

# A Sip From the Firehose: HPM Billing and Coding Changes in 2023

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Center to  
Advance  
Palliative Care™

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# Disclosures

Dr. Jones is a Medical Advisor for MyAlula.com and teaches billing/coding to hospice and palliative medicine programs nationally.

# Disclaimer

The information enclosed was current at the time it was presented. Medicare and other payer policies change frequently. This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations.

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THIS PRESENTATION CONTAINS ABBREVIATED CODE DEFINITIONS, IS NOT A SUBSTITUTE FOR YOUR CODE BOOKS, AND DOES NOT INCLUDE ALL CHANGES YOU MAY NEED TO KNOW TO CODE AND BILL ACCURATELY.

# This is Quick and Dirty.

Phil Rodgers and I are doing a comprehensive CAPC webinar on the 2023 changes in February but we've heard loud and clear that a quick update was needed sooner.

***“The Only Constant is Change: 2023 Updates in Palliative Care and Hospice Billing and Coding”***

February 7, 2023 at 3:00 pm EST

Register at [CAPC.org](https://www.capc.org)

# Bottom Line Up Front (BLUF)

1. Can bill on time or complexity. If time, all time in service period. If complexity, new AMA complexity table.
2. New 15 min Prolonged Service Codes (G0316, G0317, G0318) but thresholds are longer.
3. ACP codes stay, can be billed alone or along with another code, and pay at 16 minutes.
4. 99358/9 (prolonged non-face-to-face codes) are no more.

# Biggest Change



Total Time in *Service Period*  
versus  
Medical Decision Making

Time



# What is a Service Period?

No longer just unit/floor/in-home time on the day of service. The Service Period differs depending on where you are seeing the patient.

- **Inpatient:** All time on day of visit (except d/c codes which cover 3 days after as well)
- **Office:** All time on day of visit
- **SNF** (only if on skilled benefit): All time 1 day before, day of visit, and 3 days after
- **Home/ALF/LTC:** All time 3 days before, day of visit, 7 days after (11 day period!!!)

# What Activities Count Toward Time?

- **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, or procedures
- **Referring and communicating with other health care professionals** (when not separately reported)
- **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 (not separately reported)

# Inpatient

- Initial high-level time increases from 70 to 74 min (prolonged 105 min)
- Subsequent high-level increases from 35 to 52 minutes (prolonged 80 min)
- Can bill ACP

Table 1: Inpatient CPT Codes with 2022 and Finalized 2023 Threshold Times and work RVU

Code	2022 Time (wRVU)	2023 Time (wRVU)	Prolonged Time (wRVU)
99221 (I1)	30m (1.92)	40m (1.63)	
99222 (I2)	50m (2.61)	55m (2.6)	
99223 (I3)	70m (3.86)	74m (3.5)	105m (+ Code G0316)
99231 (S1)	15m (0.76)	25m (1)	
99232 (S2)	25m (1.39)	36m (1.59)	
99233 (S3)	35m (2.0)	52m (2.4)	80m (+ Code G0316)
99238 (DC≤30)	≤30m	≤30m (1.5)	
99239 (DC>30)	>30m	>30m (2.15)	NOT ALLOWED
99234 (OD1)		50m (1.67)	
99235 (OD2)		76m (3.24)	
99236 (OD3)		95m (4.3)	125m (+ Code G0316)

S1 = Subsequent level 1; I1 = Initial level 1; DC = Discharge; OD1 = Observation and Discharge level 1; wRVU = work Relative Value Units; Code G0316 = new inpatient prolonged service code

## Notes:

- Time = all time on date of service (F2F and non-F2F), not just 'unit/floor time'
- No more 99358 at all
- Discharge codes cover the date of discharge and for 3 days after. No prolonged codes allowed.
- Prolonged codes 99356/7 will no longer apply and will be replaced by G0316.

# SNF

- Initial high-level time increases to 65 min (prolonged 95 min)
- Subsequent high-level increases from 35 to 55 minutes (prolonged 85 min)
- Can bill ACP
- Check these times with your local billers. I am not confident.

Table 2: SNF CPT Codes with 2022 and Finalized 2023 Threshold Times and work RVU

Code	2022 Time (wRVU)	2023 Time (wRVU)***	Prolonged Time (wRVU)
99304 (I1)	25m (1.64)	30m (1.50)	
99305 (I2)	35m (2.35)	45m (2.50)	
99306 (I3)	45m (3.06)	65m (3.50)	95m (+ Code G0317)
99307 (S1)	10m (0.76)	13m (0.70)	
99308 (S2)	15m (1.16)	22m (1.30)	
99309 (S3)	25m (1.55)	40m (1.92)	
99310 (S4)	35m (2.35)	60m (2.80)	85m (+ Code G0317)

I1 = Initial SNF level 1; S1 = Subsequent SNF level 1; wRVU = work Relative Value Units; Code G0317 = new SNF prolonged service code

## Notes:

- Time = all time on date of service (F2F and non-F2F) plus 1 day before and 3 days after visit
- These codes are for SKILLED nursing facility care only; not custodial care (use home codes in Table 3)
- \*\*\* CHECK ON THESE TIMES WITH YOUR LOCAL BILLERS. I'M NOT CONFIDENT.
- No more 99358 or 99359
- CMS encourages use of CCM/CCCM/TCM/PCM codes to allow payment for prolonged services outside the date of the E/M code
- Initial SNF codes 99304-6 may be 'used once per admission per practitioner, regardless of the length of stay in the SNF/NF'.
- Prolonged codes 99356/7 will no longer apply and will be replaced by G0317.

# Home

- Time = 3 days before and 7 days after visit!
- New high-level time increases from 75 to 126 min (prolonged 141 min)
- Established high-level increases from 60 to 97 minutes (prolonged 112 min)
- Can bill ACP



Table 3: Home CPT Codes with 2022 and Finalized 2023 Threshold Times and work RVU

Code	2022 Time (wRVU)	2023 Time (wRVU)	Prolonged Time (wRVU)
99341 (N1)	20m (1.01)	27m (1.00)	
99342 (N2)	30m (1.51)	52m (1.65)	
99343 (N3)	45m (2.53)	DELETED as duplicate	
99344 (N4)	60m (3.38)	92m (2.87)	
99345 (N5)	75m (4.09)	126m (3.88)	141m (+ Code G0318)
99347 (E1)	15m (1.00)	30m (0.9)	
99348 (E2)	25m (1.56)	46m (1.5)	
99349 (E3)	40m (2.33)	68m (2.44)	
99350 (E4)	60m (3.28)	97m (3.6)	112m (+ Code G0318)

N1 = New Home level 1; E1 = Established Home level 1; wRVU = work Relative Value Units; Code G0318 = new home-based prolonged service code

Notes:

- Time = all time on date of service (F2F and non-F2F) plus 3 days before plus 7 days after
- ALF, Domiciliary, and Home codes all collapse into above Home codes
- No 99358, 99359, or 99417 for home services
- CMS encourages use of CCM/CCCM/TCM/PCM codes to allow payment for prolonged services outside the date of the E/M code
- Prolonged codes 99354/5 will no longer apply and will be replaced by G0318.

# Key Points From the Last 3 Slides

- Time = all time in service period (not just unit/floor time; no more of that “>50% counseling and care coordination”). Patient/family time, consulting team time, EHR time, angry uncle time, etc.
- Time thresholds higher but easier to meet with total time.
- If billing on time, only billing provider’s time counts (if on teaching service, can’t count residents’ time).

\*\*\* CMS and CPT start paying prolonged times at different thresholds

# Complexity

Handwritten mathematical notes on a blackboard background:

- $$\frac{\partial^2 \psi}{\partial t^2} = \frac{1}{\alpha} \Delta \psi$$
- $$\beta = \frac{1}{\sqrt{1 - \frac{v^2}{c^2}}}$$
- $$x(x-1) = x^2 - 1$$
- $$E = mc^2$$
- $$-8 = 2 \cdot x$$
- $$y = 9x^2$$
- $$9 - y = 7$$
- $$\sqrt{64}$$
- $$52 - x^2 + y = ?$$
- $$\int B \cdot dA = 0$$
- $$\sum_n \frac{\partial^2 v_{z,2}}{\partial t^2} - c_s^2 \frac{\partial^2 v_{z,2}}{\partial z^2} =$$
- $$A^2 + B^2 = C^2$$

Diagrams include:

- A sine wave with a shaded region and the equation  $x+3=5$ .
- A graph of a curve in the first quadrant of an x-y coordinate system.
- A graph showing a vertical dashed line at  $x=a$  and a horizontal dashed line at  $y=b$ .

# Documentation if Using Complexity

## 2022

- History
  - HPI – 4 points
  - ROS – 10 points
  - PMFSH – 1 each from 3
- Physical Exam
  - 8 systems
- Medical Decision Making (2 of 3)
  - Data – 4 points
  - Diagnoses – 4 points
  - Risk – high risk on risk table

## 2023

- History
  - HPI – medically necessary
  - ROS – medically necessary
  - PMFSH – medically necessary
- Physical Exam
- Medical Decision Making (2 of 3)
  - Data – HIGH
  - Diagnoses – HIGH
  - Risk – HIGH



# Medical Decision Making (2/3 Required)

Number and Complexities of Problems

Amount of Data/Complexity of Data

Risk of Complications

*“Multiple morbidities requiring intensive management: A set of conditions, syndromes, or functional impairments that are likely to require frequent medication changes or other treatment changes and/or re-evaluations. The patient is at significant risk of worsening medical (including behavioral) status and risk for (re)admission to a hospital.”*

# Complexity and Medical Decision Making

Level of MDM (Based on 2 out of 3 Elements of MDM)	ELEMENT 1 Number and Complexity of Problems Addressed at the Encounter	ELEMENT 2 Amount and/or complexity of Data to Be Reviewed and Analyzed	ELEMENT 3 Risk of complications and/or Morbidity or Mortality of Patient Management
<b>High</b> 99223-75 mins 99233-50 mins 7083245 (99255)-80 mins 99236-85 mins	High (Must meet one requirement below)	Extensive (Must meet 2 out of 3 Categories)	High risk of morbidity from additional diagnostic testing or treatment (Examples below)
	1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment	<b>Category 1: Tests, documents, or independent historian(s)-any combination of 3</b>	Drug Therapy requiring intensive monitoring for toxicity
	1 acute or chronic illness or injury that poses a threat to life or bodily function	Review of prior external note(s) from each unique source	Decision regarding elective major surgery with identified patient or procedure risk factors
		Review of the result(s) of each unique test	Decision regarding emergency major surgery
		Ordering of each unique test	Decision regarding hospitaliation or escalation of hospital-level care
		Assessment requiring an independent historian(s)	Decision not to resuscitate or to de-escalat care because of poor prognosis
		<b>Category 2: Independent interpretation of tests</b>	Parenteral controlled substances
		Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)	
		<b>Category 3: Discussion of management or test interpretation</b>	
		Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	

Data from

<https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf> shortened at <https://bit.ly/3EMnL8g>

## The Rest!

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# What's Leaving?



## Codes Flying the Coop

- Observation Codes
- “Face-to-Face” prolonged service codes (99354 – 99357)
- “Non-Face-to-Face” prolonged service code (99358)



# Prolonged Time (Big Changes)

**G0316-8 and 99418 (15 minutes):** Can only be used with the 'highest code in the series'. Only pays 0.61 wRVUs.

**These codes can only be reported when the billing provider:**

- Bills the highest-level E/M code available based on time, and
- Surpasses 15 minutes beyond the minimum time required for that E/M\*
- Spends the full 15 minutes (not mid-point) – so 30 min extra total

**Table 24 Required Time Thresholds to Report Other E/M Prolonged Services**

Primary E/M Service	Prolonged Code*	Time Threshold to Report Prolonged	Count physician/NPP time spent within this time period (surveyed timeframe)
Initial IP/Obs. Visit (99223)	G0316	105 minutes	Date of visit
Subsequent IP/Obs. Visit (99233)	G0316	80 minutes	Date of visit
IP/Obs. Same-Day Admission/Discharge (99236)	G0316	125 minutes	Date of visit to 3 days after
IP/Obs. Discharge Day Management (99238-9)	n/a	n/a	n/a
Emergency Department Visits	n/a	n/a	n/a
Initial NF Visit (99306)	G0317	95 minutes	1 day before visit + date of visit +3 days after
Subsequent NF Visit (99310)	G0317	85 minutes	1 day before visit + date of visit +3 days after
NF Discharge Day Management	n/a	n/a	n/a
Home/Residence Visit New Pt (99345)	G0318	140 minutes	3 days before visit + date of visit + 7 days after
Home/Residence Visit Estab. Pt (99350)	G0318	110 minutes	3 days before visit + date of visit + 7 days after
Cognitive Assessment and Care Planning (99483)	G2212	100 minutes	3 days before visit + date of visit + 7 days after
Consults	n/a	n/a	n/a

# Prolonged Times by Setting

# Billing for Advance Care Planning (No Changes)

- 30-minute code BUT PAYS AT 16 MINUTES – 99497 (1.5 wRVU)
- If 46 minutes or more, both 99497 + 99498 (1.5 + 1.4 wRVU)
- Three keys:
  - Must document that patient/family participated voluntarily. This is a remnant from the ‘Death Panels’ accusations of 2010.
  - Should bill same day medical visit on complexity (avoid 2 time codes on the same day).
  - Something should change to bill this a few days in a row. No badgering!

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# Webinar Reminder

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# References

- 2023 Final Rule: <https://public-inspection.federalregister.gov/2022-23873.pdf>
- AMA Medical Decision Making Grid: <https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf> shortened at <https://bit.ly/3EMnL8g>

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