Cracking the Code: A CL Psychiatrist's Guide to 2023 E/M Coding Updates

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With respect to the following presentation, in the 24 months prior to this declaration there has been no financial relationship of any kind between the party listed above and any ACCME-defined ineligible company which could be considered a conflict of interest.

Business Understanding Promotes Healthcare Equity

- Current reimbursement structures undervalue psychiatric care
- CL Psychiatry promote high quality, interdisciplinary, and comprehensive care
- CL psychiatrists in all settings, especially in underserved, community, or rural settings, must develop and maintain proficiency in coding and billing practices to ensure that our services remain available and have potential to expand.

Alphabet Soup: CPT, E/M, RVU…

- Current Procedural Terminology (CPT)
  - Codes submitted to insurers for payment
  - Every billable procedure/activity has an individual CPT code
- Evaluation and Management Codes (E/M codes)
  - Subset of CPT codes describing physician-patient encounters that include evaluation and management decisions
  - Different code sets for encounters/settings (clinic, hospital, emergency department)
  - Different levels of care within each code set
- CPT codes have associated Relative Value Units (RVUs)

Why do we care?

- Revenue
  - Financial sustainability
  - Compensation
  - Expansion
- Productivity
  - Value added
  - Justification of time/resources
  - Work effort expectations

Changes in Selecting Level of Service

- ***Before*** January 1, 2021
  - E/M - Had to meet required # elements in all 3:
    - History
    - Examination/Physical
    - Medical Decision Making (MDM)
  - Time – could be used if:
    - Counseling and/or coordination of care > 50% of encounter time
    - Only for face-to-face time on date of encounter
- ***After*** January 1, 2021:
  - Level of MDM only, with "appropriate history and examination"
  - Total time for all E/M services performed on date of encounter