2023 Evaluation and Management Changes:
Selecting a Code Based on Time

Starting on January 1st, 2023, providers may select inpatient, observation discharge, and consultation services Evaluation and Management (E/M) services based on either time or medical decision making.

Currently (CY 2022), inpatient, observation, discharge, and consultation services are selected based on history, exam, and medical decision making. The services may only be reported based on time if 50% of the visit is spent on counseling and/or coordination of care. As of 2023, the 50% rule will no longer apply, following the guidelines for office and outpatient E/M services (CPT® codes 99202-99215).

Time Requirements

Each CPT code description will be accompanied by a definitive time requirement, rather than a “typical” time. The time noted in the code description must be met or exceeded to report the corresponding service.

Example

<table>
<thead>
<tr>
<th>2022</th>
<th>2023</th>
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<tbody>
<tr>
<td>99222- Initial hospital care is typically 50 minutes spent at the bedside and on the patient’s hospital floor or unit.</td>
<td>99222- Initial hospital inpatient or observation care requires 55 minutes must be met or exceeded when using total time on the date of the encounter for code selection.</td>
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</tbody>
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Activities That Count Towards Time

In 2021, the definition of time for office and outpatient services was amended to encompass both face to face and non-face to face activities on the date of service. The same principle will apply to inpatient, observation, discharge, and consultation services in 2023.

Physician/Qualified Healthcare Professional time includes:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, and procedures
- Referring and communicating with other health care professionals
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination

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The following activities do not count towards the time of the service:

- The performance of other services that are reported separately.
- Travel.
- Teaching that is general and not limited to discussion that is required for the management of a specific patient.
- Activities not occurring on the date of service.

**Split/Shared E/M Services**

CPT defines a split/shared visit as “as a visit in which a physician and other qualified health care professional(s) both provide the face-to-face and non-face-to-face work related to the visit.” In the 2023 guidelines, language was added to include “counseling, educating, and communicating results to the patient/family/caregiver” in the time personally spent by the physician and other qualified healthcare professionals:

“When time is being used to select the appropriate level of services for which time-based reporting of shared or split visits is allowed, the time personally spent by the physician and other qualified health care professional(s) assessing and managing the patient and/or counseling, educating, communicating results to the patient/family/caregiver on the date of the encounter is summed to define total time.”

It is important to note the guidance on split/shared services from CPT differs from the CMS policy on split/shared E&M services as outlined in the 2023 Medicare Physician Fee Schedule Proposed Rule. When reporting a split/shared service to a payer, be sure to reference the appropriate guidelines and policies.

**Questions**

Inquiries regarding the 2023 E/M changes (or any other coding and billing questions) can be sent to ASCO staff at practice@asco.org.

**Resources**

American Medical Association

**CPT® Evaluation and Management (E/M) Code and Guideline Changes**

American Society of Clinical Oncology

**ASCO Practice Central: Coding & Reimbursement**

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