2023 Observation Reimbursement: It’s All Brand New

Michael Granovsky MD, CPC, FACEP
President, LogixHealth
Very Significant Changes to Observation Codes

- Brand new code definitions merging Obs/Inpatient services together
- Many Obs codes deleted for 2023
- Major CPT language changes
- New RVUs for Obs Codes
- Brand new 2023 Documentation Guidelines for all E/M services

Observation continues, but with major changes!
2023 Same day admit and discharge CPT Codes:

- **99234** – Low-complexity MDM
- **99235** – Moderate-complexity MDM
- **99236** – High-complexity MDM

**2023 99234-99236 have updated definitions!**
Inpatient and Observation services combined under a single numeric code

- ▲ **99234** Hospital inpatient or observation care, including admission and discharge on the same date; **low medical decision making**

- ▲ **99235** Hospital inpatient or observation care, including admission and discharge on the same date; **moderate medical decision making**

- ▲ **99236** Hospital inpatient or observation care, including admission and discharge on the same date; **high medical decision making**
Medicare requires 8 hours of Obs. to bill 99234-99236
  - CPT does not define a time threshold
  - If the Obs. stay spans 2 calendar days, no time constraints by CPT
  - Medicare proposed “8 to 24 hour rule” which we will cover
Admit and discharge more than one calendar day:

Initial day CPT codes:
- **99218** Low complexity MDM...
- **99219** Moderate complexity MDM ...
- **99220** – High complexity MDM...
Inpatient and Observation services combined under a single numeric code

- ▲ 99221 Initial hospital inpatient or observation care, per day, straightforward or low-level medical decision making

- ▲ 99222 Initial hospital inpatient or observation care, per day, moderate medical decision making

- ▲ 99223 Initial hospital inpatient or observation care, per day, high-level medical decision making
**Discharge Day CPT Code:**

- **99217** - Discharge Day… **(DELETED)**
- Includes final exam, discussion of observation stay, follow-up instructions, and documentation
- Used with codes from the initial observation day codes series (99218/99219/99220)
2023 Obs Discharge Service: Now Combined with Inpatient and Time Based

▲ 99238 Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter

▲ 99239 Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter
“The hospital inpatient or observation discharge day management codes are to be used to report the total duration of time on the date of the encounter for final hospital or observation discharge of a patient.”

“The codes include, as appropriate, final examination of the patient, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions, and referral forms.”
2023 Reporting of Subsequent/Middle Day Observation Combined with Inpatient

- ▲ **99231 Subsequent hospital inpatient or observation care**, per day, straightforward or low medical decision making

- ▲ **99232 Subsequent hospital inpatient or observation care**, per day, moderate medical decision making

- ▲ **99233 Subsequent hospital inpatient or observation care**, per day, high-level medical decision making
### 2023 CPT Coding Scenarios Observation Services

<table>
<thead>
<tr>
<th>Obs Complexity of Care</th>
<th>Care All on the Same Day</th>
<th>Care Covers Two Calendar Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>99234</td>
<td>99221 + 99238/99239</td>
</tr>
<tr>
<td>Moderate</td>
<td>99235</td>
<td>99222 + 99238/99239</td>
</tr>
<tr>
<td>High</td>
<td>99236</td>
<td>99223 + 99238/99329</td>
</tr>
</tbody>
</table>
Obs CPT Vignette Potential Examples

- Chest pain patient begins observation at 8am Monday and is discharged Monday at 6pm
  - 99236 (hospital initial inpatient or observation, admission and discharge on the same date high complexity)

- Chest pain patient begins observation at 8am Monday and is discharged Tuesday at 12 noon. The discharge services are <30 minutes
  - 99223 (initial inpatient or observation high complexity)
  - 99238 (observation or Inpatient discharge services < 30 minutes)
Obs CPT Vignette Potential Example 3 Day Stay

- Chest pain patient begins observation at 8am Monday, is rounded on with a full note Tuesday morning, and discharged Monday at 6pm. The discharge services are >30 minutes.
  - Monday 99223 (initial inpatient/observation high complexity)
  - Tuesday 99233 (subsequent inpatient/observation high complexity)
  - Wednesday 99239 (observation/inpatient discharge services > 30 minutes)
2023 Landmark CPT Language Changes
“For patients designated/admitted as “observation status” in a hospital, it is not necessary that the patient be located in an observation area designated by the hospital. If such an area does exist in a hospital (as a separate unit in the hospital, in the emergency department), these codes may be utilized if the patient is placed in such an area.”
“Codes 99234, 99235, 99236 require **two or more encounters** on the same date of which one of these encounters is an **initial admission encounter** and another encounter being a **discharge encounter**.”

“For a patient admitted and discharged at the same encounter (i.e., one encounter), see 99221, 99222, 99223.”

“Do not report 99238, 99239 in conjunction with 99221, 99222, 99223 for admission and discharge services performed on the same date.”
“When “observation status” is initiated in the course of an encounter in another site of service (e.g., hospital emergency department, office, nursing facility) all evaluation and management services provided by the supervising physician are considered part of the initial observation care when performed on the same date. The observation care level of service should include the services related to initiating observation status.”
“Current Procedural Terminology policies predate modern observation care and prohibit professional billing for emergency services and observation services on the same date of service by physicians from the same specialty and same group.”
“When the patient is admitted to the hospital as an inpatient or to observation status in the course of an encounter in another site of service (e.g., hospital emergency department, office, nursing facility), the services in the initial site may be separately reported.”

“Modifier 25 may be added to the other evaluation and management service to indicate a significant, separately identifiable service was performed on the same date.”

2023 CPT E/M Guidelines July Release
CMS 2023 Specific Changes Don’t Always Follow CPT
"We propose that the practitioner would select a code that reflects all of the practitioner’s services provided during the date of the service, as provided in the Medicare Claims Processing Manual, IOM 100-04, Chapter 12, 30.6.9.B."

2023 CMS Physician Proposed Rule page 307/2066
“Physician may bill only for an initial hospital/observation care service if the physician sees a patient in the ED and decides to either place the patient in observation status or admit the patient as a hospital inpatient.”

“In contrast, CPT reporting instructions do not place any limitations on the number of visits that can be billed.”
Inpatient and Observation Care Services

Guidelines

When the patient is admitted to the hospital as an inpatient or to observation status in the course of an encounter in another site of service (eg, hospital emergency department, office, nursing facility), the services in the initial site may be separately reported. Modifier 25 may be added to the other evaluation and management service to indicate a significant, separately identifiable service by the same physician or other qualified health care professional was performed on the same date.***

*** CMS proposes to retain policy of only reporting ONE E/M service per calendar date

- July 7th CMS 2066 page document is the CMS Proposed Rule
- August 8th CPT Special Listening Session:
  - “We are aware of the CMS deviations from CPT and will continue dialogue with CMS.”
- Commentary submitted September 6th
- Final Rule early November
- Stay Tuned!
**Obs Stay < 8 Hours**

“The “8 to 24 hour rule” was designed to avoid unintended incentives to keep a patient in the hospital past midnight during a stay lasting less than 24 hours. If a patient receives less than 8 hours of hospital inpatient or observation services, we propose that the practitioner would bill only initial inpatient or observation care (described by CPT codes 99221, 99222, 99223).”

<table>
<thead>
<tr>
<th>Obs Stay  &lt; 8 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>The “8 to 24 hour rule” was designed to avoid unintended incentives to keep a patient in the hospital past midnight during a stay lasting less than 24 hours. If a patient receives less than 8 hours of hospital inpatient or observation services, we propose that the practitioner would bill only initial inpatient or observation care (described by CPT codes 99221, 99222, 99223).</td>
</tr>
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</table>

**Obs Stay 8-24 Hours**

“If a beneficiary receives hospital inpatient or observation services for a minimum of 8 hours but less than 24 hours, we propose that the practitioner would bill CPT codes 99234, 99235, or 99236, as appropriate.”

<table>
<thead>
<tr>
<th>Obs Stay 8-24 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a beneficiary receives hospital inpatient or observation services for a minimum of 8 hours but less than 24 hours, we propose that the practitioner would bill CPT codes 99234, 99235, or 99236, as appropriate.</td>
</tr>
</tbody>
</table>
“If a beneficiary is admitted for hospital inpatient or observation care and is then discharged after more than 24 hours, we propose that the practitioner would bill an initial hospital or observation care code (CPT codes 99221 through 99223) for the date of admission, and a hospital discharge day management service (CPT code 99238 or 99239) on the date of discharge.”
CMS Example 8 to 24 Hour Rule

- “For example, Patient A was admitted by Physician A at 11:00pm on April 1st and discharged at 6:00am on April 2nd.
- Patient B was admitted by Physician B at 8:00am on April 1st and discharged at 9:00pm on April 2nd.
- Both Patient A and Patient B were in the hospital on the same two calendar dates (April 1 and April 2), but Patient A’s stay was only 7 hours and Patient B’s stay was 25 hours.
- Allowing both Physician A and Physician B to bill both an initial hospital visit for April 1 and a discharge day management code for April 2nd would be inappropriate.”

2023 CMS Physician Proposed Rule page 309/2066
## CMS 8 to 24 Hour Rule for Obs/Inpatient

<table>
<thead>
<tr>
<th>Number of Hours</th>
<th>Codes Reported</th>
<th>Code Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 8 hours</td>
<td>99221-99223</td>
<td>Initial Inpatient/Obs Care</td>
</tr>
<tr>
<td>8-24 hours</td>
<td>99234-99236</td>
<td>Admission and Discharge Same date</td>
</tr>
<tr>
<td>&gt; 24 hours</td>
<td>99221-99223, 99238-99239</td>
<td>Day 1 Discharge Day, Initial Inpatient/Obs Discharge</td>
</tr>
</tbody>
</table>
2023 RVUs and Scenarios
## RVU Values 2023 Same Day Observation Services

### Same Day Obs 2022 vs 2023

<table>
<thead>
<tr>
<th>Same Day Obs</th>
<th>2022 Total RVU</th>
<th>2023 Total RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>99234</td>
<td>3.77</td>
<td>2.92</td>
</tr>
<tr>
<td>99235</td>
<td>4.78</td>
<td>4.73</td>
</tr>
<tr>
<td>99236</td>
<td><strong>6.12</strong></td>
<td><strong>6.19</strong></td>
</tr>
<tr>
<td>99285</td>
<td>5.17</td>
<td>5.26</td>
</tr>
</tbody>
</table>
## RVU Values 2023 Multi Day Observation Services

### Multi Day Obs 2022 vs 2023

<table>
<thead>
<tr>
<th>2022 Multi Day Obs</th>
<th>2022 Total RVUs</th>
<th>2023 Multi Day Obs</th>
<th>2023 Total RVUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218+99217</td>
<td>4.90</td>
<td>99221+99238/39</td>
<td>4.83/5.82</td>
</tr>
<tr>
<td>99219+99217</td>
<td>5.90</td>
<td>99222+99238/39</td>
<td>6.24/7.23</td>
</tr>
<tr>
<td><strong>99220+99217</strong></td>
<td><strong>7.24</strong></td>
<td>99223+99238/39</td>
<td><strong>7.55/8.54</strong></td>
</tr>
<tr>
<td>99285</td>
<td>5.17</td>
<td>99285</td>
<td>5.26</td>
</tr>
</tbody>
</table>
Obs Vignette Potential Examples with RVUs

**Same Day**
- Chest pain patient begins observation at 8am Monday and DC’d Monday 6pm
  - 99236 (Hospital initial inpatient or observation, admission and discharge on the same date high complexity) **6.19 RVUs**

**Crosses Midnight**
- COPD patient begins observation at 8am Monday and is discharged Tuesday at 12 noon. The discharge services are < 30 minutes
  - 99223 (Initial inpatient or observation high complexity) **5.17 RVUs**
  - 99239 (Obs/Inpatient discharge services < 30 minutes) **2.38 RVUs**

**Total RVUs** **5.17 + 2.38 = 7.55 RVUs**
CHF patient begins observation at 8am Monday, is rounded on with a full note Tuesday morning, and discharged Monday at 6pm. The discharge services are >30 minutes.

- Monday 99223 (Initial inpatient/observation high complexity) **5.17 RVUs**
- Tuesday 99233 (Subsequent inpatient/Obs high complexity) **3.50 RVUs**
- Wednesday 99239 (Obs/Inpatient discharge services > 30 minutes) **3.37 RVUs**

- Total RVUs for the stay: **12.04 RVUs**
- Average RVUs per day **4.01 RVUs**
Documentation Guideline Evolution
2023 CPT E/M Guidelines for Observation

CPT® Evaluation and Management (E/M)
Code and Guideline Changes

effective January 1, 2023:

- Deletion of Hospital Observation Services E/M codes 99217-99220
- Revision of Hospital Inpatient and Observation Care Services E/M codes 99221-99223, 99231-99239 and guidelines

Released July 2022!
"The nature and extent of the history and/or physical examination is determined by the treating physician reporting the service."

"The extent of history and physical examination is **NOT** an element in selection of codes."

"The main purpose of documentation is to support care of the patient by current and future health care team(s)."
How Will Observation Be Scored? MDM or Time Determine Code Choice

Observation Service Scoring

“The CPT code changes allow clinicians to choose the Observation visit level based on either medical decision making or time.”

CMS Physician Final Rule Press Release

1. Requires performance of **history and exam only as medically appropriate**
2. Allows clinicians to choose the E/M visit level:
   - Medical Decision Making; or
   - Time
“We propose that, when a physician or practitioner selects CPT codes 99221 through 99223 and 99231 through 99236 based on time, the number of minutes specified in the descriptor for the relevant CPT code must be met or exceeded.”

Medicare Physician Fee Schedule Proposed Rule 306/2066
# CPT Published Typical Times for Observation

<table>
<thead>
<tr>
<th>Same Day Obs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Same Day CPT Code</strong></td>
<td><strong>Typical Times</strong></td>
</tr>
<tr>
<td>99234</td>
<td>45 minutes</td>
</tr>
<tr>
<td>99235</td>
<td>70 minutes</td>
</tr>
<tr>
<td>99236</td>
<td>85 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Day Obs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Day CPT Code</strong></td>
<td><strong>Typical Times</strong></td>
</tr>
<tr>
<td>99221</td>
<td>40 minutes</td>
</tr>
<tr>
<td>99222</td>
<td>55 minutes</td>
</tr>
<tr>
<td>99223</td>
<td>75 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subsequent Day Obs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subsequent Day CPT Code</strong></td>
<td><strong>Times</strong></td>
</tr>
<tr>
<td>99231</td>
<td>25 minutes</td>
</tr>
<tr>
<td>99232</td>
<td>35 minutes</td>
</tr>
<tr>
<td>99233</td>
<td>50 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discharge Day Obs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discharge Day CPT Code</strong></td>
<td><strong>Typical Times</strong></td>
</tr>
<tr>
<td>99238</td>
<td>Obs DC ≤ 30 minutes</td>
</tr>
<tr>
<td>99239</td>
<td>Obs DC &gt; 30 minutes</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Medical Decision Making Complexity</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>INITIAL DAY</strong></td>
<td></td>
</tr>
<tr>
<td>99221</td>
<td>Straight Forward/Low</td>
</tr>
<tr>
<td>99222</td>
<td>Moderate</td>
</tr>
<tr>
<td>99223</td>
<td>High</td>
</tr>
<tr>
<td><strong>SUBSEQUENT DAY</strong></td>
<td></td>
</tr>
<tr>
<td>99231</td>
<td>Straight Forward/Low</td>
</tr>
<tr>
<td>99232</td>
<td>Moderate</td>
</tr>
<tr>
<td>99233</td>
<td>High</td>
</tr>
<tr>
<td><strong>SAME DAY</strong></td>
<td></td>
</tr>
<tr>
<td>99234</td>
<td>Straight Forward/Low</td>
</tr>
<tr>
<td>99235</td>
<td>Moderate</td>
</tr>
<tr>
<td>99236</td>
<td>High</td>
</tr>
</tbody>
</table>
2023 Observation Medical Decision Making
<table>
<thead>
<tr>
<th>Code</th>
<th>Level of MDM</th>
<th>Number and Complexity of Problems Addressed</th>
<th>Amount and/or Complexity of Data</th>
<th>Risk of Complications and/or Morbidity of Patient Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>99235</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate (Must meet the requirements of at least 1 out of 3 categories)</td>
<td>Moderate risk of morbidity from additional diagnostic testing or treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1 chronic illnesses with exacerbation, progression, or side effects of treatment or • 1 undiagnosed new problem with uncertain prognosis or • 1 acute illness with systemic symptoms or • 1 acute complicated injury</td>
<td>Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) • 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 preformed by another physician/other qualified health care professional (not separately reported); or or Category 3: Discussion of management of test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</td>
<td>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</td>
</tr>
</tbody>
</table>
Physician View: Documentation of MDM

Moderate Medical Decision Making

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)

Category 2: Independent interpretation of tests

- Independent interpretation of a test performed by another qualified health care professional (not separately reported)

Category 3: Discussion of management or test interpretation

- External health care professional/appropriate source
Key 2023 Obs MDM Drivers

1. Document appropriate consideration of escalation to inpatient hospitalization if patient is not improving
   - Chest pain, COPD, Asthma, CHF

2. Document discussion of management with other providers
   - Consultant (Cardiology, GI, Neuro...)

3. Document independent interpretations
   - EKGs, CT scans, Ultrasounds, Plain X ray
4. Document prescription medications appropriately considered, even if not given
   - Pain medication, anticoagulation, antibiotics

5. Document diagnostic tests appropriately considered even if not ultimately performed
   - CT scan
     • CTA to r/o PE; PERC criteria applied
6. Document review of external records
   - Inpatient hospital, clinic notes, nursing home

7. Document if history is obtained from an independent historian
   - Family, caregiver, PCP
Key 2023 MDM Drivers

8. Document chronic illnesses impacting care
   - DM, hypertension, chemotherapy

9. Document if care is affected by social determinants of health
   - Homeless, literacy, access to medical care

10. Document discussion of test interpretation with external physician/provider
    - D/W radiology re abdominal CT. After relaying my concern image #39 c/w early diverticulitis
52 y.o. with COPD presents with wheezing & tachypnea. Receives several rounds of nebs. CBC, Chem 7, CXR neg.

10 hour Obs stay. Patient ultimately improves.

Disposition: Discharged home with PCP follow up.

CXR Independent interpretation:
Chronic changes no infiltrate

External note reviewed:
Prior admission baseline O₂ sats 92%

Consideration regarding hospitalization:
Patient reassessed; still with moderate wheeze, may require inpatient care. Continue nebs and reassess.

Disposition: DC home and PCP follow up
Conclusions

- Significant code definition changes for Observation 2023
  - Obs/Inpatient services combined
- New significant CPT language
  - ED + Obs on the same day
- CMS departures from CPT
  - 8 to 24 hour rule
- Brand New MDM scoring
- Stay tuned for the CMS Final Rule in November
- Q and A at 4 pm!
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Educational Appendix
### Obs 2022 vs 2023 Code Structure

<table>
<thead>
<tr>
<th>Observation 2022</th>
<th>Observation 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td>99221</td>
</tr>
<tr>
<td>99219</td>
<td>99222</td>
</tr>
<tr>
<td>99220</td>
<td>99223</td>
</tr>
<tr>
<td>99217</td>
<td>99238/99239</td>
</tr>
<tr>
<td>99234-99236</td>
<td>99234-99236</td>
</tr>
</tbody>
</table>
“Codes 99238, 99239 are to be used by the professional who is responsible for discharge services. Other providers use Subsequent Obs/Inpatient codes 99231-99233.”
“We believe that by tying billing to the length of hospital stay rather than the calendar date, the 8 to 24-hour rule avoids confusion and the potential for overpayment of multiple E/M visits improperly billed for the same period of service.”

2023 CMS Physician Proposed Rule page 308/2066
Patient A is admitted at 11am on April 1st and discharged at 11pm on April 1st.
Patient B is admitted at 11pm on April 1st and discharged at 11am on April 2nd.
Both patients are in the hospital for 12 hours.
The practitioner treating Patient A would bill for a same-day discharge service, CPT code 99234 through 99236.
It would not be appropriate to allow the practitioner treating Patient B to bill separately for an initial visit (CPT codes 99221 through 99223) and a separate discharge day management service (CPT codes 99238 or 99239) simply because Patient B’s visit happened to span two calendar days and Patient A’s did not.
Under the proposed 8 to 24-hour rule, the practitioner treating Patient B would also bill for a same-day discharge service, CPT code 99234 through 99236.
“We propose to adopt the revised CPT codes 99238 and 99239. We also propose to retain our current hospital inpatient policy outlined in the Medicare Claims Processing Manual, Chapter 12, 30.6.9.2.A and 30.6.9.2.E and expand it to include observation care. Specifically, we are proposing that CPT codes 99238 and 99239 are to be billed by the practitioner who is personally responsible for discharge service (or, in the case of the death of the patient, the physician who personally performs the death pronouncement.”
Z55 Problems related to education and literacy
  - Not literate or low-level literacy
Z56 Problems related to employment and unemployment
  - Unemployed
Z59 – Problems related to housing and economic circumstances
  - Homeless or inadequate housing
Z64/65 Problems related to psychosocial circumstances
CMS expanded eligible telehealth services to include ED and Observation during COVID

“We are adding the following codes to the existing list of telehealth services. CPT codes 99281-99285, 99217-99220, 99224-99226, 99234-99236.”

CMS-1744- IFC page 19/221
Telemedicine Observation: After the Public Health Emergency Ends

- Subsequent Obs (99224-99226) & Obs Discharge (99217)
  - Granted CMS category 3 telehealth status
  - Will remain on the list of CMS approved telehealth services until 12.31.2023

- The Consolidated Appropriations Act, 2022, signed into law by the President on March 15, 2022- extends Telehealth coverage for 151 days after the PHE

- The House voted 416-12 to pass the Advancing Telehealth Beyond COVID-19 Act, would continue Medicare telehealth services through 2024
  - Pending additional action
“We noted that we believe that the potential acuity of the patient described by these codes would require an in-person physical exam in order to fulfill the requirements of the service. We expressed concerns that, without an in-person physical examination, the need for the physician or health care provider to fully understand the health status of the person with whom they are establishing a clinical relationship would be compromised.”
“These codes describe visits that are furnished to patients who are ill enough to require hospital evaluation and care. We noted that we believe that the codes describe an evaluation for these potentially high acuity patients that is comprehensive and includes an in-person physical examination.”

Physician Final Rule page 137/2165
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