

E&M Guideline Changes for 2024

Rebecca Wartman OD October 2024

There are only a few changes to the CPT® code set for 2024 that will impact Optometry. The most significant change impacts coding of office-based Evaluation and Management (E&M) codes when using time to determine the code level. The following is a summary of the changes that impact the typical optometrist. Each provider is encouraged to review each section in the 2024 CPT® manual to ensure your complete understanding of the guidance.

E&M Office-based Time Changes: This section was revised to reflect the required time thresholds that must be met, no longer providing a time range. Reporting of any Prolonged time (99417 or 99418) unit requires a minimum of 15 minutes beyond the level of time required for a 99205 or 99215 code. (See the attached MDM/Time Chart for your use.) The new times are as follows:

99202: 15 minutes must be met or exceeded	99211: Not applicable
99203: 30 minutes must be met or exceeded	99212: 10 minutes must be met or exceeded
99204: 45 minutes must be met or exceeded	99213: 20 minutes must be met or exceeded
99205: 60 minutes must be met or exceeded	99214: 30 minutes must be met or exceeded
	99215: 40 minutes must be met or exceeded

Split or Shared Visit E&M Coding: This section was expanded to describe the reporting of split or shared visits depending on whether time or medical decision making (MDM) is used for code level selection and to make the instructions consistent with CMS policy.

Providers are allowed to act as a team during a single E&M visit. For time-based reporting, the provider who spends the majority of the time (face to face or non-face-to-face) should report the service. When reporting a shared E&M visit based on MDM, the provider who has made or approved the management plan for the number and complexity of the problems addressed at that encounter, effectively performing two of the three elements of the service, may report the service.

Revised Table of MDM: This table is slightly revised with a sentence added to state that the definitions for the elements listed in the table are provided in the E/M guidelines. And the wording of the example, “Parenteral controlled substances” was revised to “Decision regarding parenteral controlled substances” in order to be consistent with the other examples listed in the high risk of morbidity column. (see the attached MDM/Time Chart of your use.)

Risk Further Clarified: The guidelines under the Number and Complexity of Problems Addressed at the Encounter were revised to clarify that the term “risk” in this section relates to risk from the patient’s condition to differentiate from the “risk” of the management of the condition, although these two risks can overlap.

Surgical Code Editorial Changes

NEW: 67516 Suprachoroidal space injection of pharmacologic agent (separate procedure)
(Report medication separately)

CPT III Code Deletions

0465T deleted – replaced with 67516

New CPT III Codes:

0791T Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes

(List separately in addition to code for primary procedure)

(Use 0791T in conjunction with 97116)

0810T Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies

(Report medication separately)

(Do not report 0810T in conjunction with 67036, 67039, 67040, 67041, 67042, 67043)

Please see the attached summary of CPT III codes for Optometry for 2024. Happy coding....