Northern Light Health

Health Information Management Revenue Cycle

# Evaluation & Management (E/M) Documentation Guidelines 2023 Update

## *Inpatient Providers*

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# Overview of Changes

- Changes are effective 1/1/2023.
- 1995/1997 Documentation guidelines are being retired.
- Level of E/M will be determined by Medical Decision Making or Total Time.
  - History and Exam will no longer be used to determine level, but still must be documented as medically appropriate. Tip: History will help support your MDM!
  - Chief complaint is still a required element in the documentation. This establishes the medical necessity of that patient encounter.
- Observation codes have been deleted and instead are included within the Inpatient code set.
- Lowest level of Consult codes (99241/99251) have been deleted.
- New Prolonged Service CPT code created to be used with high level CPT codes.

# Time Based Coding

- Total time spent on the date of service only
- Includes both face-to-face and non-face-to-face time spent
  - A face-to-face visit with the patient must occur on that DOS
- Excludes any separately reported services
- No longer a requirement that greater than 50% of the time is spent in counseling or coordination of care
- Time must be documented in order to bill Prolonged Service CPT codes
- Coding level will be determined by whichever method is more beneficial to the provider, Total Time or MDM

# Time Based Coding

## *Total Time* includes the following:

- preparing to see the patient (e.g., review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (when not separately reported)

## What is Not included:

- Time spent performing separately reportable services (injections/procedures/etc.) "Double Dipping"
- Services performed by clinical staff
- **Any time spent prior to and after the date of service, including charting/documenting the visit**
- When multiple providers are treating the patient at the same time, each minute is only counted once, not per provider
- Work that does not require practitioner knowledge and expertise (e.g., waiting on hold for pre-cert authorization)
- Teaching that is general and not required for the management of a specific patient
- Slow charting, technical issues, travel, etc.

Remember Medical Necessity!

# Times associated with each CPT Code

| CPT Code | Total Time in minutes (met or exceeded) |
|---|---|
| **99221** – *Initial inpatient/observation* | 40 |
| **99222** – *Initial inpatient/observation* | 55 |
| **99223** – *Initial inpatient/observation* | 75 |
| **99231** – *Subsequent inpatient/observation* | 25 |
| **99232** – *Subsequent inpatient/observation* | 35 |
| **99233** – *Subsequent inpatient/observation* | 50 |
| **99234** – *Admission & Discharge Same Date* | 45 |
| **99235** – *Admission & Discharge Same Date* | 70 |
| **99236** – *Admission & Discharge Same Date* | 85 |
| **99238** – *Discharge Services* | 30 minutes or less |
| **99239** – *Discharge Services* | More than 30 minutes |

# Prolonged Services

- New CPT code 99418 created for inpatient prolonged services. Medicare created separate G code (G0316) for this with different minimum time requirements
- Minimum time spent to support billing per CPT guidelines: 99223 – 90 minutes; 99233 – 65 minutes; 99236 – 100 minutes
- Code is to be used with highest level of each code set (99223/99233/99236)
- Code is in 15-minute increments, multiple units can be applied
- Recommendation is to select this quick order when you support CPT guidelines. Coders will review to determine payor rules and adjust units based on documentation

# Split/Shared Visits

Visit performed by physician and non-physician provider of the same group, who can each perform E/M services independently.

Billing provider determined by whomever performed the **substantive portion** of the visit. Substantive defined as either:

- More than half of the total time spent on the service OR
- One of the three key components (history, exam, or MDM)

- The component must be performed in its entirety by billing provider.
- Example phrasing: "I personally performed the substantive portion of this visit through completion of the: ___ h*istory, exam, or medical decision making*__. The details of which are: ___*documentation of what you did for the patient for this encounter*___."
- This will be used to determine the code billed so should be specific as if you performed the service independently.

**It has been indicated that for CY 2024, time will be the only determining factor for substantive portion*

# Split/Shared Visits

Documentation Requirements:

- Names of the two providers involved in the visit. This can be completed by each provider stating that the visit was done in conjunction with, for example.
- For element based: Both providers should document the key element(s) they performed, in addition to the substantive portion statement.
- For time based: both providers must document the time they personally spent on the patient care.
- Billing provider must sign and date the medical record.

# Updated Guidelines- Inpatient and Observation Visits

- Inpatient and Observation codes have been combined into one code set, previously reserved for inpatient services only (99221-99223, 99231-99233).
- For same day admit and discharge from hospital inpatient or observation status, report 99234-99236, as appropriate.
- Discharge services are also combined for inpatient and observation care (99238-99239).
- Total time on the date of the encounter is by calendar date.
- However, a continuous service that spans the transition of two calendar dates is a single service and is reported on one calendar date. If the service is continuous before and through midnight, all the time may be applied to the reported date of service.
- This “through midnight” rule also applies when MDM is used to support.

# Updated Guidelines- Initial and Subsequent Visits

- An initial service may be reported when the patient has not received any professional services from the physician or other provider of the exact same specialty and subspecialty who belongs to the same group practice during the stay. When NPP's are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.
- When the patient is admitted to the hospital as an inpatient or to observation status in the course of an encounter in another site of service (eg, hospital emergency department, office, nursing facility), the services in the initial site may be separately reported.
  - This is a CPT guideline- CMS differs and will count the first service as part of the inpatient care instead
- For the purpose of reporting an initial hospital inpatient or observation care service, a transition from observation level to inpatient does not constitute a new stay.

# CMS 8 to 24-hour Rule

CMS has specified that they intend to continue use of their 8 to 24-hour rule:

- When a patient receives hospital inpatient or observation care for less than 8 hours, only the Initial Hospital Inpatient or Observation Care (99221 – 99223) shall be reported by the practitioner for the date of admission. No additional discharge day management services would be billed. (CMS)
- When a patient is admitted for hospital inpatient or observation care and then is discharged on a different calendar date, the practitioner shall report Initial Hospital Inpatient or Observation Care (99221 – 99223) and Hospital Inpatient or Observation Discharge Day Management (99238-99239). (CMS)
- When a patient receives hospital inpatient or observation care for a minimum of 8 hours and is discharged on the same calendar date (thus the stay is less than 24 hours), Same Day Admission/Discharge Services (99234 – 99236) shall be reported. No additional discharge day management services would be billed. (CMS)

# Consultation Service

- A consultation is a type of evaluation and management service provided at the request of another provider or appropriate source to recommend care for a specific condition or problem.
- The intent of a consult should be to request an opinion, not simply to transfer care of a problem.
- The consultant's opinion and any services that were ordered or performed must also be communicated by written report to the requesting provider or other appropriate source.
- Including a statement specifying the service is a consult, who requested the service, and the reason for the consult will ensure documentation requirements are met to bill these services. (e.g., Consult requested by Dr. X for diagnosis Y)
- If a consultation is performed in anticipation of, or related to, an admission by another provider, and then the same consultant performs an encounter once the patient is admitted by the other provider, report the consultant's inpatient encounter with the appropriate subsequent care code (99231-99233).
  - This instruction applies whether the consultation occurred on the date of the admission or a date previous to the admission.
  - It also applies for consultations reported with any appropriate code (e.g., office visit or outpatient consultation).

# Consultation Service

- CPT codes 99241 and 99251 will be deleted effective 1/1/2023.
- Code selection will be based on MDM or Time.

| ***Inpatient or Observation Consultations*** | | |
|---|---|---|
| CPT Code | MDM Level | Minimum Total Time spent on DOS |
| 99252 | Straightforward | 35 minutes |
| 99253 | Low | 45 minutes |
| 99254 | Moderate | 60 minutes |
| 99255 | High | 80 minutes |

# Hospital Inpatient or Observation Care CPT Codes

| CPT Code | CPT Description | Time |
|---|---|---|
| 99221 | **Initial hospital inpatient or observation 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 medical decision making | 40 minutes must be met or exceeded |
| 99222 | **Initial hospital inpatient or observation 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 | 55 minutes must be met or exceeded |
| 99223 | **Initial hospital inpatient or observation 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 | 75 minutes must be met or exceeded<br><br>***For services of 90 minutes or longer, use prolonged service code 99418*** |

| CPT Code | CPT Description | Time |
|---|---|---|
| 99231 | **Subsequent hospital inpatient or observation 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 medical decision making | 25 minutes must be met or exceeded |
| 99232 | **Subsequent hospital inpatient or observation 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 | 35 minutes must be met or exceeded |
| 99233 | **Subsequent hospital inpatient or observation 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 | 50 minutes must be met or exceeded<br><br>***For services of 65 minutes or longer, use prolonged service code 99418*** |

# Hospital Inpatient or Observation Care Services Including Admission and Discharge Services, same date of service

| CPT Code | CPT Description | Time |
|---|---|---|
| 99234 | Hospital inpatient or observation care, for the evaluation and management of a patient **including admission and discharge on the same date**, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making | 45 minutes must be met or exceeded |
| 99235 | Hospital inpatient or observation care, for the evaluation and management of a patient **including admission and discharge on the same date**, which requires a medically appropriate history and/or examination and moderate level of medical decision making | 70 minutes must be met or exceeded |
| 99236 | Hospital inpatient or observation care, for the evaluation and management of a patient **including admission and discharge on the same date**, which requires a medically appropriate history and/or examination and high level of medical decision making | 85 minutes must be met or exceeded<br><br>***For services of 100 minutes or longer, use prolonged services code 99418*** |

# Hospital Inpatient or Observation Discharge Services

| CPT Code | CPT Description *(emphasis added)* |
|---|---|
| 99238 | Hospital inpatient or observation discharge day management; **30 minutes or less on the date of the encounter** |
| 99239 | Hospital inpatient or observation discharge day management; **more than 30 minutes on the date of the encounter** |

# HealthStream Attestation

- An attestation must be completed in HealthStream which will be available for you to complete after attending the appropriate sessions based on your specialty.
- This will be a 4-question true/false quiz confirming that you have attended your session, you understand the changes, received the materials, and who to contact with additional questions.
- Materials will be emailed to attendees after the session and are available on the HIM Portal Provider E/M Education.
- Intranet - 2023 Provider E/M Education (emhs.org)

# References

AMERICAN MEDICAL ASSOCIATION. (2022). *Cpt Professional 2023.* AMERICAN MEDICAL ASSOCIAT.

Centers for Medicare & Medicaid Services. CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies.

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# Appendix A
# Available Auto-Text

## Time-based auto-text:

*2 options available*

- */time*
- */time-detailed*

## MDM auto-text:

1 option

- */mdm*