TRUE NORTH INC.
Healthcare Billing Services

Weekly NEWS

CPT CODE AND E/M GUIDELINE CHANGES

- E/M introductory guidelines related to Hospital inpatient and Observation Care Services codes 99221-99223, 99231-99239, Consultation codes 99242-99245, 99252-99255, emergency Department Services codes 99281-99285, Nursing Facility Services codes 99304-99310, 99315, Home or Residence Services codes 99341, 99342, 99344, 99345, 99347-99350
- Deletion of Hospital Observation Services E/M codes 99217-99220
- Revision of Hospital Inpatient and Observation Care Services E/M codes 99221-99223, 99231-99239 and guidelines
- Deletion of Consultations E/M codes 99241-99251
- Revision of Consultations E/M codes 99242-99245, 99252-99255, and guidelines
- Deletion of Nursing Facility Services E/M code 99318
- Revision of Nursing Facility Services E/M codes 99304-99310, 99315, 99316 and guidelines
- Deletion of Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services E/M codes 99324-99238, 99334-99337, 99340
- Deletion of Home or Residence Services E/M code 99343
- Revision of Home or Residence Services E/M codes 99341, 99342, 99344, 99345, 99347-99350 and guidelines
- Deletion of Prolonged Services E/M codes 99354-99357
- Revision of guidelines for Prolonged Services E/M codes 99358, 99359, 99415, 99416
- Revision of Prolonged Services E/M code 99417 and guidelines
- Establishment of Prolonged Services E/M code 993X0 and guidelines

In addition to the information presented in the Introduction, several other items unique to this section are defined or identified here.

E/M Guidelines Overview ▶ The E/M guidelines have sections that are common to all E/M categories and sections that are category specific. Most categories and many of the subcategories of service have guidelines or instructions unique to that category or subcategory. Where these are indicated, e.g., "Hospital Inpatient and Observation Care," special instructions are presented before listing the specific E/M services codes. It is essential to review the instructions for each category or subcategory. These guidelines are to be used by the reporting physician or other qualified healthcare professional to select the appropriate level of service. These guidelines do not establish documentation requirements or standards of care. The primary purpose of documentation is to support patient care by current and future healthcare team(s). These guidelines are for

services that require a face-to-face encounter with the patient and/or family/caregiver. For 99211 and 99281, the face-to-face services may be performed by clinical staff.) There are many code categories in the Evaluation and Management section (99202-99499). Each category may have specific guidelines, or the codes may include specific details. These E/M guidelines are written for the following categories: ■ Office or Other Outpatient Services ■ Hospital Inpatient and Observation Care Services ■ Consultations ■ Emergency Department Services ■ Nursing Facility Services ■ Home or Residence Services ■ Prolonged Service With or Without Direct Patient Contact on the Date of an Evaluation and Management Service.

Services Reported Separately Any specifically identifiable procedure or service (i.e., identified with a specific CPT code) performed on the date of E/M services may be reported separately. ▶ The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified healthcare professional reporting the E/M service. Tests that do not require separate interpretation (e.g., test results only) and are analyzed as part of MDM do not count as an independent interpretation but may be counted as ordered or reviewed for selecting an MDM level. The performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately in addition to the appropriate E/M code. The interpretation of the results of diagnostic tests/studies (i.e., professional component) with the preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code and, if required, with modifier 26 appended. ◀ The physician or other qualified health care professional may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service. The E/M service may be caused or prompted by the symptoms or condition for which the procedure and/or service was provided. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. As such, different diagnoses are not required for reporting the procedure and the E/M services on the same date

Classification of Evaluation and Management (E/M) Services

The basic format of codes with levels of E/M services based on medical decision-making (MDM) or time is the same. First, a unique code number is listed. Second, the place and/or type of service is specified (e.g., office or another outpatient visit). Third, the content of the service is defined. Fourth, time is specified. (A detailed discussion of time is provided in the Guidelines for Selecting Level of Service Based on Time.)

The place of service and service type is defined by the location where the face-to-face encounter with the patient and /or family/caregiver occurs. For example, service provided to a nursing facility resident brought to the office is reported with an office or other outpatient code.

New and Established Patients

To distinguish between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified healthcare professionals who may report evaluation and management services. A new patient has yet to receive any professional services from the physician or other qualified healthcare professional or another physician or other qualified healthcare professional of the same specialty and subspecialty who belongs to the same group practice within the past three years.

An established patient has received professional services from the physician, other qualified healthcare professional, another physician, or other qualified healthcare professionals of the same specialty and subspecialty who belongs to the same group practice within the past three years.

Suppose a physician or other qualified healthcare professional is on call for or covering for another physician or other qualified healthcare professional. In that case, the patient's encounter will be classified as it would have

been by the physician or other qualified healthcare professional who is not available. When advanced practice nurses and physician assistants work with a physician, they are in the same specialty and subspecialty as the physician.

No distinction is made between the new and established patient in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

Hospital Observation Services

Observation Care Discharge Services > 99217 has been deleted. To report observation care discharge services, see 99238, 99239.

Initial Observation Care

New or Established Patients> 99218, 99219, and 99220 have been deleted. To report subsequent observation care, see 99231, 99232, and 99233.

Subsequent Observation Care

> 99224, 99225, and 99226 have been deleted. To report subsequent observation care, see 99231, 99232, and 99233.

Hospital Inpatient and Observation Care Services

The following codes are used to report initial and subsequent evaluation and management services provided to hospital inpatients and patients designated as hospital outpatient "observation status." Hospital inpatient or observation care codes are also used to report partial hospitalization services.

For patients designated/admitted as "observation status" in a hospital, the patient doesn't need to be in an observation area designated by the hospital. If such an area does exist in a hospital (as a separate unit in the hospital, in the emergency department, etc.), these codes may be utilized if the patient is placed in such an area.

For a patient admitted and discharged from a hospital inpatient or observation status on the same date, report 99234, 99235, and 99236, as appropriate.

Total time on the date of the encounter is by calendar date. When using MDM or total time for code selection, a continuous service that spans the transition of two calendar dates is a single service reported on one calendar date. If the service is continuous before and through midnight, all the time may be applied to the reported service date.

Initial Hospital Inpatient or Observation Care

NEW or Established Patient

The following codes are used to report the first hospital inpatient or observation status encounter with the patient.

An initial service may be reported when the patient has yet to receive any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the same specialty and subspecialty who belongs to the same group practice during the stay. When advanced practice nurses and physician assistants work with physicians, they are considered to be in the same specialty and subspecialty as the physician.

When the patient is admitted to the hospital as an inpatient or to observation status during an encounter in another site of service (e.g., 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 that a significant, separately identifiable service by the same physician or other qualified healthcare professional was performed on the same date.

In the case when the services in a separate site are reported, and the initial inpatient or observation care service is a consultation service, do not report 99221, 99222, 99223, 99252, 99253, 99254, 99255. The consultant reports the subsequent hospital inpatient or observation care codes 99231, 99232, and 99233 for the second service on the same date.

If a consultation is performed in anticipation of or related to, an admission by another physician or other qualified healthcare professional, and then the same consultant performs an encounter once the patient is admitted by the other physician or other qualified healthcare 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 admission date or before the admission. It also applies to consultations reported with any appropriate code (e.g., office or other outpatient visit or office or other outpatient consultation).

For a patient admitted and discharged from a hospital inpatient or observation status on the same date, report 99234, 99235, and 99236, as appropriate. To report an initial hospital inpatient or observation care service, a transition from observation level to inpatient does not constitute a new stay.

Coding Tip - Instructions for the use of the CPT Codebook

When advanced practice nurses (APN) and physician assistants (PA) work with physicians, they work in the same specialty and subspecialty as the physician. A "physician or other qualified healthcare professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) and who performs a professional service within his or her scope of practice and independently reports that professional service. These professionals are distinct from "clinical staff." A clinical staff member is a person who works under the supervision of a physician or other qualified healthcare professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specific professional service but does not individually report that professional service. Other policies may also affect who may report specific services.

The original AMA release in its entirety can be found at 2023 CPT E/M descriptors and guidelines (ama-assn.org)