What’s behind latest CPT changes on E/M? Cutting doctors’ burdens

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While the Current Procedural Terminology (CPT®) code set is constantly changing and evolving, one of the reasons for those changes remains the same—to help lower the administrative burdens on physicians and their practices.

Specifically, the 2023 revisions to evaluation-and-management (E/M) documentation in the CPT code set, are aimed at:

- Reducing coding burdens and aligning the CPT code set with those used by the Centers for Medicare and Medicaid Services (CMS) whenever possible.
- Cutting the amount of documentation in the medical record that isn’t necessary for patient care.

CPT E/M involves codes ranging from 99202–99499.

“The purpose of all of this work was really to reduce burden on physicians and qualified healthcare professionals as we were documenting and coding our work,” said AMA member Barbara Levy, MD, a former chair of the AMA/Specialty Society RVS Update Committee (RUC) and co-Chair of the CPT/RUC Workgroup on E/M. Dr. Levy is also Vice Chair of the AMA CPT Editorial Panel, which has been authorized by the AMA Board of Trustees to revise, update and modify CPT codes, descriptors, rules and guidelines.

Dr. Levy spoke during an AMA webinar reviewing and clarifying recent changes, previewing upcoming changes, and discussing available AMA resources that support the use of the updated codes.

Same guidance for all settings

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The changes for 2023 included a comprehensive restructuring so that a single set of guidelines are used for E/M services that previously used history, examination and Medical Decision Making (MDM) to determine code selection. These key health care settings include hospital inpatient and observation care, consultations, emergency department, nursing facility, home or residence services, and prolonged services.

In these settings, physicians can base the level of service on either time or the degree of medical decision-making involved. The only exception involves services delivered in hospital emergency departments.

“Time still does not apply for the codes in the emergency department,” Dr. Levy explained.

The changes also included a review to determine where code selection could be streamlined through consolidation. “The physician or qualified health care professional work associated with the patient in observation care or inpatient care was determined to be the same, so we merged those,” said Dr. Levy.

These changes involved the deletion of observation codes 99217–99220 and 99224–99226. These were then merged into the existing hospital care CPT codes 99221–99223, 99231–99233 and 99238–99239.

Clarifying guidelines were also issued on “consideration of test.” This involves discussing a possible diagnostic test with a patient, but then deciding not to go through the formal process of ordering it, Dr. Levy explained.

Also clarified was how physicians cannot count the time spent on separately reported services when the E/M code is selected based on time.

“As an ob-gyn, if I perform and separately report an ultrasound, the time that I spent to counsel the patient about that ultrasound and perform the ultrasound cannot count for total time for the E/M service,” Dr. Levy explained.

It was also clarified that time spent travelling to and from seeing a patient cannot count for time spent on reported services.

Similar to consolidations made on the hospital side, domiciliary or rest home CPT codes 99324–99340 were deleted, and services merged with the existing home-visit CPT codes 99341–99350.

New telehealth codes set for 2025
AMA member Peter Hollmann, MD, a former chair of the CPT Editorial Panel and now vice chair of the RUC and co-Chair of the CPT/RUC Workgroup on E/M, noted that work is already underway for changes that will take effect Jan. 1, 2025.

This includes action taken at the CPT Editorial Panel’s February 2023 meeting (PDF) to make revisions in the codes and guidelines for reporting E/M services delivered via telehealth.

The revisions would cover audio-only and audio-video visits, services for new and established patients, and other services delivered via telephone, said Dr. Hollmann.

The last speaker was Leslie Prellwitz, the AMA’s director of CPT content management and development, who noted that greater detail on these changes are covered in the CPT E/M Companion, a 40-page supplement to the CPT 2023 Professional Edition.

The CPT E/M Companion “mines some of the pearls” in the 2023 code set changes, including all of the consolidations, revisions, deletions, reporting considerations and summaries “so you have them for quick reference, in the moment when you need those to be available to you,” Prellwitz said.

She noted that several CPT education modules are available on the AMA Ed?Hub™ including a module on guideline changes designed to help practices represent the extra time and complexity of medical decision-making associated with patient social risk, which is commonly associated with social determinants of health.

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