



Stocking Stuffers from CMS and Other New Year's Surprises

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Medicare Updates

- Conversion Factor reduced by \$1.55 to \$33.06
- Clinical Labor Update- 4 year transition 2023 is year 2
- Work, practice expense, and malpractice GPCIs have been updated- this will be a 2 year transition beginning with 2023
- Updated Medicare Economic Index (MEI) to 3.8%

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Shared/Split Visits

- Substantive portion of the visit is equal to more than half of the total time
- 2023 will match 2022 elements and whom does the substantive portion:
 - History
 - Physical Exam
 - Medical Decision Making
 - Time

Telehealth

- Several services made Category III to be able to collect data through 2023 to support eventual inclusion
- Place of service will be determined by where would the service been if it was performed in-person.
- Modifier 95 is necessary to identify telehealth services
- There is an intention to implement permanently the approval of an originating site to be the patient's home
- Therapy services will still be acceptable for telehealth for 151 days after the PHE ends
- In-person requirements for mental health services will not be in place until 152 days after the PHE ends

Telehealth

- For the duration of the PHE the definition of direct supervision includes virtual availability of the supervising physician or practitioner when audio/visual technology is used. This will be in effect through the end of the year in which the PHE ends.

Chronic Pain Management

- G3002 and G3003- Chronic pain management treatment services
 - Reported every 30 days
 - Elements necessary
 - Diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; a person-centered care plan to include strengths, goals, clinical needs and desired outcomes; treatment management; behavioral health treatment if needed; medication management; pain and health literacy counseling; chronic pain crisis care; ongoing communication between relevant practitioners furnishing care

Skin Substitutes

- Change the terminology to “wound care management products”
- Allow an additional comment period
- Conduct a virtual town hall in early 2023
- Use comments to strengthen policies for future

X-ray Reduction

- Payment reduction of 7% for x-rays taken using computed radiography (modifier FY) will increase to 10% in 2023

CPT Overview

- 393 Changes- Category III has the most changes with 94
 - 225 new codes
 - 75 deleted codes
 - 93 revised codes
- 10,969 codes in CPT® 2023

2023 E/M Changes

1 new code

49 code revisions

25 deletions

E/M 2023 Revisions

Inpatient hospital visits changed to initial hospital visits

Eliminated all guidelines for history, exam, and MDM

E/M services guidelines performed in a facility are now in CPT®

Newborn and Pediatric services have not changed

Definition of appropriate source has been clarified- someone else involved in management of the patient- anyone- e.g. lawyer, physician

If a patient is seen in the office for consultation (99242-99245) and is then admitted to the hospital, the first visit of the consultant in the hospital is a subsequent visit.

Deletions

Observation services- 99217,99218-
99220,99224-99226

Nursing facility service- 99318

Domiciliary, rest home, home care plan-
99324-99328,99334-99337,99339, 99340

Home services- 99343

Prolonged services- 99354-99357

Emergency Department

99281-MDM does not have to be performed by a physician or QHP

Time cannot be used for ER visits 99281-99285

99211 and 99281 minimal services with like descriptions

- Example review of a TB test performed 24 to 48 hours earlier

Changes to level of MDM

- 99282 low to SF
- 99283 moderate to low
- 99284 moderate to moderate
- 99285 high to high

Inpatient Prolonged Services

- 99418- Inpatient or observation, beyond the required time for the primary service, each 15 minutes of total time
- Use with
99223,99233,99236,99255,99306,99310
- Do not use with
90833,90836,90838,99358,99359
- Do not use if time is less than 15 minutes

Inpatient and Observation

Modifier 25 can be reported on these codes to identify subsequent services to another visit at another site of service on the same day

Discharge services can only be reported by the discharging provider

99221-99223- First encounter with the patient who has not received any professional services from the provider or other provides of the exact same specialty and subspecialty who belongs to the same group

If using time, this is reported by calendar date. Continuous service over two calendar days is reported on one calendar date.

2023 Code Assignments

2022	2023	Minutes
99217	99238,99238	
99218	99221	40
99219	99222	55
99220	99223	75
99224	99231	25
99225	99232	35
99226	99233	50

Changes to 99234- 99236

Codes	Minutes
99234	45
99235	55
99236	70

- Two encounters on the same date

Consultations

Used for inpatient, outpatient, and observation

Can only be reported once for a patient- follow up consultations should be reported with E/M for the Place of Service

Providers of the same group, same specialty, and same sub-specialty are considered the same provider

Written report must be sent by consulting provider

Outpatient Consultations

Codes	Minutes
99242	20
99243	30
99244	40
99245	55

- 99241 deleted
- Prolonged services code 99417

Inpatient Consultations

Codes	Minutes
99252	35
99253	45
99254	60
99255	80

- 99251 deleted
- Prolonged services code 99418

Home or
Residence
Visits- New
Patient

2022	2023	Time
99324	99341	15
99325	99342	30
99326	99344	60
99327	99344	60
99328	99345	75

Home or
Residence
Visit-
Established
Patient

2022	2023	Time
99334	99347	20
99335	99348	30
99336	99349	40
99337	99350	60

**MDM-
Problems
Addressed**

One stable, acute illness (low)

One acute, uncomplicated illness or injury requiring hospital inpatient or observation level care (low)

Multiple morbidities requiring intensive management (high)

Initial nursing facility visits only

**Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)**

Revisions effective January 1, 2023:



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	
			Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury or • 1 stable acute illness; or • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function or • Initial Nursing Facility Visits only- Multiple morbidities requiring intensive management	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • 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 if hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

Integumentary- Suture Removal

15850 Deleted

15851 Revised to include staples

+15853- Removal of sutures or staples not requiring anesthesia Practice expense reimbursement only and an add on code to an E/M service

+15854- Removal of sutures and staples not requiring anesthesia Practice expense reimbursement only and an add on code to an E/M service

Musculoskeletal

Only revisions

Guideline revisions to 20700-20705- drug
delivery

Parenthetical revisions to 20802-20838-
replantation codes

New code 22860 replaces 0163T- each
additional level insertion of artificial disc,
lumbar

Category III Musculoskeletal

- 0719T Posterior vertebral joint replacement-posterior-single segment lumbar
 - Includes
 - Bilateral facetectomy
 - Laminectomy
 - Discectomy
 - Imaging guidance

Somatic Nerve Injections

- Imaging guidance added to somatic nerve injections
 - 64415-64417
 - 64445-64448

Paravertebral Spinal Facet Injections

- CPT® Codes 64490-64495
- New information on reporting unilateral and bilateral injections
- Table page 480 CPT® describes scenarios with proper coding

Radiology Ultrasound Extremity

- 76883- comprehensive evaluation of entire nerve(s) in an extremity
- Includes acquisition, permanent archive of cine clips, and static images
- Report 76882 or 76883 but not both
- Can include accompanying structures

Category III

- 0743T

Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report

Category III

- 0749T

Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report

Category III

- 0750T

Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD

Sacroiliac Joint Arthrodesis

- 0775T

Percutaneous, with image guidance, includes placement of intra-articular implant(s) (e.g., bone allograft[s], synthetic device[s])