2023 Evaluation and Management Changes

Guideline Updates, Clarifications, and Corrections

Updated January 2025

This resource highlights updates to, clarifications of, and corrections for the 2023 Evaluation and Management services guidelines. Please refer to the AMA's 2023 CPT E/M Descriptors and Guidelines for more details and the revisions in their entirety.

General Guidelines

Services Reported Separately

"Physician" terminology has been removed, which will allow for independent reporting of services rather than incident-to reporting as applicable.

History and/or Examination

The new guidelines include details regarding history and/or examination stating that E/M codes determined by level of service include a medically appropriate history and/or physical examination when performed, falling in line with the guidelines previously established for the office and other outpatient services. These are not elements of level of service selection for these E/M codes.

Level of Service selection based on Medical Decision Making

As level of service is now determined by medical decision making and time, the history, social history, and system review no longer apply to the level of service but are required as medically necessary. The definitions for presenting problems are now applicable, but in more detail, to the number and complexity of problems addressed which is found in the "Selecting a Level of Service based on Medical Decision Making" section of the guidelines[1].

Number and Complexity of Problems Addressed at the Encounter

Risk in this section relates directly to the risk from the condition and is separate from that of the risk of management. The problem address is the problem being managed by the reporting physician or other qualified healthcare professional on the date of the encounter. For hospital inpatient and observation services, this may be different from the problem on admission and may not be the cause of admission or continued stay.

New

Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care: A short term problem having a low risk of morbidity and requiring treatment in a hospital

[1] American Medical Association. "CPT® Evaluation and Management (E/M) Code and Guideline Changes". 2022. https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf

inpatient or observation setting. A full recovery is expected with low risk of mortality with treatment.
Stable, acute illness: A new or recent problem that is improved after initiation of treatment, but resolution is not yet complete.

Revisions

Chronic illness with exacerbation, progression, or side effects of treatment: Removal of language excluding consideration of hospital level care.

Chronic illness with severe exacerbation, progression, or side effects of treatment: Revision of language to include escalation in the level of care rather than possibly requiring hospital level care.

Acute or chronic illness or injury that poses a threat to life or bodily function: Introduction of inclusion of language that symptoms may present as a condition that could pose a potential threat to life or bodily function in which the evaluation and treatment is consistent with the potential severity.

Amount and/or Complexity of Data to be Reviewed and Analyzed

This section relates to the tests and sources reviewed or analyzed at the encounter. For 2023, there are no significant additions or revisions to the guidelines.

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

Risk in this section relates directly to the risk resulting from patient management at an encounter and is associated with the risk of complications and morbidity and/or mortality as a consequence of the problems addressed at the encounter and applies to patient management decisions made by the reporting physician or other QHP (Qualified Health care Professional) as part of the encounter. This is separate from the risk of the condition.

New

"Parenteral controlled substances" is included as a new example for 2023.

Revisions

The decision regarding hospitalization now includes added language regarding "escalation of hospital level care."

Additional Revisions

Clarifications and updates made in the 2021 technical correction were officially added to the guidelines. Details regarding these corrections can be found in ASCO's resource "2021 E/M Changes Updates and Clarifications".

Time

Time for E/M services, except for emergency department services which are not time-based, is defined in the service descriptors and is attributed to the total time on the date of the encounter.

When prolonged time occurs, the total time on the date of the encounter accounting for care of the patient, both face-to-face and non-face-to-face, should be documented in the medical record if used to select the level of service.

Hospital Inpatient and Observation Care Services

Terms that were uncertain or created misunderstanding were removed from the guidelines to create consistency and clarity.

Initial Versus Subsequent Changes

Historically, initial hospital services were reporting on the date of admission, typically by the admitting physician. Any services performed on other dates occurring after the date of admission were reported with subsequent service codes. In 2023, the definitions of initial and subsequent services are being revised to be more consistent with the evaluation and management services.

Initial services will fall more in line with the definition of a new patient and would be reported if a patient has not received any professional services during the stay from the physician or other QHP (Qualified Health care Professional) (Qualified Health care Professional) or another other physician or QHP in the same specialty who belongs to the same group/practice. Subsequent services are similar to established patient visits in that they would be used if a patient has received any services during the stay from the physician or other QHP or another physician or QHP in the same group. A transition from observation to inpatient will not indicate a new stay.

New or established patient

When admission occurs during the course of an encounter of another site of service, the services associated with the other site may be reported separately.

Consultations

A consultation may not be reported with the consultation codes if requested by patient and/or family. Consultations must be requested by a physician, other qualified healthcare professionals, or another appropriate source. Consultations performed in anticipation of, or related to, an admission that is managed by another physician or QHP, and the consultants performed an encounter after admission, the inpatient encounter should be reported as a subsequent hospital service code. This applies regardless of the appropriate code used for the consultation and if the consult is on the date of admission or a date before admission.

Terms that were uncertain or created misunderstanding were removed from the guidelines to create consistency and clarity. For example, previously "transfer of care" definition included a long explanation involving the process in which a physician or other qualified healthcare professional provided management for some of all a patient's problems transfers care to another non-consultative provider and will no longer provider care for the specified conditions but may provide care for other conditions. The services will now be defined as provided for the management of the patient's entire care or for the care of a specific condition or problem.

Prolonged Services

Currently	2023

• 99354-99357: Inpatient, Observation,Consultation
• 99417: Office and outpatient office visits
• 99358-99359: Outside of the encounter
	• Date of encounter
	  • 99415-99416: Clinical staff time
	  • 99417: Office and outpatient office visits
	  • 99418: Inpatient, Observation, Consultation
	• Outside of encounter
	  • 99358, 99359

Please note that CMS (Center for Medicare and Medicaid Services) has their own codes and guidelines for reporting prolonged services which can be found in the 2023 PFS (Physician Fee Schedule) Final Rule[2].

[2] Centers for Medicare and Medicaid Services. "Revisions to Payment Policies Under the Physician Fee Schedule Quality Payment Program and Other Revisions to Part B for CY 2023". 2022, November 18. CMS-1770-F | CMS

Resources

American Medical Association

2023 CPT E/M descriptors and guidelines

American Society of Clinical Oncology

2023 E/M Overview
2021 E/M Changes Updates and Clarifications

Centers for Medicare and Medicaid Services

2023 PFS Proposed Rule

2023 PFS Final Rule

2023 Corrections to the Final Rule