



NC Department of Health and Human Services

# 2023 Changes to Evaluation and Management (E/M) Services

**Local Technical Assistance  
and Training Branch/Office of the Chief  
Public Health Nurse  
NC Division of Public Health**

**January 2023**

# Learning Objectives

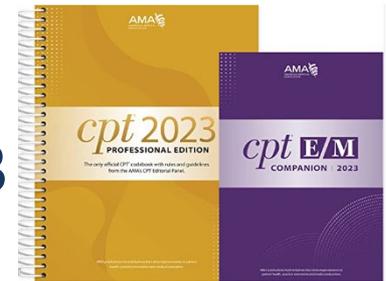
This training will include:

- Update and changes to the 2023 Evaluation and Management (E/M) section of the AMA CPT Codebook
- Changes to the 2023 MDM grid

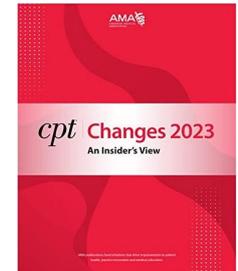
# Revisions Resources

We will reference the following during this presentation:

- > **AMA CPT 2023 Professional Series Edition Codebook and CPT E/M Companion 2023**



- > **AMA CPT Changes 2023 An Insider's View**



- > **AMA CPT Evaluation and Management (E/M) Code and Guideline Changes (1/2023 online)**



# 2023 Definitions

**A physician or other qualified healthcare professional (QHP) is:**

**an individual who is qualified by education, training, and licensure who performs professional service within their scope of practice and independently reports that service.**

# Definitions Continued

**A clinical staff member is:**

**a person who works under the supervision of a physician or QHP and is allowed by law and/or policy to assist in healthcare service but does not independently report the service**



# 2023 Major Changes

Most major changes are to the:

- **Hospital Inpatient Services**
- **Observation services**
- **Emergency Department**
- **Nursing Facility Services**
- **Home or Residence Services**
- **Consultation Services**



# Classification of E/M Services



# Classification of E/M Services

- In the AMA CPT codebook **Evaluation and Management E/M Guideline Overview** (page 4)
- Local Health Departments (LHDs) are under the broad code category of Office and Other Outpatient Services.
- There are 2 subcategories for the Office and Other Outpatient Services:
  - New patients or (99202-99205)**
  - Established patients (99211-99215)**



# Services Reported Separately

**“Services Reported Separately”** page 6.

The word “physician” has been removed from all paragraphs as this applies to all physicians and other qualified healthcare providers.

**“Physician performance” is changed to “The performance of diagnostic tests/studies...”**

# Levels of E/M Services



# Levels of E/M Service

Select the appropriate level of E/M services based on the following:

- 1. The level of Medical Decision Making (MDM) as defined for each service,  
OR**
- 2. The total time for E/M services performed on the date of the encounter**



# Guidelines for Selecting Level of Service Based on Medical Decision Making (MDM)

Main header and some sub headers have changed as follows:

Main headers are in **GREEN** and sub headers are in **RED**

Addition of new sub headers (i.e., “**Guidelines for Selecting Level of Service Based on Medical Decision Making [MDM]**”) Page 6-7



# Number and Complexity of Problems Addressed at the Encounter

- **Definitions for the condition or problem/s addressed have the examples removed from most definitions**
- **Some of the definitions have been revised to include categories other than Office or Other Outpatient**
- **Addition of 2 problems with definition:**
  - **Acute uncomplicated injury or illness requiring hospitalization**
  - **Stable, acute illness**



# Number and Complexity of Problems Addressed at the Encounter

- *Chronic illness with severe exacerbation, progression or side effects of treatment* definition changed to “**escalation in level of care**” (page 10)
- *Acute or chronic illness or injury that poses a threat to life or bodily functions* definition added “**Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in this category when the evaluation and treatment are consistent with this degree of potential severity.**”



# Amount and/or Complexity of Data to Be Reviewed and Analyzed

- New Header
- Change in definition of Independent historian – added in the definition “It does not include translation services” (page 11)
- Independent interpretation definition has revised wording from “provide service to the patient” to ***“This does not apply when the physician or other QHP who reports the E/M service is reporting or has previously reported the test”***



# Risk of Complications and/or Morbidity or Mortality of Patient Management

- **New Header**
- *Drug therapy requiring intensive monitoring for toxicity*, part of the example was removed from the definition.
- **Removed “short term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis”**



# Guidelines for Selecting Level of Service Based on Time

- Added face to face can be with the patient “*and/or family/caregiver*”
- Added Total time includes time with the patient “*and/or family/caregiver*”
- Added “It includes time regardless of location of the physician or QHP (whether in or out of the outpatient office)”

# Guidelines for Selecting Level of Service Based on Time

- A shared or split visit definition when time-based reporting is used: the time personally spent by the physician or other QHP has added **“counseling, educating, communicating results to the patient/family/caregiver”** to this area
- Added **“The total time on the date of the encounter spent caring for the patient should be documented in the medical record”** when time is used as the basis for code selection”

**Table 2 – CPT E/M Office Revisions  
Level of Medical Decision Making (MDM)**

**Revisions effective January 1, 2021:**

Note: this content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	
			Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment  Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment  Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

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► Elements of Medical Decision Making

<b>Level of MDM</b> (Based on 2 out of 3 Elements of MDM)	<b>Number and Complexity of Problems Addressed at the Encounter</b>	<b>Amount and/or Complexity of Data to Be Reviewed and Analyzed</b>  <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	<b>Risk of Complications and/or Morbidity or Mortality of Patient Management</b>
<b>Straightforward</b>	<b>Minimal</b> <ul style="list-style-type: none"> <li>• 1 self-limited or minor problem</li> </ul>	<b>Minimal or none</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
<b>Low</b>	<b>Low</b> <ul style="list-style-type: none"> <li>■ 2 or more self-limited or</li> </ul>	<b>Limited</b>  <i>(Must meet the requirements of at least 1 out of 2 categories)</i>	<b>Low risk of morbidity from additional</b>

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<p><b>Low</b></p>	<p>minor problems;</p> <p>or</p> <ul style="list-style-type: none"> <li>■ 1 stable, chronic illness;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>■ 1 acute, uncomplicated illness or injury;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>■ 1 stable, acute illness;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>■ 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care</li> </ul>	<p><b>Category 1: Tests and documents</b></p> <ul style="list-style-type: none"> <li>■ Any combination of 2 from the following:             <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Assessment requiring an independent historian(s)</b></p> <p><i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i></p>	<p><b>diagnostic testing or treatment</b></p>
<p><b>Moderate</b></p>	<p><b>Moderate</b></p>	<p><b>Moderate</b></p>	<p><b>Moderate risk of morbidity from</b></p>

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<p><b>Moderate</b></p>	<ul style="list-style-type: none"> <li>■ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>■ 2 or more stable, chronic illnesses;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>■ 1 undiagnosed new problem with uncertain prognosis;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>■ 1 acute illness with systemic symptoms;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>■ 1 acute, complicated injury</li> </ul>	<p><i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>■ <b>Any combination of 3 from the following:</b> <ul style="list-style-type: none"> <li>● Review of prior external note(s) from each unique source*;</li> <li>● Review of the result(s) of each unique test*;</li> <li>● Ordering of each unique test*;</li> <li>● Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>■ Independent interpretation of a test</li> </ul>	<p><b>additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>■ Prescription drug management</li> <li>■ Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>■ Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>■ Diagnosis or treatment significantly limited by social</li> </ul>
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<p><b>Moderate</b></p>		<p>performed by another physician/other qualified health care professional (not separately reported);</p> <p><b>or</b></p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	<p>determinants of health</p>
<p><b>High</b></p>	<p><b>High</b></p> <ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> </ul>	<p><b>Extensive</b></p> <p><i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents or independent historian(s)</b></p> <ul style="list-style-type: none"> <li><b>Any combination of 3 from the following:</b></li> </ul>	<p><b>High risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>Drug therapy requiring intensive</li> </ul>

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<p><b>High</b></p>	<p><b>or</b></p> <ul style="list-style-type: none"> <li>■ 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> <p><b>or</b></p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>■ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p><b>or</b></p>	<p>monitoring for toxicity</p> <ul style="list-style-type: none"> <li>■ Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>■ Decision regarding emergency major surgery</li> <li>■ Decision regarding hospitalization or escalation of hospital-level care</li> <li>■ Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>
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	<p><b>High</b></p>		<p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>■ Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	<ul style="list-style-type: none"> <li>■ Parenteral controlled substances ←</li> </ul>
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# Consultation

- **Consultation definition change (page 18)**
- **Other Qualified Health Care Professional has been added in the definition and in content.**
- **“Appropriate sources” examples have changed with addition of “educator” and deletion of several.**

# Consultation

- **CPT code 99241 has been deleted; To report, use 99242**
- **“The written or verbal request for consult” has been removed and changed to “communicated...”.**
- **“documented in the patient's medical record” wording has been removed from 2 paragraphs**

# Remote Physiologic Monitoring

- CPT codes 99242-99245 – the code descriptor and times have changed and require **“a medically appropriate history and/or examination and xxx MDM.”**

99242 – Straightforward	20 minutes
99243 – Low	30 minutes
99244 – Moderate	40 minutes
99245 – High	55 minutes

# Prolonged Services

# Prolonged Service on Date Other Than the Face-to-Face Evaluation and Management Service Without Direct Patient Contact

CPT codes 99358-99359 are used for this service but *NOT* on the “LHD Fee schedule” (1/4/2023).

# Prolonged Clinical Staff Services With Physician or Other QHP Supervision

CPT Codes 99415 -99416 are used for this service but **NOT** on the “LHD Fee schedule” (1/4/2023)



# Prolonged Service With or Without Direct Patient Contact on the Date of an E/M Service

- **CPT Codes 99417 is on the “LHD Fee schedule” (1/4/2023)**
- **Information under this sub header has changes – please read if using this code**
- **99245 is for Outpatient Consult used with 99417 and *is on* the LHD Fee Schedule**

▶ (Do not report 993X0 on the same date of service as 90833, 90836, 90838, 99358, 99359) ◀

▶ (Do not report 993X0 for any time unit less than 15 minutes) ◀

<b>▶ Total Duration of New Patient Office or Other Outpatient Services (use with 99205)</b>	<b>Code(s)</b>
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99417 X 1
90-104 minutes	99205 X 1 and 99417 X 2
105 minutes or more	99205 X 1 and 99417 X 3 or more for each additional 15 minutes
<b>Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)</b>	<b>Code(s)</b>
less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 and 99417 X 1
70-84 minutes	99215 X 1 and 99417 X 2
85 minutes or more	99215 X 1 and 99417 X 3 or more for each additional 15 minutes
<b>Total Duration of Office or Other Outpatient Consultation Services (use with 99245)</b>	<b>Code(s)</b>
less than 70 minutes	Not reported separately
70-84 minutes	99245 X 1 and 99417 X 1
80-99 minutes	99245 X 1 and 99417 X 2
100 minutes or more	99245 X 1 and 99417 X 3 or more for each additional 15 minutes ◀



# Digitally Stored Data Services/Remote Physiologic Monitoring

- These following CPT codes for this service are *NOT* on the LHD fee schedule:
- 99453 – 99454; 99091, 99473-99474
- Cannot use with most E/M visits
- See specific changes in green under this header



# Tips for 2023

- **When reading in the AMA CPT 2023 codebook, carefully read as Hospital Inpatient, Emergency Department, etc. are included in sections and those categories do not apply to LHDs**

# References

## AMA CPT Evaluation and Management (E/M) Code and Guideline Changes 2023

<https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>

## AMA CPT 2023 Professional Series Edition Codebook and CPT E/M Companion 2023

## AMA CPT Changes 2023 An Insider's View



**We at LTATB and OCPHN would like to thank our local public health partners. Please reach out to your LTATB consultant with any questions.**

**DPH Local Health  
Department Website**

**<https://publichealth.nc.gov/lhd/index.htm>**