

2024 CPT and ICD-10-CM Changes for Fiscal Year 2024



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Changes to CPT codes and ICD-10-CM codes for 2024 are coming. Thankfully, the changes for fiscal year (FY) 2024 are minimal compared to the extensive changes we've experienced over the last few years. There are 395 new, 13 revised and 25 deleted ICD-10-CM diagnosis codes for FY 2024. In addition, there are 153 new, 73 revised and 102 deleted CPT codes for FY 2024.

CPT Changes

The 153 new CPT codes added for FY 2024 are codes in the Evaluation and Management section, several Surgery subsections (Musculoskeletal System, Respiratory System, Cardiovascular System, Urinary System, Female Genital System, Nervous System), the Radiology section, and Pathology and Laboratory.

The 102 deleted CPT codes were primarily pathology and laboratory codes, as well as Category III new technology codes.

The most extensive change implemented by CPT for FY 2024 was removing the time ranges from both the new and established office/outpatient Evaluation and Management (E/M) codes and replacing them with a single total time amount, which "must be met or exceeded."

Office/Outpatient E/M Coding Guidance on Time, 2023 and 2024

E/M code	Total time spent on data of the encounter (2023 guidelines)	Total time on the date of the encounter that <u>must meet or exceed</u> (2024 guidelines)
99202	15-29	15
99203	30-44	30
99204	44-59	45
99205	60-74	60
99212	10-19	10
99213	20-29	20
99214	30-39	30
99215	40-54	40

Table Source: <https://www.mgma.com/articles/office-outpatient-evaluation-and-management-coding-changes-for-2024>

Even though the time range was replaced with a minimum time that must be met or exceeded, the activities that can be included in time-based coding/documentation have **not** changed from FY 2023, and they include:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other healthcare professionals (when not separately reported)
- Documenting clinical information in the EHR or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

ICD-10-CM Changes

The 395 new, 13 revised and 25 deleted ICD-10-CM diagnosis codes effect 17 different chapters, with most of the changes occurring in the following 8 chapters: External Causes of Morbidity, Diseases of the Musculoskeletal System and Connective Tissue, Diseases of the Eye and Adnexa, Factors Influencing Health Status and Contact with Health Services, Diseases of the Nervous System, Diseases of the Eye and Adnexa and Congenital Malformations, Deformations and Chromosomal Abnormalities.

Sources:

[Get a Jump on Diagnosis Code Changes for FY 2024](#)

[Office/outpatient Evaluation and Management \(E/M\) coding changes for 2024](#)

[CPT® 2024 Brings More E/M Changes](#)

[Here's the Score for CPT® 2024](#)

[2024 ICD-10-CM CODES & GUIDELINES INCLUDE 395 ADDITIONS & 25 DELETIONS](#)

For questions regarding this article, please contact [Adam Shewmaker](#).