

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

Starting on **January 1<sup>st</sup>, 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<sup>®</sup> 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

2022	2023
99222- Initial hospital care is <b>typically 50 minutes</b> spent at the bedside and on the patient’s hospital floor or unit. <sup>1</sup>	99222- Initial hospital inpatient or observation care requires <b>55 minutes must be met or exceeded</b> when using total time on the date of the encounter for code selection. <sup>2</sup>

### 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

<sup>1</sup> American Medical Association. (2021). *CPT<sup>®</sup> 2022 Professional Edition*.

<sup>2</sup> American Medical Association. (2022, June 30). *CPT<sup>®</sup> Evaluation and Management (E/M) code and guideline changes*. <https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>

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.”<sup>3</sup>*

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 Final 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](mailto: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](#)

[ASCO Split/Shared E/M Services](#)

<sup>3</sup> American Medical Association. (2022, June 30). *CPT® Evaluation and Management (E/m) code and guideline changes*. <https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>