

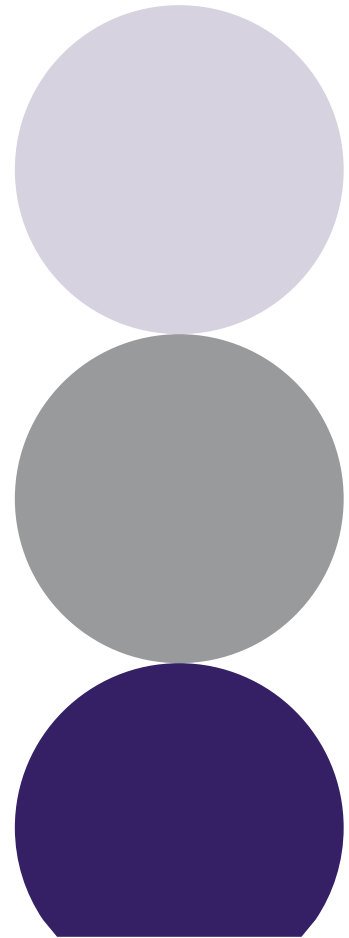


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E/M vs Eye Visit Codes for 2023

Table Rock Regional Roundup
October 27-29, 2022





Financial Disclosure

- Joy Woodke, COE, OCS, OCSR
 - Academy Director of Coding & Reimbursement
- I have no financial interests or relationships to disclose.



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Course Agenda



Overview

Evaluation & Management (E/M) Codes
Eye Visit Codes



How to Choose: E/M vs Eye

Case Studies



Bonus: What's New for 2023?



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Evaluation & Management Codes

99202, 99203, 99204, 99205
99211, 99212, 99213, 99214, 99215



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2021 E/M Documentation Guidelines



Medically relevant history and examination



E/M code selection based on:

Medical Decision Making, or
Total Physician Time



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2023 Final Determination Table for Medical Decision Making

To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high). Otherwise, select 1 level lower from highest level.

COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/or Complexity of Problems Addressed at the Encounter	Minimal 1 self-limited or minor problem	Low 2 self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness or injury Or 1 stable, acute illness Or 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	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	High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that pose a threat to life/body function
Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited 1 of 2 Categories must be met 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; • Review of the results(s) of each unique test; • Ordering of each unique test; Or Category 2: Assessment requiring an independent historian(s)	Moderate At least 1 of 3 Categories must be met 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/QHP (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)	Extensive 2 of 3 Categories must be met 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/QHP (not separately reported) Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)
Risk of Complications and/or Morbidity or Mortality of Patient Management	Minimal Minimal risk of morbidity from additional diagnostic testing and treatment	Low Low risk of morbidity from additional diagnostic testing or treatment	Moderate Moderate risk of morbidity from additional 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	High 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 or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis
Final Determination	99202 99212	99203 99213	99204 99214	99205 99215

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Reviewed July 2022



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aao.org/em

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Q&As About Component 2: Amount and/or Complexity of Data to be Reviewed and Analyzed

Question: How is "each unique source" defined?

AMA answer: An external physician or other QHP who is not in the same group practice or is of a different specialty or subspecialty.

This includes licensed professionals who are practicing independently.

The individual may also be a facility or organizational provider such as from a hospital, nursing facility, or home health care agency.

Question: Do we receive credit for each unique test we either order or provide the interpretation/report, past or present?

AMA answer: Any test with a CPT code current or past for which you receive/received separate payment does not count in this category.



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Question: Does a letter to the referring source count for discussion of management or test interpretation with external physician/QHP or appropriate source?

AMA answer: No. To qualify, discussion requires two-way communication.

Question: How is "appropriate source for the purpose of the discussion of management" defined?

AMA answer: An appropriate source includes professionals who are not health care professionals, but may be involved in the management of the patient (e.g., lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.

Q&As About Component 3: Risk of Complications and/or Morbidity of Mortality of Patient Management

Question: Is minor or major surgery defined by global periods as it is for coding?

AMA answer: No. The physician's expertise defines minor surgery with identified patient or procedure risk factors, or elective major surgery with or without risk factors.

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Risk of Complications

- **Prescription drug management**
 - Artificial tears, glasses, Plaquenil does not count.
 - Intravitreal injections do qualify (medication)
 - Glaucoma medications qualify. There does not have to be a change.
- **With or without risk factors**
 - Risk over and above the usual risk associated with the surgery

Moderate

Moderate risk of morbidity from additional 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



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Social Determinants of Health

- Potential health deterrents due to socioeconomic and psychosocial circumstances
- Contributes to MDM risk of complications when managing patient care
- Savvy Coder: Why (and How) You Should Use ICD-10 Codes for Social Determinants of Health



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With treatment in the near term. The patient will go blind, have significant visual loss or complications if not treated within the next 24 hours.

Eye Visit Codes

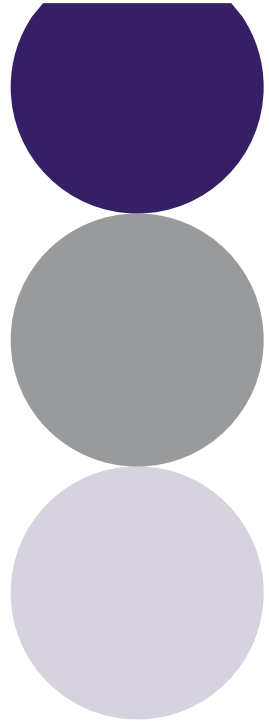
92002, 92012
92004, 92014

Published 1983



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Eye Visit Codes

Documentation
requirements
continue to
remain the same

Comprehensive:
92004, 92014

Intermediate:
92002, 92012



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EYE VISIT CODE CHECKLIST

Intermediate Exam Codes 92002/92012

HISTORY

- ☐ Chief complaint
- ☐ History
- ☐ General medical observation

EXAMINATION

☐ Three or more, but less than 12 elements of the exam medically necessary to perform.

- ☐ Visual acuity
- ☐ Gross or confrontation visual fields
- ☐ Extraocular motility
- ☐ Conjunctiva
- ☐ Ocular adnexa
- ☐ Pupil and iris
- ☐ Cornea
- ☐ Anterior chamber
- ☐ Lens
- ☐ Intraocular pressure
- ☐ Optic nerve discs
- ☐ Retina and vessels
- ☐ Dilation: As medically necessary.

Comprehensive Exam Codes 92004/92014

HISTORY

- ☐ Chief complaint
- ☐ History
- ☐ General medical observation

EXAMINATION

All 12 elements of the exam medically necessary to perform unless unable due to age of patient or trauma.

- ☐ Visual acuity
- ☐ Gross or confrontation visual fields
- ☐ Extraocular motility
- ☐ Conjunctiva
- ☐ Ocular adnexa
- ☐ Pupil and iris
- ☐ Cornea
- ☐ Anterior chamber
- ☐ Lens
- ☐ Intraocular pressure
- ☐ Optic nerve discs
- ☐ Retina and vessels
- ☐ Dilation: As medically necessary. If not dilated, document why.



EYE VISIT CODE CHECKLIST

Intermediate Exam Codes 92002/92012

INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM

Includes, but is not limited to:

- ☐ Prescription of medication, glasses or contact lenses
- ☐ Arranging for special ophthalmological diagnostic or treatment services
- ☐ Consultations
- ☐ Laboratory procedures
- ☐ Radiological services
- ☐ Recommendation or decision for or scheduling or performance of a major or minor (000, 010, or 090 day global) surgical procedure.
- ☐ Scheduling necessary follow-up of a medical problem
- ☐ Other _____

Comprehensive Exam Codes 92004/92014

INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM

Includes, but is not limited to:

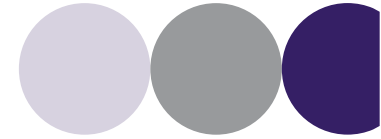
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- ☐ Arranging for special ophthalmological diagnostic or treatment services
- ☐ Consultations
- ☐ Laboratory procedures
- ☐ Radiological services
- ☐ Recommendation or decision for or scheduling or performance of a major or minor (000, 010, or 090 day global) surgical procedure.
- ☐ Scheduling necessary follow-up of a medical problem
- ☐ Other _____



E/M vs Comprehensive Eye Visit Codes

	E/M Office and Other Outpatient Encounters	Eye Visit Code Comprehensive Exam Components
	CPT codes 99202-99215	CPT codes 92004, 92014
History	Medically relevant	<ul style="list-style-type: none">• History (not defined)• General medical observation (not defined)• Chief Complaint
Exam	Medically relevant Dilate as medically necessary	Exam: recommended 12 elements, often includes dilation
Medical Decision Making	Number and Complexity of Problems Addressed at the Encounter , Amount and/or Complexity of Data to be Reviewed and Analyzed , Risk of Complications and/or Morbidity or Mortality of Patient Management (2 of 3)	Initiation or continuation of diagnostic and treatment programs





E/M vs Comprehensive Eye Visit Codes

	E/M Office and Other Outpatient Encounters	Eye Visit Code Comprehensive Exam Components
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History	Medically relevant	<ul style="list-style-type: none">• History (not defined)• General medical observation (not defined)• Chief Complaint
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How to Choose:

E/M vs Eye Visit Codes



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E/M and Eye visit codes

- Different documentation guidelines
- 99214 does not automatically equal 92014

Documentation Guidelines

- E/M – medically relevant history and exam, determine level of E/M from MDM or total physician time
- Eye Visit Codes – meet history, exam elements and initiation of diagnostic & treatment program

Consider both family of codes

- Confirm the level of E/M and Eye Visit Code
- Avoid 9 scenarios when not to use an Eye Visit Code
- Maximize reimbursement



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9 Scenarios When You Should Not Submit an Eye Visit Code

ICD-10 code is
not a covered
diagnosis

POS is not the
office

Frequency
exceeded

E/M required
for medical
diagnoses

Subject to
downcoding
based on
diagnosis

Commercial
plan still
recognized
consult codes

Telemedicine

Prolonged
services

Payer allowable



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2022 Fee Schedule: National Average

E/M New	Office
99202	\$ 74.06
99203	\$113.85
99204	\$169.57
99205	\$224.25
Eye New	Office
92002	\$ 87.55
92004	\$151.92

E/M Est	Office
99212	\$ 57.45
99213	\$ 92.05
99214	\$ 129.77
99215	\$ 183.07
Eye Est	Office
92012	\$ 90.67
92014	\$ 128.39



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Varies by geographic region

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Code This Case #1

Established patient comes in for an annual comprehensive exam and evaluation of cataract. She is also a glaucoma suspect.

Medically relevant history, comprehensive exam and OCT, optic nerve (unchanged)

Impression: Combined forms of age-related cataract, OU contributing to decreased vision but not impacting ADL. Glaucoma suspect, low risk OU, stable.

Plan: Return in 6 months for VF and IOP check

Insurance: Medicare Part B



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Code This Case #1

Problem	Data	Risk	Overall MDM	E/M Code
2 stable chronic illnesses (moderate)	None (minimal) OCT does not count, separately billable	Follow-up 6 months (low)	Low	99213

History	Exam	Treatment	Eye Visit Code
Complete	12 elements of the exam medically necessary to perform Comprehensive	Schedule follow-up and test Initiation or continuation of diagnostic and treatment program(s) met	92014



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Code This Case #1

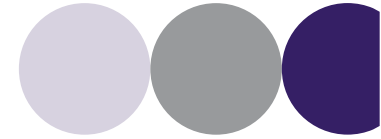
- E/M vs Eye Visit Code?

E/M Est	Office
99213	\$ 92.05
Eye Est	Office
92014	\$ 128.39



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Code This Case #1

- E/M vs Eye Visit Code?

E/M Est	Office
99213	\$ 92.05
Eye Est	Office
92014	<u>\$ 128.39</u>



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E/M 99213 vs 92014

	E/M Office and Other Outpatient Encounters	Eye Visit Code Intermediate Exam Components
	CPT codes 99213	CPT codes 92014
History	Medically relevant	<ul style="list-style-type: none">• History (not defined)• General medical observation (not defined)• Chief Complaint
Exam	Medically relevant Dilate as medically necessary	Exam: recommended 12 elements, often includes dilation
Medical Decision Making	Number and Complexity of Problems Addressed at the Encounter , Amount and/or Complexity of Data to be Reviewed and Analyzed , Risk of Complications and/or Morbidity or Mortality of Patient Management (2 of 3 meet the LOW level)	Initiation or continuation of diagnostic and treatment programs





E/M 99213 vs 92014

	E/M Office and Other Outpatient Encounters	Eye Visit Code Intermediate Exam Components
	CPT codes 99213	CPT codes 92014
History	Medically relevant	<ul style="list-style-type: none">• History (not defined)• General medical observation (not defined)• Chief Complaint
Exam	Medically relevant Dilate as medically necessary	Exam: recommended 12 elements, often includes dilation
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Code This Case #1B

- Level 3 vs Comprehensive?
 - What if this patient has a commercial insurance, and
 - They have frequency edits on Eye visit codes?
- **Best to report E/M level 3, 99213.**
- Always consider the 9 scenarios when not to use an Eye visit code



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Code This Case #1C

- What if the cataracts were impacting the patient's activities of daily living (ADL) and,
- After performing BCVA vision cannot be improved with a tolerable change in glasses?
- Patient desires surgery
- How would you code this case?



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Code This Case #1C

Problem	Data	Risk	Overall MDM	E/M Code
1 chronic illnesses with progression (moderate)	None (minimal) OCT does not count, separately billable	Decision for major surgery (cataract) (moderate)	Moderate	99214

History	Exam	Treatment	Eye Visit Code
Completed	12 elements of the exam medically necessary to perform Comprehensive	Schedule follow-up and test Initiation or continuation of diagnostic and treatment program(s) met	92014



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Code This Case #1C

- E/M vs Eye Visit Code?

E/M Est	Office
99214	\$ 129.77
Eye Est	Office
92014	\$ 128.39



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Code This Case #1C

- E/M vs Eye Visit Code?

E/M Est	Office
99214	\$ <u>129.77</u>
Eye Est	Office
92014	\$ 128.39



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Code This Case #2

Established patient returns for a 3 month evaluation of dry eye syndrome. She continues to use ATs and they are not working.

Medically relevant history, problem focused exam

Impression: DES, worsening.

Plan: Prescription for Restasis BID OU. Return in 1 month

Insurance: Medicare Part B



Code This Case #2

Problem	Data	Risk	Overall MDM	E/M Code
1 chronic illnesses with progression (moderate)	None (minimal)	Prescription drug management (moderate)	Moderate	99214

History	Exam	Treatment	Eye Visit Code
Completed	Less than 12 elements of the exam medically necessary to perform Intermediate	Prescription drug Initiation or continuation of diagnostic and treatment program(s) met	92012



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Code This Case #2

- E/M vs Eye Visit Code?

E/M Est	Office
99214	\$ 129.77
Eye Est	Office
92012	\$ 90.67



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Code This Case #2

- E/M vs Eye Visit Code?

E/M Est	Office
99214	\$ <u>129.77</u>
Eye Est	Office
92012	\$ 90.67



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Code This Case #3

New patient referred for evaluation of droopy eyelids, OU impacting activities of daily living (ADL)

Medically relevant history, comprehensive exam. External photos per payer policy. Documentation of MRD < 1 mm.

Impression: Dermatochalasis, OU.

Plan: Schedule bilateral blepharoplasty next available.

Insurance: Medicare Part B



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Code This Case #3

Problem	Data	Risk	Overall MDM	E/M Code
1 chronic illnesses with exacerbation (moderate)	None (minimal)	Schedule major surgery without risk (moderate)	Moderate	99204

History	Exam	Treatment	Eye Visit Code
Completed	12 elements of the exam medically necessary to perform Comprehensive	Schedule surgery Initiation or continuation of diagnostic and treatment program(s) met	92004



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Code This Case #3

- E/M vs Eye Visit Code?

E/M Est	Office
99204	\$ 169.57
Eye Est	Office
92004	\$ 151.92



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Code This Case #3

- E/M vs Eye Visit Code?

E/M Est	Office
99204	\$ <u>169.57</u>
Eye Est	Office
92004	\$ 151.92



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Code This Case #4

Established patient seen for sudden floaters and black veil, right eye.

Medically relevant history, problem-focused exam. OD only dilated.

Impression: Macula-on retinal detachment

Plan: Schedule emergency RD surgery today.

Insurance: Medicare Part B



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Code This Case #4

Problem	Data	Risk	Overall MDM	E/M Code
1 acute illness that poses a threat to body function Treatment in the near term (high)	None (minimal)	Emergency surgery (high)	High	99215

History	Exam	Treatment	Eye Visit Code
Completed	Less than 12 elements of the exam medically necessary to perform Intermediate	Emergency surgery Initiation or continuation of diagnostic and treatment program(s) met	92012



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Code This Case #4

- E/M vs Eye Visit Code?

E/M Est	Office
99215	\$ 183.07
Eye Est	Office
92012	\$ 90.67



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Code This Case #5

- E/M vs Eye Visit Code?

E/M Est	Office
99215	\$ <u>183.07</u>
Eye Est	Office
92012	\$ 90.67

What if a comprehensive exam was performed?

92014 \$ 128.39.

Level 5, still best choice



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Level of E/M for Glaucoma

- All glaucoma visits are considered moderate level of MDM because of prescription drug management.
- A. True
- B. False



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Level of E/M for Glaucoma

- All glaucoma visits are considered moderate level of MDM because of prescription drug management.
- A. True
- B. **False – must meet or exceed 2 of 3 categories**



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E/M Level 3 vs 4

Reason for the exam?

6-month glaucoma check, VF

Glaucoma, stable, continue meds, return in 6 months

- 1 stable chronic illness (low problem), data none, risk RX management (moderate)

Overall MDM, low

- Level 3, 99213



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E/M Level 3 vs 4

Reason for the exam?

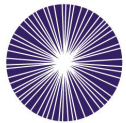
6-month glaucoma check, VF

Glaucoma, worsening, change meds, return in 4 months

- 1 chronic illness, progression (moderate problem), data none, risk RX (moderate)

Overall MDM, moderate

- Level 4, 99214



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E/M Level 3 vs 4

Reason for the exam?

6-month glaucoma check and evaluation of chronic dry eyes

- VFs were suspicious for disease progression

Glaucoma, continue meds, return 1-2 months repeat VF, Dry eyes, stable continue AT return PRN

- 2 chronic illnesses (moderate problem), data none, risk RX (moderate)

Overall MDM, moderate

- Level 4, 99214



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E/M vs Eye: Pitfalls to Avoid

We only use Eye visit codes!

Decision for retinal detachment surgery is always a level 5

Multiple complex problems that can progress and cause vision loss is always a moderate level

Eye visit codes require ROS.

Medicare has frequency edits for Eye visit codes.

E/M is easier now, so we only use these codes.



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2023 E/M Codes

Changes effective January 1, 2023
aao.org/em



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What's New for 2023?

Four major changes



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What's New?

1. E/M guidelines change for these places of service:

POS	
13	Assisted living facility
21	Hospital inpatient services
23	Emergency Department
31	Skilled nursing facility
32	Nursing home



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What's New?

1. Impacts E/M family of codes:

- Office or other outpatient services
- Hospital inpatient and observation care services
- Consultations
- Emergency department services
- Nursing facility services
- Home or residence services



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What's New?

1. For these E/M family of codes:

- Perform and document a “**medically appropriate history and examination**”



What's New?

1. For these E/M family of codes:

- The appropriate level of E/M is based on:
 - The level of the MDM, **OR**
 - The total time performed by the physician, including face-to-face and pre/post time on the date of the encounter*

*Exception – **Emergency department levels** of E/M service (CPT codes 99282-99285) as time is not a descriptive component and typically provided on a variable intensity basis



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What's New?

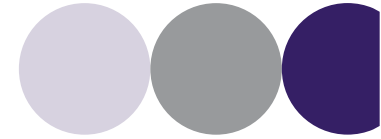
2. ▲ 99281

- Emergency department visit for the evaluation of a patient, *that may not require the presence of a physician or other qualified health care professional*
 - Under physician supervision
 - Concept of MDM does not apply to 99281
 - Similar to 99211, office setting



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2023 E/M: Office, Hospital, ED

PLACE OF SERVICE	STRAIGHT- FORWARD	LOW	MODERATE	HIGH
Office New	99202 (15-29 min)	99203 (30-44 min)	99204 (45-59 min)	99205 (60-74 min)
Office Est	99212 (10-19 min)	99213 (20-29 min)	99214 (30-39 min)	99215 (40-54 min)
Initial Hospital Inpatient <i>When coding by time, must meet or exceed defined time</i>	99221 (40 min)	99221 (40 min)	99222 (55 min)	99223 (75 min)
Subsequent Hospital Inpatient <i>When coding by time, must meet or exceed defined time</i>	99231 (25 min)	99231 (25 min)	99232 (35 min)	99233 (50 min)
Emergency Department <i>Time not relevant</i>	99282	99283	99284	99285



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What's New?

3. Medical Decision Making

- Updated tables and bullets
- Based on hospital inpatient or observation level of care
- Academy Final E/M Determination Tables for MDM:
 - A. Hospital and Emergency Department
 - B. Office visits



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2023 Hospital Final Determination Table for Medical Decision Making

To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high). Otherwise, select 1 level lower from highest level.

COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/or Complexity of Problems Addressed at the Encounter	Minimal 1 self-limited or minor problem	Low 2 self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness or injury Or 1 stable, acute illness Or 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	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	High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that pose a threat to life/body function
Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited 1 of 2 Categories must be met 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)	Moderate At least 1 of 3 Categories must be met 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/QHP (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)	Extensive 2 of 3 Categories must be met 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/QHP (not separately reported) Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)
Risk of Complications and/or Morbidity or Mortality of Patient Management	Minimal Minimal risk of morbidity from additional diagnostic testing and treatment	Low Low risk of morbidity from additional diagnostic testing or treatment	Moderate Moderate risk of morbidity from additional 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	High High risk of morbidity from additional 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 or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis
Initial Hospital Inpatient	99221	99221	99222	99223
Subsequent Hospital Inpatient	99231	99231	99232	99233
Emergency Department	99282	99283	99284	99285

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2023 Final Determination Table for Medical Decision Making

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COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/or Complexity of Problems Addressed at the Encounter	Minimal 1 self-limited or minor problem	Low 2 self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness or injury Or 1 stable, acute illness Or 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	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	High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that pose a threat to life/body function
Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited 1 of 2 Categories must be met 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; • Review of the results(s) of each unique test; • Ordering of each unique test; Or Category 2: Assessment requiring an independent historian(s)	Moderate At least 1 of 3 Categories must be met 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/QHP (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)	Extensive 2 of 3 Categories must be met 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/QHP (not separately reported) Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)
Risk of Complications and/or Morbidity or Mortality of Patient Management	Minimal Minimal risk of morbidity from additional diagnostic testing and treatment	Low Low risk of morbidity from additional diagnostic testing or treatment	Moderate Moderate risk of morbidity from additional 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	High 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 or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis
Final Determination	99202 99212	99203 99213	99204 99214	99205 99215

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What's New?

4. **New** Prolonged Services

- + ● 99418
 - Inpatient or observation prolonged services
 - With or without direct patient contact
 - Replaced deleted codes 99354-99357

- Example: Report with 99233, subsequent hospital inpatient
 - When time is the determining factor and ≥ 65 minutes
 - For each additional 15 minutes



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2023 Prolonged Services

Total Duration Est Patient Office (Use with 99215)	Code(s)	Total Duration Subsequent Hospital Inpatient (Use with 99233)	Code(s)
Less than 55 min	Not reported separately	Less than 65 min	Not reported separately
55-69 min	99215 + 99417	65-79 min	99233 + 99418
70-84 min	99215 + 99417 x2	80-94 min	99233 + 99418 x2
85 min or more	99215 + 99417 x3 or more for each additional 15 min	95 min or more	99233 + 99418 x3 or more for each additional 15 min*

*Do not report 99418 for any time unit less than 15 minutes

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Clinical Vignette

- Ophthalmologist is called to the hospital to evaluate a patient complaining of dry and irritated eyes following unrelated surgical procedure and is currently admitted as an inpatient.
- Patient is examined by portable slit lamp. Schirmer test finds poor tear production indicating symptomatic dry eyes.
- OTC artificial tears recommended.
- Follow-up PRN.



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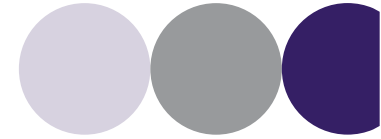
Clinical Vignette

- ▲ 99221 Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.
- When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
 - Problem – 1 acute, uncomplicated illness (low)
 - Data – Review of hospital chart notes (minimal)
 - Risk – Low risk of morbidity from treatment (low)



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Inpatient Hospital Visits

- Initial inpatient
 - CPT codes 99221-99233
 - Admitting physician appends modifier -AI
- Subsequent inpatient
 - CPT codes 99231-99233
- Place of service
 - 21
- Medicare does not cover consultations
 - CPT codes 99251-99255



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Fundamentals of Ophthalmic Coding

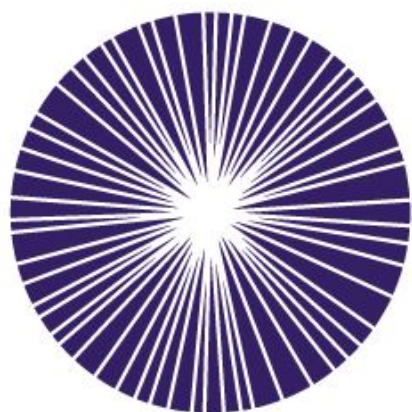


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