

# LTC Billing & Coding Changes for 2023

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# Codes that are going away

- 99358\* – Prolonged Service without patient contact
- 99354-99357 – Prolonged Service with patient contact
- 99318 – Nursing home annual visit
- 99241, 99251 – Consultation, lowest level
- 99324 – 99340 – “Domiciliary” Rest home, Assisted Living
  - Now using “Home” codes with a different Place of Service code

\*Still listed in the CPT manual, but CMS made it “Ineligible.”

# Changes to the “Rules”

- History & Physical Exam
  - No more elements, bullets, body areas, organ systems, past medical, past surgical, family or social histories, or Review of Systems
  - **Document** “medically appropriate” history and physical exam
- Medical Decision Making
  - Removed credit for “decision to obtain old records” and “review and summarization of old records”
  - Removed differentiation of test types (lab/radiology/ekg)
  - Added credit for review of “**external** provider/facility notes”
  - “ordering” a test includes a **decision to not** order a needed/appropriate test
  - Clarified the “Independent Historian”
  - Expanded “discussion” with a provider to include any direct messaging
  - Provider can justify the level of risk in the decisionmaking

# Changes to the “Rules” – Billing by Time

- No longer limited to visits for counseling & coordination of care
  - Includes 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 with other health care professionals, documenting clinical information in the electronic health record (but not excessive time because limited skill), independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver, care coordination.
- No more “rounding up” – the time threshold for the visit must be met
- Can still bill Advance Care Planning & Smoking Cessation separately
- “Prolonged Service” time includes day(s) before or after the date of the visit for nursing home and home visits. If the service isn’t prolonged, only the time on the date of the visit can be used.

# Tracking Time



Games

Apps

Movies & TV

Books



## Multi Timer StopWatch

LemonClip

Contains ads · In-app purchases

4.5★

50.8K reviews

1M+

Downloads

E

Everyone ⓘ



## App Store Preview

Open the Mac App Store to buy and download apps.



## Multi-Timer; Stopwatch & Timer 4+

Multiple Timer, T&F, Training

[Koki Osada](#)

Designed for iPad

★★★★★ 4.6 • 5 Ratings

Free · Offers In-App Purchases

# Changes to the “Rules”

- 99304 – 99306
  - Can be billed when assuming the care of a patient already in the nursing home from an attending who is not part of your group.
- New wRVUs
  - Decreased: 99304, 99307
  - Increased: 99305-99306, 99308-99316
  - Weighted average increased by 14%, but conversion factor decreased by 4%, net increases of 6% to 9%

# Changes to the “Rules” – Prolonged Services

- CPT Code 99418, Prolonged Service in an Inpatient Setting, 15 minutes, “Ineligible” by Medicare/Medicaid; Used for Epic billing
- Prolonged Service codes can only be used with the highest code in the code family (99306, 99310, 99345, 99350) AND when billed by time
- Nursing Home: G0317 (99418 in Epic), each additional 15 full minutes
  - Can be billed starting at 95 minutes for an initial visit and 85 minutes for a subsequent visit
  - Includes the day before the visit, the day of the visit, and the 3 days after the visit
- Assisted Living / Home: G0318 (99417 in Epic), each additional 15 full minutes
  - Can be billed starting at 140 minutes for a new patient and 110 minutes for an established patient
  - Includes the 3 days before the visit, the day of the visit, and the 7 days after the visit

# Changes to the “Rules” – Prolonged Services

- Examples

- Nursing Home, Subsequent Visit

- 45 – 84 minutes → 99310
    - 85 – 99 minutes → 99310 & G0317 (In Epic: 99310 & 99418)
    - 100 – 114 minutes → 99310 & G0317 & G0317 (In Epic: 99310 & 99418 & 99418)
    - 115-129 minutes → 99310 & G0317 & G0317 & G0317 (In Epic: 99310 & 99418 & 99418 & 99418)

- Assisted Living, Established Patient

- 60 – 109 minutes → 99350
    - 110 – 124 minutes → 99350 & G0318 (In Epic: 99350 & 99417)
    - 125 – 139 minutes → 99350 & G0318 & G0318 (In Epic: 99350 & 99417 & 99417)



# Split / Shared Visits

- Two or more providers from the same practice treat the same patient on the same day, **one of which must be a physician.**
- Combine either the total ***distinct*\*** time of both visits or the MDM from both visits
- The provider who performed the “Substantive Portion” of the combined visits submits the bill.
  - 2023: Substantive Portion may be time, history, physical or MDM
  - 2024: Substantive Portion is more than half of the total time.

**\**distinct* time:** when two or more providers meet with or discuss the patient, only the time of one provider should be counted

# Document the MEAT

Lists of diagnoses, test results/reports, medications, or other orders do not meet the requirements of reviewing, addressing, analyzing

Document:

- Monitor(ed) - “continue to check BGs twice daily”
- Evaluate(d) – “decreasing platelet count”, “normal chest x-ray”
- Assess(ed)/Address(ed) – “stable”, “progressing”, “worsening”, “improving”, “resolved”
- Treatment plan – “start metoprolol”, “continue atorvastatin”, “begin gradual dose reduction”

# Nursing Home and Assisted Living Coding Quick Reference Sheets

Nursing Home Coding & Documentation			Initial Visit			Subsequent Visit			
Code			99304	99305	99306	99307	99308	99309	99310
Time (minutes)			25-34	35-44	45-94	10-14	15-29	30-44	45-84
wRVU			1.50	2.50	3.50	0.70	1.30	1.92	2.80
Payment			\$75	\$127	\$175	\$37	\$71	\$104	\$148
Medical Decision Making (MDM) Requirements (2 of these 3 categories)	Problems (choose one)	Self-limited or minor problem	1			1	2		
		Stable chronic illness		2			1	2	
		Acute, uncomplicated illness					1		
		Stable acute illness					1		
		Chronic illness with exacerbation, progression, side effects		1				1	
		Undiagnosed new problem		1				1	
		Acute illness with systemic symptoms		1				1	
		Chronic illness with severe exacerbation, progression, side effects			1				1
		Illness with threat to life or bodily function			1				1
		Significant risk of worsening, hospitalization			✓				
	Data (choose 1)*	Order or Review Each Test, Review External Documents / Independent Historians (IH)	0-1	3	3*	0-1	2 tests or 1 IH	3	3*
		Independent Interpretation of test		✓	✓*			✓	✓*
		Direct, interactive discussion or messaging with external provider, within 1-2 days of visit		✓	✓*			✓	✓*
	Risk	Minimal Risk (rest, bandage)	✓			✓			
		Low Risk (OTC med, PT/OT)					✓		
		Moderate Risk (prescription med, SDoH)		✓				✓	
		High Risk (hospitalization, De-escalate care, parenteral narcotic, med with intensive monitoring)			✓				✓

\*99306 and 99310 require 2 of the 3 Data rows

Assisted Living & Home Coding			New Patient				Established Patient			
Code			99341	99342	99344	99345	99347	99348	99349	99350
Time (minutes)			15-29	30-59	60-74	75-139	20-29	30-39	40-59	60-109
wRVU			1.00	1.65	2.87	3.88	0.90	1.50	2.44	3.60
Payment			\$52	\$86	\$149	\$202	\$46	\$75	\$126	\$187
Medical Decision Making (MDM) Requirements (2 of these 3 categories)	Problems (choose one)	Self-limited or minor problem	1	2			1	2		
		Stable chronic illness		1	2			1	2	
		Acute, uncomplicated illness		1				1		
		Stable acute illness		1				1		
		Chronic illness with exacerbation, progression, side effects			1				1	
		Undiagnosed new problem			1				1	
		Acute illness with systemic symptoms			1				1	
		Chronic illness with severe exacerbation, progression, side effects				1				1
		Illness with threat to life or bodily function				1				1
	Data (choose 1)*	Order or Review Each Test, Review External Documents / Independent Historians (IH)	0-1	2 tests or 1 IH	3	3*	0-1	2 tests or 1 IH	3	3*
		Independent Interpretation of test			✓	✓*			✓	✓*
		Direct, interactive discussion or messaging with external provider, within 1-2 days of visit			✓	✓*			✓	✓*
	Risk	Minimal Risk (rest, bandage)	✓				✓			
		Low Risk (OTC med, PT/OT)		✓				✓		
		Moderate Risk (prescription med, SDoH)			✓				✓	
		High Risk (hospitalization, De-escalate care, parenteral narcotic, med with intensive monitoring)				✓				✓

\*99345 and 99350 require 2 of the 3 Data rows

# What is the Code?

- CC: CHF Exacerbation
- HPI: 3 d worsening SOB, orthopnea, edema, declining sats w/ O2@ 3l, prev. RA. -f/s/c, prod cough, wheeze. Eating more salty snacks
- PE: Bilat bibasilar crackles, 6 cm JVD. RRR S1S2+S3 no M abd: benign 2+ edema to knees
- AP: CHF a/c systolic - repeat ECHO, last 2 year old. Check BMP, last Create 1.5 three m ago. Daily weights, VS bid until seen in 4 days. Double Lasix to 40 pending results. Titrate O2, notify provider if needs >5 liters/prn. Educate family /patient on low Na diet

# What is the Code? 99309 (NH) or 99349

- CC: CHF Exacerbation
- HPI: 3 d worsening SOB, orthopnea, edema, declining sats w/ O2@ 3l, prev. RA. -f/s/c, prod cough, wheeze. Eating more salty snacks
- PE: Bilat bibasilar crackles, 6 cm JVD. RRR S1S2+S3 no M abd: benign 2+ edema to knees
- AP: CHF a/c systolic - repeat ECHO, last 2 year old. Check BMP, last Create 1.5 three m ago. Daily weights, VS bid until seen in 4 days. Double Lasix to 40 pending results. Titrate O2, notify provider if needs >5 liters/prn. Educate family /patient on low Na diet

# What is the Code?

Reviewed the diagnosis and treatment options for the new lymphocytosis including (...) with the patient and over the phone with the patient's daughter, Sarah Smith. All questions answered. Decision to refer to hematology, letter sent. Total time 90 minutes.

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Reviewed the diagnosis and treatment options for the new lymphocytosis including (...) with the patient and over the phone with the patient's daughter, Sarah Smith. All questions answered. Decision to refer to hematology, letter sent. Total time 90 minutes.

Nursing Home: 99310 & G0317/99418 (Total wRVU 3.41, \$179)

Assisted Living: 99350 (wRVU 3.60, \$187)

# What is the Code?

Reviewed the diagnosis and treatment options for the new lymphocytosis including (...) with the patient and over the phone with the patient's daughter, Sarah Smith. All questions answered. Decision to refer to hematology, letter sent. Total time 59 minutes.



# What is the Code?

Reviewed the diagnosis and treatment options for the new lymphocytosis including (...) with the patient and over the phone with the patient's daughter, Sarah Smith. All questions answered. Decision to refer to hematology, letter sent. Total time 59 minutes.

Nursing Home: 99310 (wRVU 2.80, \$148)

Assisted Living: 99349 (wRVU 2.44, \$126)

# Strategies: Physician Initial (H&P) Visit

- Track your time from 1 day before your visit through 3 days after for nursing home admissions, 3 days before through 7 days after for assisted living admission.
- Perform as much work as possible on the visit date for simple NH rehab admissions requiring less than 95 minutes of work. Bill by time or MDM, whichever is more favorable.
- For complex or LTC admissions requiring substantial chart review and collaboration, perform the work in the above time frame and bill by time.
- Pend the note until the time frame expires, then sign and bill. Phone calls with family members are common soon after admission.

# Strategies: Arrival Visit (formerly Arrival Service)

- Track your time from 1 day before your visit through 3 days after for nursing home admissions, 3 days before through 7 days after for assisted living admission.
- **See the patient** on the arrival day and perform as much work as possible on the visit date for simple NH rehab admissions requiring less than 85 minutes of work. Bill by time.
- For complex or LTC admissions requiring substantial chart review and collaboration, perform the work in the above time frame and bill by time. **See the patient** on the arrival day or the day after the arrival day to capture the work performed on the arrival day.
  - Work and visit can be done by multiple APPs. The APP who sees the patient bills.
  - Late admissions – if complex, see the patient the next day.
- Pend the note until the time frame expires, then sign and bill. Phone calls with family members are common soon after admission.

# Strategies: Nursing Home Acute Visit

- If you are “fast” don’t bother tracking time.
  - Bill by MDM, likely to be more favorable to a “fast” provider than time
  - Pend the note and submit charges at the end of the day (don’t sign a note until it is billed).
  - If phone calls add up to time greater than MDM, estimate time and bill by time.
- If you are “slow” always track time (“slow” does not include time because of limited skill with the EMR).
  - Pend the note and submit charges at the end of the day (don’t sign a note until it is billed).
- Don’t use Prolonged Service over several days – go **see the patient** again on subsequent days.

# Strategies: Assisted Living Acute Visit

- If you are “fast” don’t bother tracking time.
  - Bill by MDM, likely to be more favorable to a “fast” provider than time
  - Pend the note and submit charges at the end of the day (don’t sign a note until it is billed).
- If you are “slow” always track time (“slow” does not include time because of limited skill with the EMR).
  - Pend the note and submit charges at the end of the day (don’t sign a note until it is billed).
- Track time after the visit day if significant followup is needed (rare)
  - Document time on the date(s) the work is done
  - Revise charge to include Prolonged Service (G0318) if 100 minutes are met.

# Strategies: Nursing Home Regulatory Visit

- Track your time.
- Complete your visit
- Update the EMR features based on events since the last regulatory visit
  - Assure the PCP General and Covering NP/PA are correctly assigned
  - Update/reconcile the problem list (resolve diagnoses that are no longer active, update specificity or non-billable diagnoses, add new problems, update problem “Overview”, assure PDPM and HCC diagnoses are appropriately listed)
  - Update the Past Medical/Surgical/Social Histories
  - Review/Update Health Maintenance
  - Review/Update the ambulatory medication list.
- Charge by MDM or total time.

Questions?