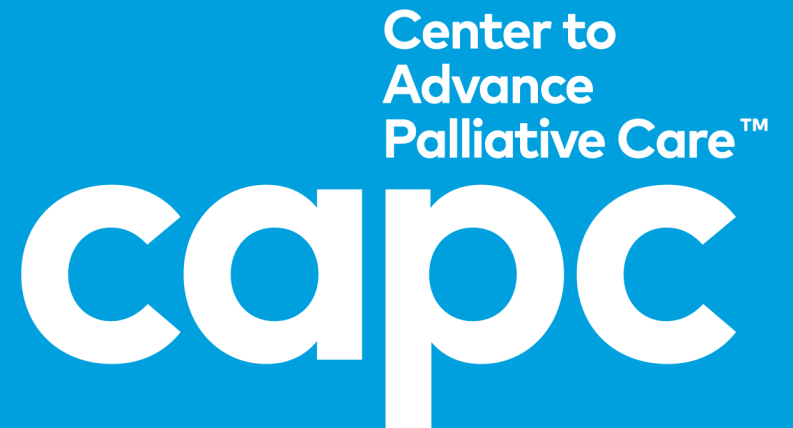


# A Sip From the Firehose: HPM Billing and Coding Changes in 2023

**Christopher A. Jones, MD, MBA, HMDC, FAAHPM**  
Associate Professor and Director of Outpatient Palliative Care  
Duke University Health System

December 2022 – UPDATED January 2023



# 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.

Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. Acevedo Consulting Inc. employees, agents, and staff make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this information.

This presentation is a general summary that explains certain aspects of the Medicare Program and other reimbursement and compliance information, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

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)

# UPDATES SINCE DECEMBER

- **TIME FOR BASE CODE IS ALL TIME ON DAY OF SERVICE. PROLONGED CODES MUST CONSIDER LENGTH OF SERVICE PERIOD.**
- **BASE TIMES IN CPT FOR HOME AND SNF ARE MUCH BETTER THAN ANTICIPATED.**
- **SNF CODES APPLY TO ANYONE IN THE SNF (FACILITIES ARE SKILLED, NOT PATIENTS).**

# Bottom Line Up Front (BLUF)

1. Can bill on time or complexity. If time, all time on day of service. If complexity, new AMA complexity table.
2. New 15 min Prolonged Service Codes (G0316, G0317, G0318) but thresholds are longer and a 'service period' must be considered.
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  
versus  
Medical Decision Making

**Time**



# What is Total Time?

No longer just unit/floor/in-home time on the day of service.

**All time on the day of service doing ‘provider-level activities’ count toward total time for the base code.**

# 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 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)	90/105m (+ Code G3016)
99231 (S1)	15m (0.76)	25m (1)	
99232 (S2)	25m (1.39)	36m (1.59)	
99233 (S3)	35m (2.0)	52m (2.4)	65/80m (+ Code G3016)
99238 (DC≤30)	≤30m	≤30m (1.5)	
99239 (DC>30)	>30m	>30m (2.15)	NOT ALLOWED
99234 (OD1)		45m (2)	
99235 (OD2)		68m (3.24)	
99236 (OD3)		85m (4.3)	100/125m (+ Code G3016)

S1 = Subsequent level 1; I1 = Initial level 1; DC = Discharge; OD1 = Observation and Discharge level 1; wRVU = work Relative Value Units; Code G3016 = new inpatient prolonged service code (CPT inpatient prolonged code is 99418)

## Notes:

- Time = all time on date of service (F2F and non-F2F), not just 'unit/floor time'
- Prolonged times include CPT and CMS published times, which disagree
- No more 99358 on date of service or any other time
- 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 G3016/99418.

# SNF

- Initial high-level time stable at 45 min (prolonged 95 min)
- Prolonged times are a mess as CPT and CMS disagree mightily (60 vs 95 minutes for New)
- Can bill ACP

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

Code	2022 Time (wRVU)	2023 Time (wRVU)	Prolonged Time (wRVU)
99304 (I1)	25m (1.64)	25m (1.50)	
99305 (I2)	35m (2.35)	35m (2.50)	
99306 (I3)	45m (3.06)	45m (3.50)	60/95m (+ Code G3017)
99307 (S1)	10m (0.76)	10m (0.70)	
99308 (S2)	15m (1.16)	15m (1.30)	
99309 (S3)	25m (1.55)	30m (1.92)	
99310 (S4)	35m (2.35)	45m (2.80)	60/85m (+ Code G3017)

I1 = Initial SNF level 1; S1 = Subsequent SNF level 1; wRVU = work Relative Value Units; Code G0317 = new prolonged SNF service code G0317 (CPT inpatient/SNF prolonged code is 99418)

## Notes:

- Time = all time on date of service (F2F and non-F2F but not travel time)
- Prolonged times include CPT and CMS published times, which disagree
- Prolonged time includes 1 day before, day of visit, and 3 days after visit
- These codes are for anyone in a skilled nursing facility (whether on skilled benefit or not)
- No more 99358 or 99359 at all
- 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 G3017/99418.

# Home

- All time on day of service (no travel time)
- Prolonged times are a mess as CPT and CMS disagree mightily (90 vs 141 minutes for New)
- Can bill ACP

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

Code	2022 Time (wRVU)	2023 Time (wRVU)	Prolonged Time (wRVU)
99341 (N1)	20m (1.01)	15m (1.00)	
99342 (N2)	30m (1.51)	30m (1.65)	
99343 (N3)	45m (2.53)	DELETED as duplicate	
99344 (N4)	60m (3.38)	60m (2.87)	
99345 (N5)	75m (4.09)	75m (3.88)	90/141m (+ Code G3018)
99347 (E1)	15m (1.00)	20m (0.9)	
99348 (E2)	25m (1.56)	30m (1.5)	
99349 (E3)	40m (2.33)	40m (2.44)	
99350 (E4)	60m (3.28)	60m (3.6)	75/112m (+ Code G3018)

N1 = New Home level 1; E1 = Established Home level 1; wRVU = work Relative Value Units; Code G3018 = new home prolonged service code G3018 (CPT home/outpt prolonged code is 99417)

## Notes:

- Time = all time on date of service (F2F and non-F2F but not travel time)
- Prolonged times include CPT and CMS published times, which disagree
- Prolonged time includes 3 days before, day of visit, plus 7 days after
- ALF, Domiciliary, and Home codes all collapse into above Home codes
- No more 99358, 99359
- 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 G3018/99417.

# Key Points From the Last 3 Slides

- Time for base code = all time on day of service doing provider level work (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.
- Messy prolonged times outside the hospital/clinic due to CPT/CMS time mismatch
- 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

$\frac{\partial^2 \varphi}{\partial t^2} = \frac{1}{\alpha} \Delta \varphi$       $8 < x$       $\beta = \frac{1}{\sqrt{1 - \frac{v^2}{c^2}}}$

$x+3=5$       $x(x-1) = x^2 - 1$



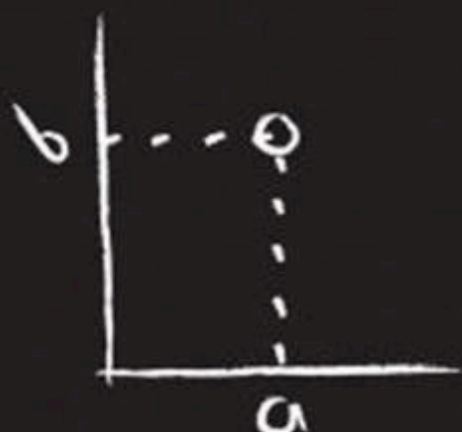
$E = mc^2$       $-8 = 2 \cdot x$       $y = 9x^2$       $\frac{1}{2\pi}$       $52 - x^2 + y = ?$

$9 - y = 7$       $\sqrt{64}$

$\int_{x \neq y} B \cdot dA = 0$

$\sum_n \frac{\partial^2 v_{z,2}}{\partial t^2} - c_s^2 \frac{\partial^2 v_{z,2}}{\partial z^2} =$

$\sqrt{64 \cdot x}$       $A^2 + B^2 = C^2$

# 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>;

Better formatted from AAO here (right column is high-level): <https://bit.ly/3ISkvvD>

## The Rest!

etc, etc, etc, etc, etc, etc, etc

etc, etc, etc, etc, etc, etc, etc

etc, etc, etc, etc, etc, etc, etc

etc, etc, etc, etc, etc, etc, etc

...

# 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 during the *service period*
- Spends the full 15 minutes (not mid-point) – so 30 min extra total

# 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** (any patient in a SNF/NF): All time 1 day before, day of visit, and 3 days after
- **Home/ALF:** All time 3 days before, day of visit, 7 days after (11 day period!!!)

**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

**CMS  
Prolonged  
Times by  
Setting  
(Way Longer  
Than CPT)**

# 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!

# Bottom Line Up Back (BLUB?)

1. Can bill on time or complexity. If time, all time on day of service. If complexity, new AMA complexity table.
2. New 15 min Prolonged Service Codes (G0316, G0317, G0318) but thresholds are longer and a 'service period' must be considered.
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.

# Webinar Reminder

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

Presented by Christopher Jones, MD, MBA & Phillip Rodgers, MD

February 7, 2023 at 3:00 pm EST

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

# 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>; better formatted at <https://bit.ly/3ISkvvD>

Center to  
Advance  
Palliative Care™

capc

55 West 125<sup>th</sup> Street

13th Floor

New York, NY 10027

347-802-6231

[capc.org](http://capc.org)