

Nursing Facility Services: Changes for 2023

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As part of the effort to standardize reporting guidelines for all of the codes throughout the Evaluation and Management (E/M) Services section of the Current Procedural Terminology (CPT®) 2023 code set, extensive changes have been made to the Nursing Facility Services subsection guidelines and codes (99304-99316). As with the other E/M services subsections, the nursing facility services codes have been revised to more closely align with the 2021 changes for Office and Other Outpatient Services.

This article reviews and highlights the changes that have been made to the E/M nursing facility services codes and guidelines and includes updates on the appropriate reporting of these codes by physicians and other qualified health care professionals (QHPs). Nursing facility services in the E/M section encompass the following subsections: Initial Nursing Facility Care, Subsequent Nursing Facility Care, Nursing Facility Discharge Services, and Other Nursing Facility Services.

Code Descriptor Changes

Prior to 2023, the nursing facility services code descriptors included three key components: history, examination, and medical decision making (MDM). For the CPT 2023 code set, the descriptors for nursing facility services codes 99304-99310 have been revised so that:

- a medically appropriate history and/or examination should be performed as pertinent, but is not required for code level selection;
- the appropriate level of MDM (eg, straightforward, low, moderate, or high) as defined for each service may be used for code level selection; or

- total time on the date of service may be used for code level selection.

In addition to the code descriptor changes, a new component specific to initial nursing facility care has been added to the first element of MDM (number and complexity of problems addressed). This component, “Multiple morbidities requiring intensive management,” may only be used as part of code selection for nursing facility E/M services when MDM is used to determine the service level. This additional problem category is discussed within the nursing facility services guidelines and is separate from other definitions pertaining to MDM in the general E/M guidelines as it is specific only to nursing facility services and not to be used with other E/M code families.

If total time is used as the criteria to select nursing facility codes and services, and the time extends beyond the required time of the highest-level primary service (ie, 99306, 99310), report new prolonged services code 99418 for the additional time. Specific nursing facility services subsections contain additional guidance related to reporting codes in each specific subsection.

Guideline Revisions

For 2023, revised guidelines provide clarity on the service settings within which nursing facility services codes may be reported and refer to regulations pertaining to the care of nursing facility residents in a more concise manner. Of note, the removal of history and examination from the code-level criteria and the removal of detailed regulatory references do not change any regulations regarding patient assessments that are part of coding guidance. The revisions include additional criteria regarding the particular role of the physician or other QHP in the patient’s care. Specifically, the revised guidelines note the following:

- Initial nursing facility services are performed by the principal physician(s) and/or other QHP(s) overseeing the care of the patient in the facility. The principal physician is sometimes referred to as the admitting physician and is the physician who oversees the patient’s care as opposed to other physicians or other QHPs who may be furnishing specialty care. These services may also be performed by physicians or other QHPs in the role of a specialist performing a consultation or concurrent care.
- Some payers may require the use of modifiers to identify the role of the individual performing the service (eg, the principal or admitting physician).

New reporting instructions also provide guidance on how to report consultations in conjunction with initial nursing facility care services, criteria for when an initial service may be reported, and clarification on how frequently initial nursing facility care codes may be reported. Many of these new instructions also incorporate guidance for reporting the revised subsequent nursing facility care codes. It is essential to review the official E/M services guidelines in full to ensure complete understanding of all of the changes made in the Nursing Facility Services subsection in the CPT 2023 code set.

Summary of Changes to Initial and Subsequent Nursing Facility Care

- Initial nursing facility care codes 99304-99306 may be reported once per admission, per physician or other QHP, regardless of length of stay.
- Codes 99304-99306 may be reported for the initial comprehensive visit performed by the principal physician or other QHP.
- The principal physician or other QHP may work with other physicians or QHPs who may not always be in the same group but are overseeing the overall medical care of the patient, in order to provide timely care. Medically necessary assessments conducted by these professionals prior to the initial comprehensive visit are reported using subsequent care codes (99307-99310).
- A new component specific to initial nursing facility care, “Multiple morbidities requiring intensive management,” has been added to the first element of MDM (Number and Complexity of Problems Addressed).
- Medically necessary assessments may be conducted before the initial comprehensive visit is performed, when necessary. This includes initial services by physicians and other QHPs who are performing consultations. These consultation services may be reported using either the initial nursing facility care codes (99304-99306) or the inpatient or observation consultations codes (99252-99255).
- Transitions between skilled nursing facility level of care and nursing facility level of care do not constitute a new stay for reporting an initial nursing facility care code.
- The types of care (eg, skilled nursing facility and nursing facility care) are reported with the same codes (99304-99310). Place of service codes should be reported to specify the type of facility (and care) where the service(s) is performed.
- New prolonged services add-on code 99418 has been established to report inpatient (including nursing facility) and observation E/M services beyond the required time of the highest-level primary service.
- Nursing facility services codes 99304-99310 may be used to report E/M services provided to a patient in a psychiatric residential treatment center and immediate care facility for individuals with intellectual disabilities.

Tables 1 and 2 summarize the revisions made to the initial nursing facility care codes and the subsequent nursing facility care codes in the CPT 2023 code

set. Significant changes are underlined.

Table 1. Initial Nursing Facility Care (99304-99306)

Code	CPT 2023 Code Descriptor	CPT 2022 Code Descriptor
99304	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. <u>When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.</u></p>	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/ or family’s needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient’s facility floor or unit.</p>

<p>99305</p>	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. <u>When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.</u></p>	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/ or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</p>
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<p>99306</p>	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. <i>When using total time on the date of the encounter</i> for code selection, 45 minutes must be met or exceeded.</p>	<p>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/ or family’s needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient’s facility floor or unit.</p>
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Table 2. Subsequent Nursing Facility Care (99307-99310)

Code	CPT 2023 Code Descriptor	CPT 2022 Code Descriptor
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<p>99307</p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. <u>When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.</u></p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/ or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit</p>
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<p>99308</p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. <u>When using total time on the date of the encounter</u> for code selection, 15 minutes must be met or exceeded.</p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/ or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.</p>
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<p>99309</p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. <i>When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</i></p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/ or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</p>
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<p>99310</p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. <i>When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.</i></p>	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/ or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</p>
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Summary of Changes to Nursing Facility Discharge Services

Nursing facility discharge services codes 99315-99316 are used to report the total duration of time spent by a physician or other QHP for final nursing facility discharge management. Nursing facility discharge services codes may include final examination of the patient and discussion of the nursing facility stay as appropriate and applicable, even if the time spent on that date is not continuous. In addition, these services include instructions for continuing care that are provided to all relevant caregivers, as well as the preparation of discharge records, prescriptions, and referral forms. Following is a summary of the changes to nursing facility discharge services:

- To report a nursing facility discharge services code, a face-to-face encounter with the patient and/or family/caregiver is required.
- The face-to-face encounter and services may be performed on a date other than the date of the physical discharge.

- Code selection is based on total time on the date of the discharge management face-to-face encounter.

Table 3 summarizes the revisions made to the nursing facility discharge services codes in the CPT 2023 code set. Significant changes are underlined.

Table 3. Nursing Facility Discharge Services (99315, 99316)

Code	CPT 2023 Code Descriptor	CPT 2022 Code Descriptor
99315	Nursing facility discharge day management; <u>30 minutes or less total time</u> on the date of the encounter	Nursing facility discharge day management; 30 minutes or less
99316	Nursing facility discharge day management; <u>more than 30 minutes total time</u> on the date of the encounter	Nursing facility discharge day management; more than 30 minutes

Summary of Changes to Other Nursing Facility Services

Other nursing facility services code 99318 (evaluation and management of a patient involving an annual nursing facility assessment) has been deleted effective January 1, 2023, and a parenthetical note with instructions to report this service with subsequent nursing facility E/M services codes 99307-99310 as appropriate has been added.