2023 Coding Changes: Around the Corner

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Each year, the authors of the Current Procedural Terminology (CPT) Manual make changes to the code set. Some years usher in a multitude of changes; others bring few alterations to the table. The 393 changes to the 2023 CPT codes are of importance because they translate your services into billable transactions and ultimately affect your bottom line. Let's break down the key modifications by the CPT authors, the American Medical Association (AMA):

Arguably the biggest difference applies to non-office services; historically, observation services and inpatient services have been reported via separate codes. That changes on January 1, 2023.   Observation care discharge services code 99217, initial observation care codes 99218-99220, and subsequent observation care codes 99224-99226 are being deleted. The initial hospital care codes 99221-99223, subsequent hospital care codes 99231-99233, observation or inpatient care services codes 99234-99236, and hospital discharge services codes 99238-99239 are revised to include "inpatient *or observation care*

." An admission encompasses observation and inpatient services.

The changes made to the requirements for leveling the office-based evaluation and management codes was extended to the facility setting. The emergency medicine codes 99281-99285, initial and subsequent nursing facility care codes 99304-99310, and home services codes 99341-99342, 99344-99350 are revised to require a medically appropriate history **"and/or"** exam and medical decision making (MDM), instead of all three key components. Time is also a factor, determined by face-to-face and non-face-to-face activities, based on the total time spent on the encounter date. The time in the code's description (displayed in the table below), must be met or exceeded to report.

Category	CPT® Code	Time (Minutes)
	99221	40
Initial	99222	55
	99223	75
	99231	25
Subsequent	99232	35
	99233	50
	99234	45
Same-day	99235	70
	99236	85
	99238	>30
Discharge		

99239 $\leq$ 30

Source: American Medical Association (2022). "2023 Evaluation and Management (E/M) Code and Guideline Changes.".

If a service bridges over midnight, the time is applied only to one date of service, according to CPT® guidelines.

The dynamic of new versus established patients is also translated into the facility setting: initial hospital services are for new patients as defined as never having received services from the physician (or qualified health professional [QHP]) in the same specialty in the same group or practice during the stay. Subsequent services are for patients who are established as per receiving services from the same physician (or QHP) in the same specialty, belonging to the same group or practice.

Following last year's elimination of 99201, office consultation code 99241 and inpatient consultation code 99251 are deleted. 99417 – an add-on for prolonged services related to high-complexity office visits – is revised to distinguish the code for use in the outpatient setting; further, the section "on the date of the primary service" is eliminated. Prolonged services add-on codes 99354-99357 are eliminated. The home visit code for new patients, 99343, is also removed.

There were minor revisions in the descriptions for interprofessional, non-face-to-face consultation codes 99446-99449 and 99451; cognitive assessment and care plan services code 99483; and transitional care management codes 99495-99496.

There are a multitude of new codes available on January 1, 2023. A new code 99418 has been created representing inpatient or observation prolonged services. In addition, new codes are being established for the implantation of absorbable mesh and removable of sutures; total disc arthroplasty; diagnostic ultrasound; stent placement (cardiovascular surgery); and prostatectomy. Fifteen new codes have been created for abdominal hernia repair. There are also new codes for vaccines, select ophthalmological services, cardiac catheterization, and group behavior management. Remote therapeutic monitoring gets a boost with a new code for cognitive behavior therapy monitoring (98978). In all, there are 101 new codes.

A new taxonomy for artificial intelligence (AI) applications was added, providing a framework for various AI applications, including virtual reality technology in therapy. The categories include assistive, augmentative, and autonomous. This new appendix signals the future of reimbursement for medical services.

In all, the AMA issued 225 new codes, 75 deletions and 93 revisions. For more information about these 393 changes, please see the AMA's press release, which contains links to educational resources. Click this link, which highlights the E/M changes. Your specialty

society is also an excellent resource, particularly if the changes impact services you routinely provide.

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