

2023 Coding Update

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Disclosures

I am employed by Physician's
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I serve as a contributing editor to
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Disclaimers

The information presented is
shared for the sole purpose of
examining medical coding
approaches and issues.

Though every effort has been
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materials, this guidance is
informal and is not intended
to be legal advice.

Decisions relating to the
management of your
practice, coding your work,
setting your fees, etc.,
should be made
independently.





Outline

Review updates to

1. ICD-10 codeset
2. CPT codeset

Coding vs. Billing

Coding: Guidelines, Manuals

Coders can help

Billing: Payers, Feds, States

Billers can help

2023 ICD-10

Changes



2023 ICD-10 Updates - Eff 10/1/22

- [2023 ICD-10 Tabular Addenda \(zip file\)](#)
 - Changes only and...it's FREE!!!
- [2023 ICD-10 Guidelines](#)
- [2023 Full file list](#)

2023 ICD Changes - Guidelines

“The BMI, coma scale, NIHSS, blood alcohol level codes, codes for social determinants of health **and** *underimmunization status* should only be reported as secondary diagnoses.”

2023 ICD Changes - Guidelines

Reason for admission is Hemolytic-uremic syndrome, code D59.31, Infection-associated hemolytic-uremic syndrome followed by

- B20, Human immunodeficiency virus [HIV] disease.
- Applicable sepsis code

2023 ICD Changes - Guidelines

Assign a code from category Z05, Observation and evaluation of newborn for suspected diseases and conditions ruled out, to identify those instances when a healthy newborn is evaluated for a suspected condition/disease that is determined after study not to be present. Do not use a code from category Z05 when the patient is documented to have signs or symptoms of a suspected problem; in such cases code the sign or symptom.

2023 ICD Changes - Guidelines

Documentation of a change in the patient's condition is not required in order to assign an underdosing code. Documentation that the patient is taking less of a medication than is prescribed or discontinued the prescribed medication is sufficient for code assignment.

2023 ICD Changes - Guidelines

Code Z71.87, Encounter for pediatric-to-adult transition counseling, should be assigned when pediatric-to-adult transition counseling is the sole reason for the encounter or when this counseling is provided in addition to other services, such as treatment of a chronic condition. If both transition counseling and treatment of a medical condition are provided during the same encounter, the code(s) for the medical condition(s) treated and code Z71.87 should be assigned, with sequencing depending on the circumstances of the encounter.

2023 ICD Changes - Guidelines

Z73 Problems related to life management difficulty

Note: These codes should be assigned only when the documentation specifies that the patient has an associated problem.

2023 ICD Changes - Guidelines

Social Determinants of Health

Codes describing problems or risk factors related to social determinants of health (SDOH) should be assigned when this information is documented. Assign as many SDOH codes as are necessary to describe all of the problems or risk factors. These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor. For example, not every individual living alone would be assigned code Z60.2, Problems related to living alone.

Code Relationships

Excludes1: when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

R68.11 Excessive crying of infant (baby)

Type 1 Excludes

excessive crying of child, adolescent, or adult (R45.83)

Code Relationships

Excludes2: the condition excluded is not reported as part of the condition represented by the referenced code, but a patient may have both conditions at the same time.

P54.5 Neonatal cutaneous hemorrhage

Type 2 Excludes:

- bruising of scalp due to birth injury (P12.3)
- cephalhematoma due to birth injury (P12.0)

ICD10-2023 - Chapter 1 Certain infectious and parasitic diseases (A00-B99)

NEW

B37.31 Acute candidiasis of vulva and vagina

Candidiasis of vulva and vagina NOS

B37.32 Chronic candidiasis of vulva and vagina

Recurrent candidiasis of vulva and vagina

ICD-10 2023 - Chapter 4 Endocrine, nutritional and metabolic diseases (E00-E89)

NEW

E34.30 Short stature due to endocrine disorder,
unspecified

E34.31 Constitutional short stature

ICD-10 2023 - Chapter 4
Endocrine, nutritional and metabolic
diseases (E00-E89)

NEW

E34.32 Genetic causes of short stature

- E34.321 Primary insulin-like growth factor-1 (IGF-1) deficiency
- E34.322 Insulin-like growth factor 1 gene (IGF1) defect
- E34.328 Other genetic causes of short stature

ICD-10 2023 - Chapter 4
Endocrine, nutritional and metabolic
diseases (E00-E89)

NEW

E34.32 Genetic causes of short stature (cont'd)

- E34.329 Unspecified genetic causes of short stature

ICD-10 2022 - Chapter 5
Mental, Behavioral, Neurodevelopmental (F01-F99)

NEW

- F10.9 Alcohol use, unspecified
- F10.90 Alcohol use, unspecified, uncomplicated
- F10.91 Alcohol use, unspecified, in remission
- F11.91 Opioid use, unspecified, in remission
- F12.91 Cannabis use, unspecified, in remission
- F13.91 Sedative, hypnotic or anxiolytic use, unspecified, in remission
- F14.91 Cocaine use, unspecified, in remission

ICD-10 2022 - Chapter 5
Mental, Behavioral, Neurodevelopmental (F01-F99)

NEW (cont'd)

F15.91 Other stimulant use, unspecified, in remission

F16.91 Hallucinogen use, unspecified, in remission

F18.91 Inhalant use, unspecified, in remission

F19.91 Other psychoactive substance use, unspecified, in remission

ICD-10 2022 - Chapter 5
Mental, Behavioral, Neurodevelopmental (F01-F99)

MODIFIED: Includes added

Mood [affective] disorders (F30-F39)

F31 Bipolar disorder

Includes: seasonal bipolar disorder

F33 Major depressive disorder, recurrent

Includes: recurrent episodes of seasonal affective disorder

ICD-10 2022 - Chapter 5
Mental, Behavioral, Neurodevelopmental (F01-F99)

NEW:

F43.81 Prolonged grief disorder

Complicated grief

Complicated grief disorder

Persistent complex bereavement disorder

F43.89 Other reactions to severe stress

ICD-10 2023 - Chapter 15
Pregnancy, childbirth and the puerperium
(000-09A)

Codes from this chapter are *NEVER*
reported for the baby

ICD-10 2023 - Chapter 16
Certain conditions originating in the perinatal
period (P00-P96)

NEW

- P28.30 Primary sleep apnea of newborn, unspecified
- P28.31 Primary central sleep apnea of newborn
- P28.32 Primary obstructive sleep apnea of newborn
- P28.33 Primary mixed sleep apnea of newborn
- P28.39 Other primary sleep apnea of newborn

ICD-10 2023 - Chapter 16
Certain conditions originating in the perinatal
period (P00-P96)

NEW

- P28.40 Unspecified apnea of newborn
- P28.41 Central neonatal apnea of newborn
- P28.42 Obstructive apnea of newborn
- P28.43 Mixed neonatal apnea of newborn
- P28.49 Other apnea of newborn
Apnea of prematurity

ICD-10 2023 - Chapter 19
Injury, poisoning, other consequences of
external causes (S00-T88)

MANY variations added for head and
brain injuries: “...LOC status unknown”
mostly

ICD-10 2023 - Chapter 19
Injury, poisoning, other consequences of
external causes (S00-T88)

NEW

T43.65 Poisoning by, adverse effect of and
underdosing of methamphetamines

T43.651 Poisoning ...accidental (unintentional)

T43.652 Poisoning ... intentional self-harm

T43.653 Poisoning ... assault

T43.654 Poisoning ... undetermined

T43.655 Adverse effect of methamphetamines

T43.656 Underdosing of methamphetamines

ICD-10 2023 - Chapter 20
External causes of morbidity (V00-Y99)

NEW: “Electric (assisted) bicycle rider
(driver) (passenger)” added for:

V20 Motorcycle rider injured in collision with
pedestrian or animal

V21 Motorcycle rider injured in collision with pedal
cycle

V22 Motorcycle rider injured in collision with two- or
three-wheeled motor vehicle

ICD-10 2023 - Chapter 20
External causes of morbidity (V00-Y99)

NEW: “Electric (assisted) bicycle rider (driver) (passenger)” added for:

V23 Motorcycle rider injured in collision with car, pick-up truck or van

V24 Motorcycle rider injured in collision with heavy transport vehicle or bus

V25 Motorcycle rider injured in collision with railway train or railway vehicle

ICD-10 2023 - Chapter 20
External causes of morbidity (V00-Y99)

NEW: “Electric (assisted) bicycle rider (driver) (passenger)” added for:

V26 Motorcycle rider injured in collision with other nonmotor vehicle

V27 ...in collision with fixed or stationary object

V28 ... in noncollision transport accident

V29 ... in other and unspecified transport accidents

ICD-10 2023 - Chapter 20
External causes of morbidity (V00-Y99)

NEW:

W23.2 Caught, crushed, jammed or pinched between a moving and stationary object

ICD-10 2023 - Chapter 21
**Factors influencing health status and
contact with health services**

NEW

Z59.82 Transportation insecurity

Z59.86 Financial insecurity

Z59.87 Material hardship

ICD-10 2023 - Chapter 21
**Factors influencing health status and
contact with health services**

NEW

Z71.87 Enc for pediatric-to-adult transition
counseling

*Code also chronic condition, if applicable, such
as:*

autism spectrum disorder (F84.0)

congenital malf of the circ system (Q20-Q28)

cystic fibrosis (E84-)

sickle-cell disorder (D57-)

ICD-10 2023 - Chapter 21
**Factors influencing health status and
contact with health services**

NEW

Z71.88 Encounter for counseling for
socioeconomic factors

Z72.823 Risk of suffocation (smothering)
under another while sleeping

ICD-10 2023 - Chapter 21
Factors influencing health status and
contact with health services

NEW

Z87.68 Personal history of other (corrected)
conditions arising in the perinatal period

Z87.7__ Personal history of (corrected)
congenital malformations

ICD-10 2023 - Chapter 21
Factors influencing health status and
contact with health services

NEW

Z91.110 Pt noncompliance w/dietary
regimen due to financial hardship

Z91.118 ... for other reason

Z91.119 ... due to unspecified reason

ICD-10 2023 - Chapter 21
Factors influencing health status and
contact with health services

NEW

Z91.190 Pt noncompliance w/other medical
treatment and regimen due to financial
hardship

Z91.198 ... for other reason

Z91.199 ... due to unspecified reason

ICD-10 2023 - Chapter 21
Factors influencing health status and
contact with health services

NEW

Z91.A10 Caregiver's noncompliance w/pt's
dietary regimen due to financial hardship

Z91.A18 ... for other reason

ICD-10 2023 - Chapter 21
Factors influencing health status and
contact with health services

NEW

Z91.A20 Caregiver's intentional
underdosing of patient's medication regimen
due to financial hardship

Z91.A28 ...other reason

ICD-10 2023 - Chapter 21
Factors influencing health status and
contact with health services

NEW

Z91.A3 Caregiver's unintentional
underdosing of patient's medication regimen

Z91.A4 Caregiver's other noncompliance
with patient's medication regimen

ICD-10 2023 - Chapter 21

Factors influencing health status and contact with health services

NEW

Z91.A5 Caregiver's noncompliance with patient's renal dialysis

Z91.A9 Caregiver's noncompliance with patient's other medical treatment and regimen

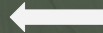
Social Determinants of Health

LEVEL 4

Moderate Risk

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



2023 CPT

Changes

COVID-19 Resources

[AMA Vaccine updates](#)

[AMA Vaccine Supply Tool](#)

CPT Changes: Guidelines

Add-on Codes

“Do not report modifier 50, Bilateral Procedures,
in conjunction with add-on codes.”

CPT Changes: E&M

Headlines:

- Beginning 1/1/23, the 2021 E&M leveling changes (basing them on MDM or the new time definition) gets pulled through to other places of service
- Observation, Domiciliary/Rest Home/Custodial Care CPTs deleted/merged into other places of service

CPT Changes: E&M

Summary: Deleted E&M Codes

- Observation:
 - 99217, 99218, 99219, 99220, 99224, 99225, 99226
- Domiciliary/Rest Home/Custodial:
 - 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99343

CPT Changes: E&M

New Guideline: Initial and Subsequent Services definition

Initial: Pt *has not* received any prof services from phys or other QHCP or another phys or other QHCP of exact same specialty and subspecialty who belongs to same group practice, during the inpatient, observation, or nursing facility admission and stay.

Subsequent service: Pt *has* received prof service(s) from phys or other QHCP or another phys or other QHCP of exact same specialty and subspecialty who belongs to same group practice, during the admission and stay.

CPT Changes: E&M

Modified MDM Guidance: 1 of 3

Ordering and actual performance and/or inter of diagnostics during an encounter are not included in determining the levels of E/M *when the professional interpretation of diagnostics is reported separately* by the physician or other QHCP.

CPT Changes: E&M

Modified MDM Guidance: 2 of 3

Tests that do not require separate interpretation (eg, tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation, but may be counted as ordered or reviewed for selecting an MDM level.

CPT Changes: E&M

Modified MDM Guidance: 3 of 3

The performance of diagnostics for which specific CPTs are available may be reported separately, in addition to the appropriate E/M code. The interpretation of the results of diagnostics (ie, professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT and, if required, with modifier 26 appended.

CPT Changes: E&M

NEW Guidance:

E/M codes that have levels of services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination are determined by the treating physician or other QHCP reporting the service. The care team may collect information, and the patient or caregiver may supply information directly (eg, by electronic health record [EHR] portal or questionnaire) that is reviewed by the reporting physician or other QHCP. The extent of history and physical examination is not an element in selection of the level of these E/M service codes.

CPT Changes: E&M

Modified Guidance:

Independent historian(s): An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian is needed, the independent historian requirement is met. It does not include translation services. The independent history does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.

CPT Changes: E&M

Modified Guidance:

Independent interpretation: The interpretation of a test for which there is a CPT code, and an interpretation or report is customary. This does not apply when the physician or other QHCP who reports the E/M service is reporting or has previously reported the test. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test.

CPT Changes: E&M

Modified Guidance:

Risk: The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other QHCP in the same specialty. Trained clinicians apply common language usage meanings to terms such as high, medium, low, or minimal risk and do not require quantification for these definitions (though quantification may be provided when evidence-based medicine has established probabilities). For the purpose of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment, and/or hospitalization. The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other qualified health care professional as part of the reported encounter.

CPT Changes: E&M

Modified Guidance:

Drug therapy requiring intensive monitoring for toxicity:

“An example may be monitoring for cytopenia in the use of an antineoplastic agent between dose cycles.”

NOT intended for monitoring for therapeutic effect.

CPT Changes: E&M

Modified Guidance: Leveling Based on Time

- E/M services for which these guidelines apply require a face-to-face encounter with the physician or other QHCP and the patient and/or family/caregiver.
- It includes time regardless of the location of the physician or other QHCP (on or off unit, in or out of outpatient office)
- Acknowledges counseling, educating, communicating results

CPT Changes: E&M

Modified Guidance: Time

- preparing to see the patient (eg, 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 w/other HCPs (when not sep. reported)
- documenting clinical information in the EHR or other health record
- independent interp (not sep. reported) and communicating results to the patient/family/caregiver
- care coordination (not sep. reported)

CPT Changes: Observation

- **DELETED: 99217 Observation Care Discharge Day Management.** To report, see
 - 99238 Hospital Discharge Day Management 30 mins or less
 - 99239... more than 30 minutes
- **DELETED: 99218, 99219, 99220 Initial Observation Care.** To report see
 - 99221 Initial Hospital Care, low severity
 - 99222 ..., moderate severity
 - 99223 ..., high severity

CPT Changes: Observation

DELETED: 99224, 99225, 99226 Subsequent

Observation Care. To report, see

- 99231 Subsequent Hospital Care, low complexity
- 99232 Subsequent Hospital Care, mod complexity
- 99233 Subsequent Hospital Care, high complexity

CPT Changes: Consultation

- **DELETED: 99241 Office, Outpatient Consultation, straightforward.** To report, see
 - 99242 Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

CPT Changes: Consultation

- 99243 Office or other outpt consult, new or est, low level MDM, When using total time 30 mins must be met or exceeded.
- 99244 ..., mod level MDM, ... 40 mins met or exceeded.
- 99245 ..., high level MDM, ... 55 mins met or exceeded.

CPT Changes: Consultation

DELETED: 99251 Inpatient Consultation, straightforward.

To report, see

- 99252 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.

CPT Changes: Consultation

- 99253 Inpt or obs consult, new or est, low MDM., 45 minutes must be met or exceeded.
- 99254 ..., mod level MDM, ... 60 mins met or exceeded.
- 99255 ..., high level MDM, ... 80 mins met or exceeded.

CPT Changes: ER Visits

- 99281 ED visit for E/M of pt that may not require presence of physician or other QHCP
- 99282 ED visit ..., straightforward MDM
- 99283 ED visit ..., low MDM
- 99284 ED visit ..., moderate MDM
- 99282 ED visit ..., high MDM

CPT Changes: Nursing Facility

- 99304 Init nursing facility care, per day, low level MDM, or 25 minutes must be met or exceeded.
- 99305 ..., moderate MDM, or 35 minutes must be met or exceeded.
- 99306 ..., high MDM, or 45 minutes must be met or exceeded.

CPT Changes: Nursing Facility

DELETED: 99318; to report, see

- 99307 Subs nursing facility care, per day, straightforward MDM, 10 minutes must be met or exceeded.
- 99308 ..., low MDM, 15 mins met or exceeded.
- 99309 ..., moderate MDM, 30 mins met or exceeded.
- 99310 ..., high MDM, 45 mins met or exceeded.

CPT Changes:

DELETED:

- 99324-99238 - Domiciliary, rest home, or custodial care services, new patient
 - To report, see home or residence services codes 99341, 99342, 99344, 99345
- 99334-99337, 99339, 99340 - Domiciliary, rest home, or custodial care services, est patient
 - To report, see home or residence services codes 99347, 99348, 99349, 99350

CPT Changes:

Home, Residence E/M - New Pt

REVISED: Home or Residence Services E/M codes

- 99341 Home or residence visit for E/M of new pt, straightforward MDM, 15 mins must be met or exceeded.
- 99342 ..., low MDM, 30 mins must be met or exceeded.
- 99344 ..., moderate MDM, 60 mins must be met or exceeded.
- 99345 ..., high MDM, 75 mins must be met or exceeded.

*DELETED: 99343 - Redundant to 99344 under new E/M leveling rules

CPT Changes:

Home, Residence E/M - Est Pt

REVISED: Home or Residence Services E/M codes

- 99347 Home or residence visit for E/M of est pt, straightforward MDM, 20 mins must be met or exceeded.
- 99348 ..., low MDM, 30 mins must be met or exceeded.
- 99349 ..., moderate MDM, 40 mins must be met or exceeded.
- 99350 ..., high MDM, 60 mins must be met or exceeded.

CPT Changes: Prolonged Service

DELETED:

99354 Prolonged service(s), outpatient, direct patient contact beyond time of the usual service; first hour

99355 ... each additional 30 mins

To report, see 99417

CPT Changes: Prolonged Service

DELETED:

99356 Prolonged service, inpt/obs, first hour

99357 ... each additional 30 mins

To report, see

993X0 Prolonged inpt/obs E/M time w/or w/o direct patient contact beyond req time of primary service when primary service level was selected using total time, each 15 minutes of total time

CPT Changes: Prolonged Service

NEW GUIDANCE for 99358 & 99359:

99358 Prolonged E/M service before and/or after direct patient care; first hour

99359 ... each additional 30 minutes

CPT Changes: Prolonged Service

NEW GUIDANCE:

99358 & 99359 used when prolonged service provided on date *other than date of face-to-face E/M w/pt and/or family*. May be reported for prolonged services in relation to *any* E/M on a date other than face-to-face service, whether or not time was used to select the level of the face-to-face service.

CPT Changes: Prolonged Service

NEW GUIDANCE for 99358 & 99359 continued:

To be reported in relation to other phys or other QHCP services, including E/M services *at any level*, on a date other than the face-to-face service to which it is related. Prolonged service w/o direct patient contact may only be reported when it occurs on a date other than the date of the E/M.

CPT Changes: Prolonged Service

NEW GUIDANCE Prolonged clinical staff service 99415, 99416:

The starting point for 99415 is 30 minutes *beyond the typical clinical staff time* for ongoing assessment of the patient during the office visit. The *Reporting Prolonged Clinical Staff Time table* provides the typical clinical staff times for the office or other outpatient primary codes, the range of time beyond the clinical staff time for which 99415 may be reported, and the starting point at which 99416 may be reported.

CPT Changes

NEW: Eff 7/26/22

87593 Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each

CPT Changes

NEW:

87468 Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique

- 87469...; Babesia microti
- 87478...; Borrelia miyamotoi

CPT Changes

NEW: Eff ??/??/??

- 90611 (Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use)
- 90622 (Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use)

What questions
do you have?

Many
Thanks!

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