



Evaluation and Management (E/M) Consultation Services Code Changes for 2023

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For the Current Procedural Terminology (CPT®) 2023 code set, the E/M consultation subsection guidelines and code descriptors were significantly revised as part of the continuous effort to simplify administrative processes when providing E/M services. A consultation is defined in the CPT 2023 code set as “a type of evaluation and management service provided at the request of another physician, other qualified health care professional, or appropriate source to recommend care for a specific condition or problem.” These services are used across numerous care settings, such as, but not limited to, the office or other outpatient setting, including the physician’s office, the hospital inpatient or observation setting, or a nursing facility. This article will review the changes in the E/M Consultations subsection for 2023.


Guideline Revisions

Changes made in the guidelines for consultation services include the addition of “other qualified health care professional (QHP).” It remains the case that consultations initiated by the patient or the patient’s family member cannot be reported using consultation codes; these services should be reported with other appropriate E/M service codes, such as initial hospital or observation care setting codes or the nursing facility codes. A written report describing the consultant’s services should be communicated to the physician, other QHP, or other appropriate source. The guidelines no longer address the topic of documentation in the patient’s medical record, and they have been updated to direct users to the appropriate subsection for initial hospital inpatient or observation care or initial nursing facility care services when a patient is admitted during an encounter in another setting. Finally, any follow-up care


provided by the consultant during the same admission is not considered an additional consult service; instead, it may be reported using codes for subsequent care for established patients, based on the site of service and the rules for that specific site.

Office or Other Outpatient Consultations


New or Established Patient

★ **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.

★ **99243** **Office or other outpatient consultation** for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.

When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

★ **99244** **Office or other outpatient consultation** for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

★ **99245** **Office or other outpatient consultation** for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.

(For services 70 minutes or longer, use prolonged services code 99417)

Both outpatient and inpatient or observation consultation codes have undergone significant revisions to align more closely with the E/M changes implemented in 2021. Codes 99241 (outpatient consultation) and 99251 (inpatient consultation) were deleted because they have the same medical decision making (MDM) level (ie, straightforward) as codes 99242 and 99252.

Codes 99242-99245 may be reported for outpatient consultation visits. The code descriptors have been revised by eliminating patient medical history and/or physical examination as a component for code selection. Along with the revised code descriptors, changes were also made to time thresholds for consultation services. Time threshold is calculated based on total time on the date of the encounter, as opposed to the typical times that were used prior to 2023. For 2023, prolonged services add-on code 99417 may be reported in addition to the highest-level consultation service code (99245) when the total service time is 70 minutes or longer. Table 1 outlines the new time thresholds for 2023. The time threshold is only relevant if it is used for code-level selection instead of MDM. Therefore, seeing a patient and performing MDM for the encounter is sufficient to meet the requirement for the lowest-level code (99242).

Table 1. Office or Other Outpatient Consultation Time Revisions in 2023



Codes	Time Threshold (min) in 2023
99242	20
99243	30
99244	40
99245	55
99417 (Prolonged)	>70

Coding Tip

For outpatient consultation, if time is used for code selection and the time extends 15 minutes beyond the highest-level time threshold (ie, >70 minutes), the prolonged services code may be reported for each additional 15-minute increment of time attained. For example, if the consultation service time is 71-84 minutes, code 99417 may be reported once.

In addition to the changes in the Office or Other Outpatient Consultation subsection, the Inpatient Consultations subsection title has been revised to “Inpatient or Observation Consultations” to better reflect consultation services provided to hospital inpatients, observation-level patients, residents of nursing facilities, or patients in a partial hospital setting. The goal for these revisions is to align with the new coding structures. If an office or outpatient follow-up or subsequent visit service is provided to the same patient after a consultation service was provided, an established patient visit code is reported, depending on the site (eg, 99212-99215 or 99347-99310).

✖ **Inpatient or Observation Consultations** ✖

✖ (For an inpatient or observation consultation requiring prolonged services, use 99418) ✖

✖ (99251 has been deleted. To report, use 99252) ✖

★ ✖ **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.

★ ✖ **99253** **Inpatient or observation consultation** for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.

When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

★ ✖ **99254** **Inpatient or observation consultation** for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

★ ✖ **99255** **Inpatient or observation consultation** for a new or established patient, which requires a medically appropriate history and/or

examination and high level of medical decision making.

When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.

(For services 95 minutes or longer, use prolonged services code 99418)

All the codes in code series 99252-99255 were revised to include observation consultation services in addition to inpatient hospital care. The code descriptor revisions follow the same coding structure implemented with the E/M changes in 2021, which removed patient medical history and physical examination as key components for code selection. Instead, either MDM level or time threshold on the date of the encounter may be used to select the appropriate level of code. The time thresholds were changed in the descriptors as shown in Table 2, which summarizes the time revisions for 2023. Also, the new add-on prolonged services code 99418 was established to report prolonged inpatient or observation consultation services. Code 99418 may be reported in 15-minute increments, which begins 15 minutes beyond the highest-level code (99255) threshold (ie, >95 minutes) for the inpatient or observation consultation when time is used as the basis of code selection.

Table 2. Inpatient or Observation Consultation Time Revisions in 2023

Codes	Time Threshold (min) in 2023
99252	35
99253	45
99254	60
99255	80
99418 (Prolonged)	>95



Note that the Centers for Medicare & Medicaid Services still does not recognize consultation codes for payment. In addition, it continues to require that office or outpatient codes be reported for consultations performed for patients in observation status. Other third-party payers may allow the consultant to report consultation codes instead of initial hospital inpatient or observation care codes when a consult is requested by another physician during a hospital inpatient or observation admission. Codes 99252-99255 may be reported only once by a consultant per admission of a patient who is in hospital inpatient or observation status.