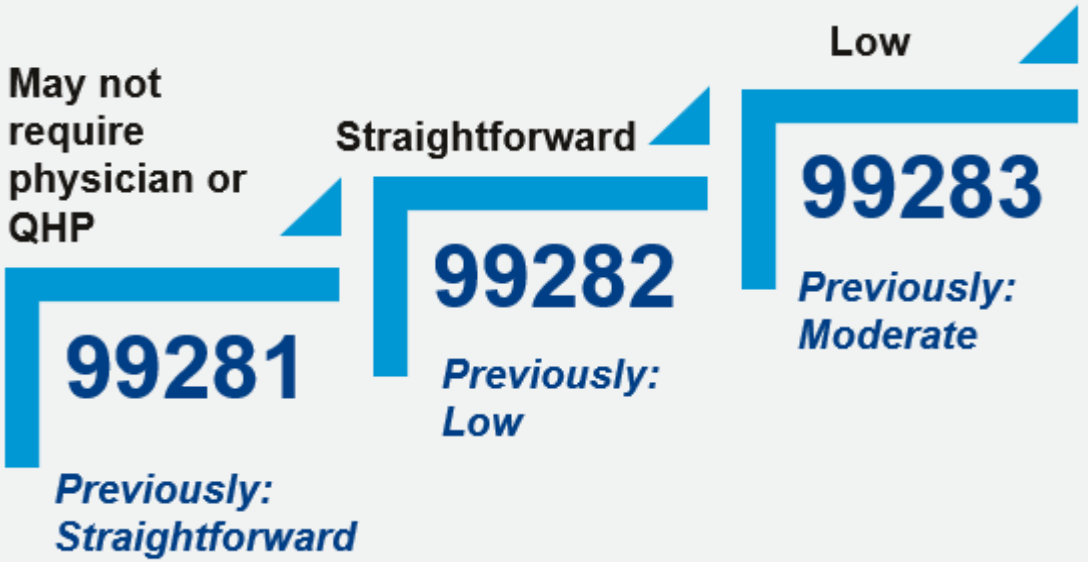
b. Code 99282 (Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making)

c. Code 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)

Scenario 1

Answer:

c. Code 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)



Nursing Facility Services

Nursing Facility Services

To report these services accurately with the correct codes, consider the following:

- Types of care (eg, skilled nursing and nursing facility care) are reported with the same codes
- Place of service code should be reported to specify the type of facility and care where the service is rendered
- There may be variations in payer policies about reporting nursing facility services codes, and they may have additional information and requirements.

Nursing Facility Services

Nursing facility services are performed by the principal physician(s) and other QHPs overseeing the care of the patient in the facility. Note that:

- The principal physician is also sometimes referred to as the admitting physician, who oversees the patient's care as opposed to other physicians or QHPs who may be furnishing specialty care

- Additional services can be performed by physicians or other QHPs as specialists performing a consultation or concurrent care.

- Modifiers may be required to identify the role of the individual performing the service because there are probably other physicians or other QHPs providing specialized care as part of the patient-care team; therefore,, modifier AI, Principal physician of the record, may be required to identify the principal physician for the payer.

Nursing Facility Services

- When selecting a level of medical decision making (MDM) for nursing facility services, the number and complexity of problems addressed at the encounter is considered. For this determination, a high-level MDM-type specific to initial nursing facility care by the principal physician or other qualified health care professional is recognized. This type is:

  Multiple morbidities requiring intensive management:

  A set of conditions, syndromes, or functional impairments that are likely to require frequent medication changes or other treatment changes and/or re-evaluations. The patient is at significant risk of worsening medical (including behavioral) status and risk for (re)admission to a hospital.

- This has been added for nursing facility services only.

Nursing Facility Services

- 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 also be used if a patient is a “new patient” as defined in the E/M services guidelines.

- An initial service may be reported when the patient has not received any face-to-face professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice during the stay. When advanced practice nurses or physician assistants are working with physicians, they are considered as working in the exact. same specialty and subspecialty as the physician.

- When the services at a separate site are reported and the initial nursing facility care service is a consultation service provided by the same physician or QHP and reported on the same date, codes 99252-99255 (inpatient/obs consultations) and 99304-99306 (initial nursing facility care services) should NOT be reported. The consultant should report codes in the code range 99307-99310 (subsequent nursing facility care) for the second service on the same date.

- If initial services are rendered by other physicians or QHPs (not the principal physician or QHP) who are performing consultations, these initial services may be reported using a code from the code range 99252-99255 (inpatient/obs consultations) or 99304-99306 (initial nursing facility care services).

- Use subsequent visit when the principal physician’s team member performs care before the required comprehensive assessment.

Nursing Facility Services

CPT 99304- Initial Nursing Facility Care Straightforward or Low Level	
Revised Description -2023	**Previous Description**
Initial nursing facility care, per day, for the evaluation and management of a patient, **which requires a medically appropriate history and/or examination** and straightforward or low level of medical decision making. When using **total time on the date of the encounter** for code selection, 25 minutes must be met or exceeded.	Initial nursing facility care, per day, for the evaluation and management of a patient, **which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination**; and Medical decision making that is straightforward or of low complexity. **Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.**

Nursing Facility Services

CPT 99307-Subsequent Nursing Facility Care Straightforward	
Revised Description -2023	**Previous Description**
Subsequent nursing facility care, per day, for the evaluation and management of a patient, **which requires a medically appropriate history and/or examination** and straightforward medical decision making. When using **total time on the date of the encounter for code selection**, 10 minutes must be met or exceeded.	Subsequent nursing facility care, per day, for the evaluation and management of a patient, **which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination**; Straightforward medical decision making. **Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.**

Nursing Facility Services

- **[DELETION] 99318-** Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

- This existing service will be reported through the subsequent nursing facility care services (99307-99310).

Nursing Facility Services

Nursing facility discharge management codes are used to report the total duration of time spent by a physician or other QHP for the final nursing facility discharge of a patient.

Total time spent on discharge is counted, even if the time spent is not continuous.

Services counted toward time include:

- Final examination of patient
- Discussion of nursing facility stay when applicable
- Instructions for continuing care that are provided to all relevant caregivers
- Preparation of discharge records, prescriptions, referral forms

* These services can be performed prior to discharge date, but do require a face to face encounter.

Nursing Facility Services

CPT Code	Revised Description - 2023	Previous Description
99315	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter	Nursing facility discharge day management; 30 minutes or less
99316	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter	Nursing facility discharge day management; more than 30 minutes

Scenario 1

A 77 year old female patient is in stable condition and recovering from a stroke in a skilled nursing facility. An annual nursing facility assessment is conducted and takes about 30 minutes. The results of the assessment are discussed with the patient's family. How should this be coded?

a. Using the annual nursing facility assessment code, 99318 (Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.)

b. Using a subsequent nursing facility care services (99307-99310) code.

Scenario 1

Answer:

b. Using a subsequent nursing facility care services (99307-99310) code.

Annual nursing facility assessment code 99318 has been deleted effective January 1, 2023 and subsequent nursing facility care services codes should be used instead.

Home and Residence Services

Home and Residence Services

- The Domiciliary or Rest Home CPT codes (99334-99340) were deleted and merged with the existing Home Visit CPT codes (99341-99350).

- All codes will be reported using revised codes in **Home and Residence services** (updated title) section.

  *Exception some domiciliary services will be reported using codes from the Care Management Services subsection (eg, 99437, 99491, 99492)

- These codes are also used 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 or residential substance abuse treatment facility.

Home and Residence Services

CPT 99341- New Patient-Straightforward	
Revised Description -2023	**Previous Description**
Home or residence visit for the evaluation and management of a new patient, **which requires a medically appropriate history and/or examination** and straightforward medical decision making. When using total time on the date of the encounter for code selection, **15 minutes must be met or exceeded**	Home visit for the evaluation and management of a new patient, **which requires these 3 key components: A problem focused history; A problem focused examination**; and Straightforward medical decision making. **Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Home and Residence Services

CPT Code	Time (in minutes) *(Must be met or exceeded)*
99341	15 *(previously 20)*
99342	30 *(previously 30- no change)*
99344	60 *(previously 60- no change)*
99345	75 *(previously 75- no change)*

*For prolonged services code 99417 may be used or G0317 for Medicare.

Home and Residence Services

- Elimination of duplicate MDM Level New Patient code (99343).

[DELETED] 99343- Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

Home and Residence Services

CPT 99347-Established Patient-Straightforward	
Revised Description -2023	**Previous Description**
Home or residence visit for the evaluation and management of an established patient, **which requires a medically appropriate history and/or examination** and straightforward medical decision making. When using total time on the date of the encounter for code selection, **20 minutes must be met or exceeded.**	Home visit for the evaluation and management of an established patient, **which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination**; Straightforward medical decision making. **Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.**

Home and Residence Services

CPT Code	Time (in minutes) *(Must be met or exceeded)*
99347	**20** ***(previously 15)***
99348	**30** ***(previously 25)***
99349	**40** ***(previously 40- no change)***
99350	**60** ***(previously 60- no change)***

* For prolonged services code 99417 may be used or G0318 for Medicare.

Home and Residence Services

New Patient Codes Deleted for 2023 and Replacement Codes

Code	Existing Code Descriptor	Appropriate Code to Report (Effective Jan. 1, 2023)
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver	99341 Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	99342 Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

Home and Residence Services

Code	Existing Code Descriptor	Appropriate Code to Report (Effective Jan. 1, 2023)
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	99344 Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	99344 Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.	99345 Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.

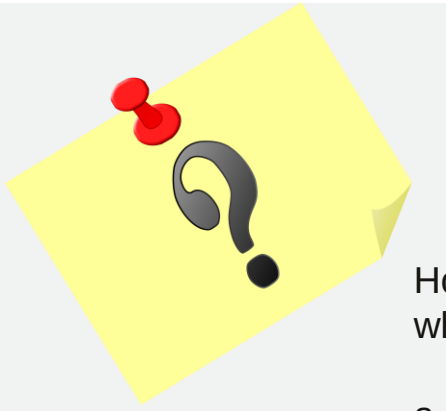
Home and Residence Services

Established Patient Codes Deleted for 2023 and Replacement Codes

Code	Existing Code Descriptor	Appropriate Code to Report (Effective Jan. 1, 2023)
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	99347 Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	99348 Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

Home and Residence Services

Code	Existing Code Descriptor	Appropriate Code to Report (Effective Jan. 1, 2023)
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.	99349 Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	99350 Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.



Scenario 1

How would a domiciliary or rest home visit for the evaluation and management of an established patient be coded when 65 minutes were spent with the patient and total time is being used for code selection?

a. Using code 99350 (Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.)

b. Using code 99344 (Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.)

c. Using code 99337 (Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.)

Scenario 1

Answer:

a. Using code 99350 (Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.)

Patient was established so we would not use 99344. Code 99337 is expired January 1, 2023.

Resources

American Medical Association E/M Hub.

https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management

2023 CPT E/M Descriptors and Guidelines.

https://www.amaassn.org/system/files/2023-e-m-descriptors-guidelines.pdf

American Medical Association Webinar. *E/M 2023: Advancing Landmark Revisions Across More Settings of Care*

***CPT® E/M Companion 2023* booklet**

2023 CPT E/M Descriptors and Guidelines.

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

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Thank you!

Questions?