

Important Updates to Evaluation and Management Services in 2023

The American Medical Association [has released the new guidelines](#) for Evaluation and Management (E/M) services which will go into effect on **January 1, 2023**. The guidelines have been updated to bring all the services in line with the 2021 Evaluation and Management changes to office and outpatient E/M CPT® codes¹.

Changes to CPT Code Descriptions and Guidelines

Coding component	2022	2023
History and Exam	<ul style="list-style-type: none"> Used as two of the three components (in addition to medical decision making) to select all E/M services (except office and outpatient services). 	<ul style="list-style-type: none"> History and exam will no longer be used to select any E/M service, but a “medically appropriate history or examination” must be performed to report inpatient, observation, discharge, consultations, or critical care services. The level of service will be determined by either Medical Decision Making (MDM) OR time.
Hospital vs observation	<ul style="list-style-type: none"> Codes split between observation and inpatient for initial, subsequent, and discharge. 	<ul style="list-style-type: none"> Codes combined for hospital inpatient and observation care rather than two categories (Hospital Inpatient and Observation Care and Discharge Services).
Initial vs Subsequent	<ul style="list-style-type: none"> Initial = report the first hospital encounter by admitting physician. * Other physicians use inpatient consultation OR subsequent hospital care codes. Subsequent = services on days after date of initial admission 	<ul style="list-style-type: none"> Initial = when patient has not received any professional services from physician/QHP in same specialty/subspecialty/group during stay Subsequent=if patient has received services during stay by same specialty/subspecialty/group and physician QHP other than the admitting physician.
Time	<ul style="list-style-type: none"> Face to face activities only. May only be reported if counseling/coordination is 50% of encounter. 	<ul style="list-style-type: none"> Includes both face-to-face and non-face-to-face activities. 50% rule no longer applies. Continuous service over two calendar dates = 1 service on one date
Prolonged Services	<ul style="list-style-type: none"> Reported 31 minutes to 1 hour beyond usual service in the inpatient/observation setting. 	<ul style="list-style-type: none"> New code created for 15-minute service in the inpatient/observation setting.

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*Admitting physician to use modifier AI to indicate principal physician of record²

Updates to Split/Shared Time Definitions for E/M Services

CPT

The distinct time personally spent by the physician *and* other QHP (Qualified Health care Professional) on the date of the encounter is summed as total time. The provider with the substantive portion (of the visit will bill and receive reimbursement.

Centers for Medicare and Medicaid Services (CMS)

CMS is postponing changes to split/shared services in the facility/institutional setting to allow more time for discussion and implementation planning.

2021 Errata and Technical Corrections to E/M Guidelines

[Updates](#) to definitions of time, services reported separately, presenting problems, risk of patient management, amount and complexity of data will be included in the descriptions and information available for E/M services for 2023.

[More information](#) on the clarifications and updates regarding the 2021 changes can be found on [ASCO Practice Central](#).

ASCO will be providing resources and education on the 2023 E/M changes. Be sure to check the [ASCO Practice Central Coding and Reimbursement page](#) frequently for updates.

Questions regarding the changes (or general billing and coding) can be sent to ASCO staff at practice@asco.org.

² [Medicare Claims Processing Manual \(cms.gov\)](#)