

E&M Coding Education Questions?
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**SPECIAL PROVIDER
EDUCATION SERIES
PART 4**

Coding By Time: New Prolonged Codes and Guidelines Effective January 1, 2023

Effective January 1, 2023 CMS has published new rules and guidelines for Prolonged Services in the inpatient setting. In 2021, new office prolonged services were implemented, so with the new changes to the inpatient setting, it is only fitting that the inpatient setting has the same opportunities for extended time for services rendered.

For CY 2023, two new prolonged services codes will be available for a 15-minute prolonged service in the inpatient or observation setting. The Centers for Medicare and Medicaid Services created their own code (G0316) to describe a 15- minute prolonged services code in the inpatient and outpatient setting, which has slightly different reporting guidelines than CPT code 99418. However, the codes have many of the same attributes.

Difference between AMA and CMS on counting time:

- CMS requires longer time be met before counting begins for 15 minutes of prolonged services, creating new codes G0316, G0317, G0318
- The key to utilizing prolonged services is the time for the prolonged service *begins after the required time for the highest primary E&M time has been met.*

	CPT Code 99418	HCPCS Code G0316
Code Description	Prolonged inpatient or observation evaluation and management service(s) of 15 minutes beyond the reported time of the primary service (CPT code 99223, 99233, 99236, 99255, 99306, 99310).	Prolonged hospital inpatient or observation care evaluation and management service(s) with or without direct patient contact 15 minutes beyond the total time for the primary service (either CPT® code 99223, 99233, 99236)
Reportable To	Private payers only	CMS only , unless otherwise directed by a private payer
Reporting Guidelines	<ul style="list-style-type: none"> • Primary service selected based on time only (not medical decision making). • With or without direct patient contact. • May be reported for a 15-minute unit of service. 	<ul style="list-style-type: none"> • Primary service selected based on time only (not medical decision making). • With or without direct patient contact. • May only be reported when an additional 30 minutes is spent on the service.

CMS Rule for Prolonged Services

Primary E&M Service	Prolonged Code*	Time Threshold to Report Prolonged	Count Physician / APP time spent within this time-period
Initial IP/Obs. Visit (99223)	G0316 (CMS only)	105 minutes	Date of visit
Subsequent IP/Obs (99233)	G0316 (CMS only)	80 minutes	Date of visit
IP/Obs. Discharge (99238—99239)	n/a	n/a	n/a
IP/Obs. Same-Day Adm/Discharge (99236)	G0316 (CMS only)	n/a	Date of visit to 3 days after
Consults	n/a	n/a	n/a
Emergency Room Visits	n/a	n/a	n/a

* Time must be used to select visit level; Prolonged service time can be reported with or without direct patient contact by the physician or APP.

Initial Inpatient Code	Previous History/Exam	New 2023 Guidelines History and Exam	Medical Decision Making	New Time Factor
99221	Detailed	Medically Appropriate	Straightforward/ Low	40 minutes
99222	Comprehensive	Medically Appropriate	Moderate	55 minutes
99223	Comprehensive	Medically Appropriate	High	75 minutes, prolonged services after this time frame have been exceeded

Additional Prolonged Service Guidance

- As of January 1, 2023, Prolonged Services with Direct Patient Contact (99354-99357) will be **deleted** as it overlaps with the work of CPT codes 99417 and 99418 (as well as HCPCS codes G2212 and G0316).
- CPT codes 99358 and 99359 describe prolonged services on a **different day than the primary E/M service; however**, CMS is making them “inactive” as of January 1, 2023.
 - Therefore, the codes will not be reportable for Medicare claims.

Additional Tips for Time Based Coding for Inpatient Setting:

- No longer restricted to floor/unit time.
- Any time spent in the care of the patient counts, regardless of the location of the provider.
- Visit does not have to be dominated by counseling and coordination of care.