Evaluation & Management

Code Updates for 2024

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2024 - Evaluation & Management Code changes overview

Three major changes that are set to go into effect Jan. 1, 2024:

1. **Time ranges removed from office visit codes.** The codes' time ranges will be replaced with threshold times, which will bring them in line with the rest of the level-based code.
2. **Revised guidelines for split/shared visits.** The changes will only apply to facility-based visits, The new guidelines will align with Medicare's current definition of substantive portion and address split/shared visits based on time and medical decision-making (MDM).
3. **More guidance for how to report same-day services and inpatient/observation services.** The update will include a chart that clarifies how to report inpatient and observation stays based on the length of the stay.

Split or shared visits

The CPT guidelines adopt the concept of calculating the substantive portion to determine which team member reports the visit.

If a practice codes a visit based on time, the practitioner who spends the majority of the face-to-face or non-face-to-face time on the date of the encounter reports the service.

For example:

Physician A and Physician B are involved in the case. Physician A spent 40 minutes during encounter while physician B spent 10 minutes.

In this case service will be reported by physician A as majority of the time is spent by physician A

Multiple Evaluation and Management Services on the Same Date

The following guidelines apply to services that a patient may receive for hospital inpatient care, observation care, or nursing facility care.

The guidelines for multiple E/M services on the same date address circumstances in which the patient has received multiple visits or services from the same physician or other QHP or another physician or other QHP of the exact same specialty and subspecialty who belongs to the same group practice.

- **Per day:** When multiple visits occur over the course of a single calendar date in the same setting, a single service is reported.
- **Multiple encounters in different settings or facilities:** Can bill one E/M service for each setting or facility.

Discharge services

Discharge services and services in other facilities: Each service may be reported separately as long as any time spent on the discharge service is not counted towards the total time of a subsequent service

Discharge services and services in the same facility: If the patient is discharged and readmitted to the same facility on the same calendar date, report a subsequent care service instead of a discharge or initial service. For the purpose of E/M reporting, this is a single stay.

Discharge services and services in a different facility: Discharge and initial services may be reported as long as time spent on the discharge service is not counted towards the total time of the subsequent service reported when code level selection is based on time.

Transitions between office or other outpatient, home or residence, or emergency department and hospital inpatient or observation or nursing facility: When the patient is admitted to the hospital as an inpatient or to observation status in the course of an encounter in another site of service (eg, hospital emergency department, office, nursing facility), the services in the initial site may be separately reported by appending modifier 25.

Hospital inpatient or observation care services for 8-hour rule

Below guidelines are added for hospital inpatient or observation care services for 8-hour rule.

Length of Stay	Discharged On	Report Codes
<8 hours	Same calendar date as initial hospital inpatient or observation care service	99221, 99222, 99223
8 or more hours	Same calendar date as initial hospital inpatient or observation care service	99234, 99235, 99236
<8 hours	Different calendar date as initial hospital inpatient or observation care service	99221, 99222, 99223
8 or more hours	Different calendar date as initial hospital inpatient or observation care service	99221, 99222, 99223 and 99238, 99239

Below are the 2024 CPT code updates for Evaluation & Management. This list includes new CPT codes, revised codes and deleted codes.

New and revised CPT Codes for 2024

Code	Description
New codes	
#+● 99459	Pelvic examination (List separately in addition to code for primary procedure)
Revised codes	
★▲ 99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using **total** time **on the date of the encounter** for code selection, ~~15-29 minutes of total time is spent on the date of the encounter~~ **minutes must be met or exceeded**.
★▲ 99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using **total** time **on the date of the encounter** for code selection, ~~30-44 minutes of total time is spent on the date of the encounter~~ **minutes must be met or exceeded**.
★▲ 99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using **total** time **on the date of the encounter** for code selection, ~~45-59 minutes of total time is spent on the date of the encounter~~ **minutes must be met or exceeded**.
★▲ 99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using **total** time **on the date of the encounter** for code selection, ~~60-74 minutes of total time is spent on the date of the encounter~~ **minutes must be met or exceeded**.
★▲ 99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using **total** time **on the date of the encounter** for code selection, ~~10-19 minutes of total time is spent on the date of the encounter~~ **minutes must be met or exceeded**.
★▲ 99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using **total** time **on the date of the encounter** for code selection, ~~20-29 minutes of total time is spent on the date of the encounter~~ **minutes must be met or exceeded**.
★▲ 99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using **total** time **on the date of the encounter** for code selection, 30-39 minutes of total time is spent on the date of the encounter **minutes must be met or exceeded**.
★▲ 99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using **total** time **on the date of the encounter** for code selection, ~~40-54 minutes of total time is spent on the date of the encounter~~ **minutes must be met or exceeded**.
▲ 99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, ~~45~~**50** minutes must be met or exceeded.
★▲ 99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, ~~15~~**20** minutes must be met or exceeded.

● = New Code
▲ = Revised Code
+ = Add on code
# = Resequenced code
★ = Telemed code

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