

# Coding Tip of the Month: Archived

## October 2022

The American Medical Association recently published the 2023 AMA CPT Professional Edition. Any updates in the CPT manual will go into effect on January 1<sup>st</sup>, 2023. Included in the 393 CPT changes are:

- Revisions to the Evaluation and Management Services guidelines and codes
- New sections for Digital Pathology Services and Artificial Intelligence
- New codes for Proprietary Laboratory Analyses (PLA) services and Genomic Sequencing Procedures
- Updates to radiology services
- Revisions to remote therapeutic monitoring services and codes

More details can be found in the [“2023 CPT Update”](#) resource on the Coding and Reimbursement page.

## September 2022

For 2023, several categories of diagnoses relating to oncology have been updated in addition to codes created for better accuracy and specificity. The changes are connected to blood diseases, social determinants of health, long term drug codes for chemotherapy and immunotherapy, additions for patient non-compliance, and the creation of a category for caregiver non-compliance. Additionally, there are revisions to the unclassified codes for peripheral T-cell lymphoma and myelodysplastic disease. For more details and specifics on these changes, see the ASCO resource [“2023 ICD-10 Update”](#).

## August 2022

Providers can now bill for total time spent on both face-to-face and non-face-to-face activities for office and outpatient evaluation and management services (with some exceptions). Be sure to document the time spent on the service and corresponding activities in the note to support the E/M service selected. For more information on selecting an E/M service based on time, see the ASCO resource [“2021 Evaluation and Management Changes: Selecting a Code Based on Time”](#).

## July 2022

While chemotherapy patients do require some monitoring, not all chemotherapy plans fall under the classification as a drug requiring intensive monitoring. Drugs requiring intensive monitoring should have a high risk of morbidity. Monitoring can be

done by lab test, physiologic test, or imaging but must be done for assessment of adverse effects, not for therapeutic efficacy.

#### June 2022

While a chemotherapy requiring intensive monitoring for toxicity may result in a high level of risk for comorbidity for the treatment management, the office visit may not result in a level 5 office visit. Office visits are based on the lowest level of two out of the three MDW sections when based on medical decision making.