Children's Hospital LOS ANGELES®

MEDICAL GROUP

CPT 2023 Changes Hospital Medicine

CHLAMG Compliance

November 10, 2022

The Compliance Program protects and advances the Mission of the CHLA Medical Group by **detecting and preventing risks** that could impair its ability to create hope and build healthier futures.

E/M Code Set Changes

- AMA's CPT® code and guideline changes go into effect on January 1, 2023
- On that date, E/M codes will be determined based on either total time spent on the date of the patient visit or medical decision making (MDM)
- The clinician makes the decision which is more advantageous—not always as simple as it seems

Inpatient E/M

INPATIENT		2 OF 3 COLUMNS MUST BE MET			OR TOTAL TIME
Initial Hospital Care (includes Subacute)		**PROB**	**DATA**	**RISK**	**TIME**
99221	1 self-ltd./minor **or** 1 stable acute or chronic **or** 1 acute uncomp. **or** 2 minor probs.	MIN/LOW	MIN/LTD	MIN/LOW	40-54 min
99222	2 stable chr. **or** 1 exacerb. chr. **or** 1 undx. new **or** 1 acute systemic **or** 1 acute comp.	MOD	MOD	MOD	55-74 min
99223	1 severe exacerb. **or** 1 threat to life or bodily function	HIGH	EXT	HIGH	75-89 min
Subsequent Hospital Care (includes Subacute)					
99231	1 stable acute or chronic **or** 1 acute uncomp. **or** 2 minor probs.	MIN/LOW	MIN/LTD	MIN/LOW	25-34 min
99232	2 stable chr. **or** 1 exacerb. chr. **or** 1 undx. new **or** 1 acute systemic **or** 1 acute comp.	MOD	MOD	MOD	35-49 min
99233	1 severe exacerb. **or** 1 threat to life or bodily function	HIGH	EXT	HIGH	50-64 min
Consultation (includes Subacute)					
99252	1 self-limited or minor problem	MIN	MIN/NONE	MIN	35-44 min
99253	1 stable acute or chronic or 1 acute uncomp. or 2 minor probs.	LOW	LTD	LOW	45-59 min
99254	2 stable chr. **or** 1 exacerb. chr. **or** 1 undx. new **or** 1 acute systemic **or** 1 acute comp.	MOD	MOD	MOD	60-79 min
99255	1 severe exacerb. **or** 1 threat to life or bodily function	HIGH	EXT	HIGH	80-94 min
Prolonged Service (each 15 min.)		**THRESHOLD TIMES (MIN.)**			
99418	Initial Hospital Care	**90-104**	99223, 99418 x 1	**105-119**	99223, 99418 x 2
	Subsequent Hospital Care	**65-79**	99233, 99418 x 1	**80-94**	99233, 99418 x 2
	Consultation	**95-109**	99255, 99418 x 1	**110-124**	99255, 99418 x 2

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Significant Inpatient Changes

- Codes no longer determined based on key components
- All time thresholds updated:

Category	Codes	Current: Time >50% CC	CPT 2023: Total Time
Initial Hospital Care	99221-99223	30-70 min.	**40-89 min.**
Subs. Hospital Care	99231-99233	15-35 min.	**25-64 min.**
Consultation	99252-99255	20-110 min.	**35-94 min.**

- CPT 99251, 99356 and 99357 are deleted
- Prolonged service reported with CPT 99418
- > 50% of time spent counseling/coordination care no longer applies
- Initial Hospital Care **no longer limited** to the admitting physician
- Same Day Admit and Discharge (CPT 99234-99236) does not apply for patients admitted overnight and discharged the following day.

History and Exam

- Document a medically appropriate history and/or exam for all E/M services
  - Supports medical necessity
  - Does not factor in code selection
  - Treating physician/QHP determines what is appropriate
- Elements required by Medical Staff still need to be documented

Total Time

Total Time

- Both face-to-face and non-face-to-face time spent by the provider(s) on the date of service may be included in the time calculation
- Documentation should support the extent of the service provided
- Prolonged service code 99418 is billed in 15-minute increments and may only billed with the highest level code in each category (99223, 99233, etc.)
- Exclude time spent providing separately billed services

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Total Time

INCLUDES: Clinical activities performed on the date of a face-to-face encounter

- Reviewing test results, consultation reports and patient information obtained prior to the visit
- Obtaining and/or reviewing history
- Examination and evaluation
- Counseling and education provided to patients or caregivers
- Ordering medications, procedures or tests
- Documenting clinical information

EXCLUDES:

- Performance of services that are reported separately
- Travel
- Teaching that is that is general and not limited to discussion that is required for the management of a specific patient

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Total Time

Subsequent Hospital Visit	
99231	25-34 min.
99232	**35-49 min.**
99233	50-64 min.
Add 99418 to 99233 for services ≥ 65 min.	

Before visit: 10 minutes reviewing yesterday's note and discussing the case with the nurse
During visit: 20 minutes face-to-face with patient obtaining history and performing exam, 30 minutes performing a lumbar puncture
After visit: 5 minutes documenting
Total Time on the **date of the patient visit**: 35 minutes excluding time spent performing a lumbar puncture

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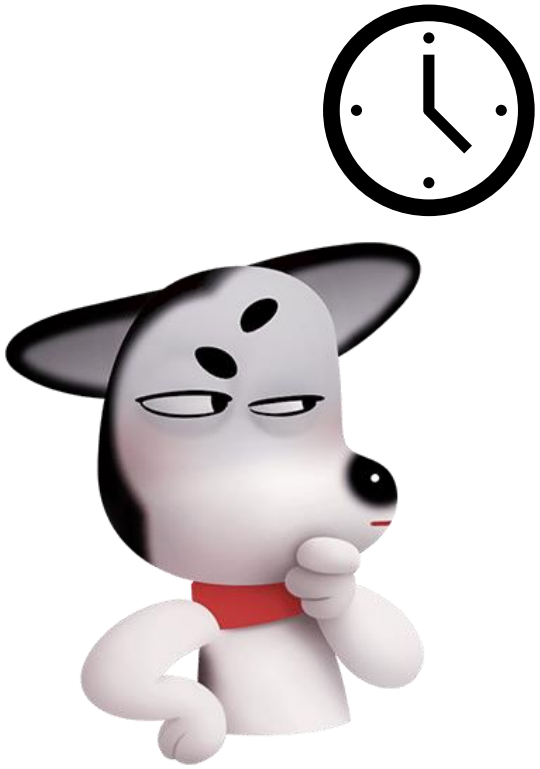
Total Time

Subsequent Hospital Visit	
99231	25-34 min.
99232	35-49 min.
99233	**50-64 min.**
Add 99418 to 99233 for services ≥ 65 min.	

Day Hospitalist: 30 minutes performing a subsequent visit at 3 PM on 1/2/23
Nocturnist: 40 minutes following up with the patient at 10 PM on 1/2/23
Total Time on the **date of the patient visit**: 70 minutes

E/M Service Supported: 99233 and 99418

When should I bill based on time?



- Prolonged discussion with the patient/family
  - Diagnostic results and/or impressions
  - Prognosis
  - Risk and benefits of treatment
  - Education
- Extended time spent on records review
- Extended time spent on clinical activities off the unit/floor
- Shared services – Day/Nocturnist
- Counseling/coordination of care **does not** have to exceed 50%

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Medical Decision Making

Medical Decision Making

- Determined based on the highest two of three elements
  - Number and complexity of problems addressed at the encounter
  - Amount and/or complexity of data to be reviewed and analyzed
  - Risk of complications and/or morbidity or mortality of patient management

Problems Addressed

- Problems must be evaluated and/or treated at the encounter
- Problems managed by others without additional assessment or care coordination do not count as problems addressed
- Type of problem corresponds to an MDM level
- Type of problem alone does not determine the MDM level
- Problem addressed is the problem status on the date of the encounter, which may be different than on admission

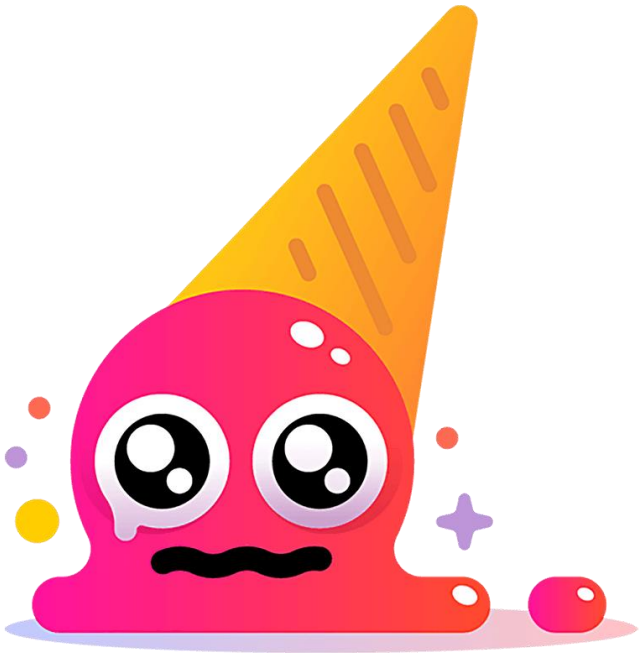
MDM	NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED AT THE ENCOUNTER (PROB)
S F	**MIN**: • 1 self-limited or minor problem
L O W	**LOW**: **One of the following** • 2 or more self-limited or minor problems • 1 stable, chronic illness • 1 acute, uncomplicated illness or injury • 1 stable, acute illness • 1 acute, uncomplicated illness or injury requiring hospital inpatient level of care
M O D E R A T E	**MOD**: **One of the following** • 1 or more chronic illnesses w/exacerbation, progression, or side effects of treatment • 2 or more stable, chronic illnesses • 1 undiagnosed new problem w/uncertain prognosis • 1 acute illness w/systemic symptoms • 1 acute, complicated injury
H I G H	**HIGH**: **One of the following** • 1 or more chronic illnesses w/severe exacerbation, progression or side effects of treatment • 1 acute or chronic illness or injury that poses a threat to life or bodily function

Data Review and Analysis

- Level of data review is categorized
- Unique test ordered/reviewed
  - X-ray of chest, x-ray of abdomen, US abdomen (3)
  - Metabolic panel, alcohol drug testing (2)
  - Pulse oximetry is not a test per CPT
- External records review
- Independent historian(s)
- Independent interpretation
- Discussion of management or test interpretation with external provider or other appropriate source (case manager, teacher)

MDM	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED (DATA)
MIN	**MIN/NONE**: • Minimal or none
LIMITED	**LTD**: **Must meet the requirements of at least 1 of the 2 categories** ***Category 1:*** *Any combination of 2 from the following* • Review of prior external note(s) from each unique source • Review of result(s) of each unique test • Ordering of each unique test (do not count if reviewed at the same encounter) ***Category 2:*** *Assessment requiring an independent historian*
MODERATE	**MOD**: **Must meet the requirements of at least 1 of the 3 categories** ***Category 1:*** *Any combination of 3 from the following* • Review of prior external note(s) from each unique source • Review of result(s) of each unique test • Ordering of each unique test (do not count if reviewed at the same encounter) • Assessment requiring an independent historian(s) ***Category 2:*** *Independent interpretation of a test by another physician/other qualified health care practitioner (QHP) (not separately reported)* ***Category 3:*** *Discussion of management or test interpretation w/external physician/other QHP/appropriate source (not separately reported)*
EXTENSIVE	**EXT**: **Must meet the requirements of at least 2 of the 3 categories** ***Category 1***: *Any combination of 3 from the following* • Review of prior external note(s) from each unique source • Review of result(s) of each unique test • Ordering of each unique test (do not count if reviewed at the same encounter) • Assessment requiring an independent historian(s) ***Category 2***: *Independent interpretation of a test by another physician/other qualified health care practitioner (QHP) (not separately reported)* ***Category 3***: *Discussion of management or test interpretation w/external physician/other QHP/appropriate source (not separately reported)*

No double dipping!



- Multiple results of the same unique test count once
- Tests with overlapping elements are not unique
  - CBC w/differential incorporates CBC w/o differential, hemoglobin and platelet count
- Tests ordered and reviewed at the encounter count once
- Do not include separately billed interpretations in MDM

Patient Management Risk

- Risk of the management options at the encounter
- Includes risk of options considered but not selected after shared decision making with the patient/family
- Risk of management is not the same as risk from the condition
- Document SDOH that significantly limits diagnosis or treatment

SDOH

- Reported with ICD-10 codes Z55 – Z65
- Examples (from AHA):

Z59 – Problems related to housing and economic circumstances	Sheltered homelessness, unsheltered homelessness, residing in street, inadequate housing, housing instability, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, inadequate food, lack of adequate food, food insecurity, extreme poverty, low income, and insufficient social insurance and welfare support.
Z60 – Problems related to social environment	Adjustment to life-cycle transitions, living alone, acculturation difficulty, social exclusion and rejection, target of adverse discrimination and persecution.
Z62 – Problems related to upbringing	Inadequate parental supervision and control, parental overprotection, upbringing away from parents, child in welfare custody, institutional upbringing, hostility towards and scapegoating of child, inappropriate excessive parental pressure, personal history of abuse in childhood, personal history of neglect in childhood, personal history of unspecified abuse in childhood, parent-child conflict, and sibling rivalry.
Z63 – Other problems related to primary support group, including family circumstances	Absence of family member, disappearance and death of family member, disruption of family by separation and divorce, dependent relative needing care at home, stressful life events affecting family and household, stress on family due to return of family member from military deployment, and alcoholism and drug addiction in family.

MDM	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MGMT. (RISK)
S F	**MIN (examples only):** • Fluids and rest • Diaper ointment • Superficial wound dressing
L O W	**LOW (examples only):** • Over-the-counter medication • Decision regarding minor surgery w/o identified patient or procedure risk factors • Physical, language, or occupational therapy
M O D E R A T E	**MOD:** • Prescription drug management • Decision regarding minor surgery w/identified patient or procedure risk factors • Decision regarding elective major surgery w/o identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
H I G H	**HIGH:** • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

MDM: Low

[redacted] Have successfully tapered back antacid support to once daily oral omeprazole and continues to do well. He is improved and stable [redacted]

Problem List

Current

May exclude sensitive diagnoses

Hematemesis (K92.0)

Di George syndrome (D82.1)

Chronic lung disease (J98.4)

MDM	NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED AT THE ENCOUNTER (PROB)	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED (DATA)	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MGMT. (RISK)
L O W	**LOW: One of the following** • 2 or more self-limited or minor problems • 1 stable, chronic illness • 1 acute, uncomplicated illness or injury • **1 stable, acute illness** • 1 acute, uncomplicated illness or injury requiring hospital inpatient level of care	**LTD: Must meet the requirements of at least 1 of the 2 categories** ***Category 1:*** *Any combination of 2 from the following* • Review of prior external note(s) from each unique source • Review of result(s) of each unique test • Ordering of each unique test (do not count if reviewed at the same encounter) ***Category 2:*** *Assessment requiring an independent historian*	**LOW (examples only):** • **Over-the-counter medication** • Removal of sutures • Physical, language, or occupational therapy

MDM: Moderate

Neuro: hydrocephalus s/p VPS, at neurological baseline, seizure disorder
-Continue home Keppra, gabapentin

May exclude sensitive problems
Status post ventriculo-peritoneal shunt placement
Chronic GERD
Post hemorrhagic hydrocephalus
Chronic lung disease of prematurity
Bronchomalacia, congenital
Tricuspid regurgitation
Tracheostomy status
Malnutrition, calorie
Gastrostomy tube dependent
Constipation
Developmental delay

MDM	NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED AT THE ENCOUNTER (PROB)	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED (DATA)	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MGMT. (RISK)
MODERATE	**MOD**: **One of the following** • 1 or more chronic illnesses w/exacerbation, progression, or side effects of treatment • **2 or more stable, chronic illnesses** • 1 undiagnosed new problem w/uncertain prognosis • 1 acute illness w/systemic symptoms • 1 acute, complicated injury	**MOD**: **Must meet the requirements of at least 1 of the 3 categories** ***Category 1:*** *Any combination of 3 from the following* • Review of prior external note(s) from each unique source • Review of result(s) of each unique test • Ordering of each unique test (do not count if reviewed at the same encounter) • Assessment requiring an independent historian(s) ***Category 2:*** *Independent interpretation of a test by another physician/other qualified health care practitioner (QHP) (not separately reported)* ***Category 3****: Discussion of management or test interpretation w/external physician/other QHP/appropriate source (not separately reported)*	**MOD:** • **Prescription drug management** • Decision regarding minor surgery w/identified patient or procedure risk factors • Decision regarding elective major surgery w/o identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health

MDM: High

History of Present Illness: 2 yo F with history of shunted hydrocephalus secondary to deep medullary vein thrombosis with posthemorrhagic obstructive hydrocephalus and prior shunt revisions presenting with decreased energy and multiple episodes of emesis x 2 days. Pt initially with emesis and fatigue starting 7/18. She had multiple episodes on NBNB emesis of all intake, unable to tolerate anything. Decreased UOP, no fever, no sick contacts, no abdominal distention. No swelling or redness over VP shunt site. History of shunt revision x1 with similar presentation per dad.
nonbloody nonbilious vomiting. MRI brain demonstrates grossly small ventricles slightly enlarged from prior evaluation concerning for shunt malfunction. Patient is being admitted for serial neuro exams and likely VP shunt revision.
- VP shunt revision in AM - add on
- send bagged UA to screen for UTI given elevated WBC count

MDM	NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED AT THE ENCOUNTER (PROB)	AMOUNT AND/OR COMPLEXITY OF DATA TO BE REVIEWED AND ANALYZED (DATA)	RISK OF COMPLICATIONS AND/OR MORBIDITY OR MORTALITY OF PATIENT MGMT. (RISK)
H I G H	**HIGH**: **One of the following** • 1 or more chronic illnesses w/severe exacerbation, progression or side effects of treatment • **1 acute or chronic illness or injury that poses a threat to life or bodily function**	**EXT**: **Must meet the requirements of at least 2 of the 3 categories** ***Category 1***: *Any combination of 3 from the following* • Review of prior external note(s) from each unique source • Review of result(s) of each unique test • Ordering of each unique test (do not count if reviewed at the same encounter) • Assessment requiring an independent historian(s) ***Category 2***: Independent interpretation of a test by another physician/other qualified health care practitioner (QHP) (not separately reported) ***Category 3***: Discussion of management or test interpretation w/external physician/other QHP/appropriate source (not separately reported)	**HIGH:** • Drug therapy requiring intensive monitoring for toxicity • **Decision regarding elective major surgery with identified patient or procedure risk factors** • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances ***CDI Tip – Be clear if you are independently interpreting a test. "I reviewed the MRI which demonstrated…"***

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Same Day Critical and Non-critical

- Codes should **not** be billed together frequently (exception, not the rule)
- Documentation should clearly support that both services were provided
- Documentation for both services should not be combined into a single note

When can I bill both?

- Service provided prior to the critical care service when the patient did not require critical care
- Services were medically necessary
- Services were separate and distinct
- No duplicative elements from the critical care services provided later in the day
- Append modifier 25 to the critical care service

Teaching Physician Attestation

- No changes to the attestation requirements
- Physician Attestation Guidelines
- Resident services provided without the participation of the teaching physician are not billable services
- When billing a service based on time, the teaching physician can only bill for the time when services were personally performed (no *resident/trainee only* time)
- Virtual supervision ends at the end of the calendar year the PHE ends *(Stay tuned!)*

Rethink Documentation

- Document pertinent history and/or exam
- Time
  - Document total time spent on clinical activities on the date of the patient visit
  - Support the amount of time spent in your documentation
  - Exclude time spent in separately billed procedures
- MDM
  - Severity of the problem(s) addressed
    - Exacerbation and severe exacerbation
    - Acute uncomplicated, acute complicated, and acute w/systemic
  - Specificity of data ordered and reviewed
    - Each unique test ordered counts
    - Independent interpretation and discussion with external providers may increase level of complexity
  - Risk of the management options
    - Don't forget SDOH – *must <u>significantly</u> limit diagnosis and treatment*

Questions

- Contact us:
  - CHLAMGCompliance@chla.usc.edu

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Sources

- CPT guidelines
  - https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf
- Social determinants of health
  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7769291/
  - https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf