



FACT SHEET

2023 E/M FACILITY CHANGES

1. Removal of history and exam as key components for code selection. The performance and documentation of a medically appropriate history and exam is still required.
2. Code selection is based on the amount of documented medical decision making (MDM) or time except for ED encounters which are reported based on MDM only.
3. Inpatient and observation codes have been combined.
4. Codes are associated with new minimum times.
5. Creation of new prolonged service code for CPT (99418).
6. Medicare has created its own new prolonged service codes for inpatient/observation and nursing facilities (G0316, G0317).
7. Medicare guidelines for time-based service coding differ from CPT.
8. New instructional guidelines for each section of E/M (i.e., emergency department, observation, inpatient, consultations, nursing facility, domiciliary)
9. Medicare is not adopting the AMA guidelines that allow services rendered in an office, ED, or nursing facility on the same day the patient is admitted to inpatient or observation status to be separately reported with modifier 25.