

E&M Coding Education Questions?

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SPECIAL PROVIDER EDUCATION SERIES

Final CMS Rule- Inpatient E&M Visits Effective January 1, 2023

The final rules were published with some **GREAT NEWS** for providers that furnish E&M services in the inpatient setting. If you have provided services to patients both in the office and inpatient, you have been following two different guidelines. Those days will be over as of January 1, 2023.

As these new guidelines seem less burdensome, there are still significant changes that will support various levels of inpatient E&M codes. Further direction within the inpatient setting, includes changes to Observation services and reinforcement of 2022 Shared Visits guidelines.

IMPORTANT Changes to Inpatient E&M Services- Effective January 1, 2023

- Inpatient documentation will mimic the Office guidelines from 2021.
- History and Exam is no longer key components to be weighted for E&M leveling.
- A medically appropriate History and Exam is now required within the note.
 - A Comprehensive History or Exam is no longer needed, **but** a quality note still identifies appropriate documentation.
 - Remember, a patient's note supports the cognitive labor and medical necessity of the service you provided.
- Medical Decision Making (MDM), aka Assessment and Plan or TIME will be the only determining factors for E&M services.
- There are significant changes to MDM and TIME now.
- There is a NEW medical decision-making (MDM) table; same as the 2021 Office E&M Guidelines.
- Time now represents the TOTAL time the provider dedicated to the patient on the date of service.
 - Face-to-Face and Non-Face-to-Face Activities

Inpatient: MDM and Time

Providers are required to choose E/M visit levels based on either:

- Medical Decision Making (*using revised MDM table*) or Total time spent on the day of the visit (*using the new time ranges*).

Certain categories may only have time as a reporting component (e.g., critical care).

Others may not have time as a component (e.g., emergency department) and are solely based on MDM.

**Stay tuned for additional
details and educational
opportunities from the BHMG
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Based on TIME- Single Provider

Time is based on the total time (both face-to-face and non-face-to-face) personally spent by the physician or NPP on E/M services on the date of the encounter.

- Start and stop times are **not** required to be documented.
- Providers should **not** list a range of time.
- CPT: *"The appropriate time should be documented in the medical record when it is used as the basis for code selection."*
- If time is **not** documented, or is an insufficient time for the minimum code, **MDM** must be used to level the encounter.

When using time to level an E/M, the time statement must be documented by provider within the note and must state their best estimate of the **exact** time spent in care of the patient on the date of the encounter.

Time for Shared Visits

- Time for Shared Visits is only supported as: More than half of the total billing practitioners time spent.
- Each provider **MUST** accurately document their total time and the provider with higher time spent would be the billable provider.

Additional CMS changes that will be implemented in CY2023 include:

- Shared Visit documentation guidelines will remain the same as in 2022, the substantive portion of a visit may be met by the billing provider.
- For Baptist Health South Florida, we have decided that **MDM (Assessment/Plan)** would be the component that our providers will utilize for all shared visits (Inpatient or Outpatient status).
- **IMPORTANT**
 - **Deletion of:**
 - Observation Discharge (E&M code 99217)
 - Hospital Initial Observation Services (E&M codes: 99218—99220)
 - Subsequent Observation Codes (E&M codes: 99224-99226)
 - Consultation E&M codes (99241 and 99251)
 - Prolonged Services E&M codes (99354-99357)
 - **Revision of:**
 - Hospital Inpatient and Observation Care E&M codes (99221-99223, 99231-99239) and guidelines
 - Consultation E&M codes (99242-99245, 99252-99255) and guidelines.
 - Prolonged Service E&M codes (99358, 99359, 99145, 99416) and guidelines

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