

Proposed E/M rule for CY 2023

- Effective from CY 2023, AMA CPT editorial panel has redefined the E/M visit codes (except critical care services) as same as Office/Outpatient E/M visits. In new revision, an E/M visit will be selected based on
 - Amount of time practitioner spent with patient (**or**)
 - Medical Decision Making
- History and physical exam would be considered, as medically appropriate, and would no longer be used to select visit level.
- When selecting and E/M based on time, provider should select the code based on the full time spent with patient not by attaining the midpoint / Threshold time.
- Following are the additional changes that are effective from Jan 1, 2023.
 - Revision of Nursing Facility Services E/M codes 99304-99310, 99315, 99316 and guidelines
 - Deletion of Nursing Facility Services E/M code 99318
 - Deletion of Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services E/M codes 99324-99238, 99334-99337, 99339, 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
 - 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 and 99251
 - Revision of Consultations E/M codes 99242-99245, 99252-99255 and guidelines
 - Revision of Emergency Department Services E/M codes 99281-99285 and guidelines
- Currently there are approximately 75 E/M codes (other than office/outpatient E/M codes), whereas it will get reduce to 50 E/M codes in the year of 2023.
- New CPT code was created for **prolonged inpatient services** by physicians and other qualified healthcare professionals on the date of the E/M visit.

New description for Nursing Facility visits (99304-99310)

	Code	Description
Nursing Facility services	99304	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.
	99305	Initial nursing facility care, per day, for the evaluation and management of a 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, 35 minutes must be met or exceeded.
	99306	Initial nursing facility care, per day, for the evaluation and management of a 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, 45 minutes must be met or exceeded

	Code	Description
Skilled Nursing facility	99307	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
	99308	Subsequent nursing facility care, per day, for the evaluation and management of a 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, 15 minutes must be met or exceeded.
	99309	Subsequent nursing facility care, per day, for the evaluation and management of a 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, 30 minutes must be met or exceeded
	99310	Subsequent nursing facility care, per day, for the evaluation and management of a 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, 45 minutes must be met or exceeded

New prolonged service codes for Nursing facility E/M

- Proposed new nursing facility prolonged service code 993X0 which can be used when the total time is exceeded by 15 or more minutes.
 - It should be used only with E/M 99306 or 99310
 - Proposing that total time spent can be include the day before the visit, the day of the visit and up to and including 3 days after the visit
- Since 993X0 includes time without direct patient contact, there would no longer be a need to use CPT codes 99358 and 99359 (prolonged E/M visit without direct patient contact) in conjunction with NF visits. Therefore, proposing to change the payment status for CPT codes 99358 and 99359 to “I” (*Not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services*)
- Also, proposing that prolonged services would not be reportable in conjunction with CPT codes 99315 and 99316 (NF discharge day management).

	Code	Description
Prolonged service	993X0	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services

Annual Nursing Facility visit

- From CY 2023, Annual nursing facility assessment cpt 99318 will get deleted.
- Assessment service will get included in regular SNF codes

Home or Residence Services (CPT Codes 99341, 99342, 99344, 99345, 99347-99350)

- From CY 2023, CPT codes in the Domiciliary, Rest Home (for example, Boarding Home), or Custodial Care Services code family (CPT codes 99324-99328, and 99334-99337) and one CPT code in the Home Services family (CPT code 99343) will get deleted by CPT panel.
- All the above-mentioned services will get **merged** with “Home visit” services CPT codes 99341, 99342, 99344, 99345, and 99347-99350.
- All these codes will be reported in place of service 12.
 - There will be a change in description of POS 12 as follows “**location, other than a hospital or other facility, where the patient receives care in a private residence**”

New description for Home service (99341-99345 and 99347-99350)

Home or Residence Services		
	Code	Description
New patient	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.
	99342	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, 30 minutes must be met or exceeded.
	99344	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, 60 minutes must be met or exceeded.
	99345	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, 75 minutes must be met or exceeded.
Established patient	99347	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, 20 minutes must be met or exceeded.
	99348	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, 30 minutes must be met or exceeded.
	99349	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, 40 minutes must be met or exceeded.
	99350	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, 60 minutes must be met or exceeded.

Payment differential between Domiciliary, rest home services vs Home service in CY 2022

ALF/Custodial for 2022		Home service for 2022		Payment Variation
CPT	Fee value	CPT	Fee value	
99324	\$ 57.14	99341	\$ 57.14	\$ -
99325	\$ 83.29	99342	\$ 81.04	\$ 2.25
99326	\$ 144.52	99343	\$ 131.68	\$ 12.84
99327	\$ 194.63	99344	\$ 190.09	\$ 4.54
99328	\$ 228.88	99345	\$ 230.23	\$ (1.35)
99334	\$ 64.18	99347	\$ 57.93	\$ 6.25
99335	\$ 100.81	99348	\$ 87.81	\$ 13.00
99336	\$ 142.54	99349	\$ 135.56	\$ 6.98
99337	\$ 203.82	99350	\$ 187.60	\$ 16.22

Cognitive Assessment and Care Planning (CPT Code 99483)

- In CY 2023, descriptor time for CPT code 99483 will be 60 minutes typical time instead of 50 minutes typical time.
- Prolonged service should not be reportable in conjunction with CPT 99483.

Prolonged Services on a Different Date Than the E/M (CPT Codes 99358-99359)

- Proposed to assign an inactive status

Threshold time for New Prolonged services

TABLE 18: Proposed Time Thresholds to Report Other E/M Prolonged Services

Primary E/M Service	Prolonged Code*	Time Threshold to Report Prolonged	Count physician/NPP time spent within this time period (surveyed timeframe)
Initial IP/Obs. Visit (99223)	GXXX1	105 minutes	Date of visit
Subsequent IP/Obs. Visit (99233)	GXXX1	80 minutes	Date of visit
IP/Obs. Same-Day Admission/Discharge (99236)	GXXX1	125 minutes	Date of visit to 3 days after
IP/Obs. Discharge Day Management (99238-9)	n/a	n/a	n/a
Emergency Department Visits	n/a	n/a	n/a
Initial NF Visit (99306)	GXXX2	95 minutes	1 day before visit + date of visit +3 days after
Subsequent NF Visit (99310)	GXXX2	85 minutes	1 day before visit + date of visit +3 days after
NF Discharge Day Management	n/a	n/a	n/a
Home/Residence Visit New Pt (99345)	GXXX3	141 minutes	3 days before visit + date of visit + 7 days after
Home/Residence Visit Estab. Pt (99350)	GXXX3	112 minutes	3 days before visit + date of visit + 7 days after
Cognitive Assessment and Care Planning	n/a	n/a	n/a
Consults	n/a	n/a	n/a

* Time must be used to select visit level. Prolonged service time could be reported when furnished on any date within the primary visit's surveyed timeframe, and would include time with or without direct patient contact by the physician or NPP. Consistent with CPT's approach, we would not assign a frequency limitation.

New RTM (Remote Therapeutic Monitoring) device for Cognitive Behavioral Therapy Monitoring (CPT Code 989X6)

- The CPT Editorial Panel has created new code for Cognitive Behavioral Therapy Monitoring

Code	Description
989X6	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, cognitive behavioral therapy, therapy adherence, therapy response); initial set-up and patient education on use of equipment; device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days

Proposing new CPT code General BHI service when billed by Clinical Psychologists (CPS) and Clinical Social Workers (CSW)

- Proposed to create a **G code** for describing General BHI performed by CPs or CSWs to account for monthly care integration where the mental health services furnished by a CP or CSW are serving as the focal point of care integration.

Code	Description
GBHI1	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare law to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.