

LW Consulting, Inc.

CodingAlert

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

February 2019

Number: 01608034/80
Claim Received: 06/09/10



DATES OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	PU
05/21/10-05/21/10	94010	PULMO
05/21/10-05/21/10	94375	CARDIOVASCULAR SE
05/21/10-05/21/10	93000	
05/21/10-05/21/10	36410	VENIPUNCTURE

CPT Code 99211: An Underrated and Misunderstood E/M Service Code

CMS has regarded CPT Code 99211 (a level 1 established patient encounter code) as an overused code that is commonly accompanied by many errors. The CPT book defines this code as an “office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.” It further states that the presenting problems are usually minimal, and typically, five minutes are spent performing or supervising these services.

In this *CodingAlert*, we review when it is proper to bill CPT 99211.

Prepared by: Sarina Vanausdle, MBA, BS,
CCS-P, CLSSGB, Consultant

The following must be documented in the medical record to properly bill CPT 99211:

- The date of service.
- An E/M service must be provided and properly described.
- The patient encounter must be face-to-face.

- The signature of the nurse or other specified provider.
- The service must be separate from other services performed on the same day.

It is proper to bill CPT 99211 when the following are true:

- Presenting problem(s) are minimal.
- No more than 5 minutes are spent performing or supervising these services.

If any of the following actions are taken in connection with the patient encounter, CPT 99211 should not be billed:

- Medical staff sends medical records to a hospital.
- Medical staff calls to inform patient of lab results.
- Provider verbally lists patient orders over the phone.
- Provider calls in prescription refills to the patient’s pharmacy.

To inquire about coding education, medical record documentation or compliance auditing, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

LW Consulting, Inc.

CodingAlert

Number: 01608034 / 80
Claim Received: 06/09/10

DATE	PROCEDURE
DATES OF SERVICE	CODE
06/01/10	82272



February 2019

- Medical staff calls patients to reschedule an appointment or procedure.

Noteworthy tips:

- Unlike other E/M codes, CPT 99211 does not have any documentation requirements for the history, physical exam or complexity of medical decision making. However, supporting documentation in the patient record is a requirement.
- The presence of a physician or other qualified health professional is not required in the exam room to properly bill CPT 99211 (meaning this code can be billed by following applicable “incident to” rules).

Sources:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R147CP.pdf>

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>

To minimize costly medical billing and coding errors, it's important to stay up to date on the requirements. LW Consulting, Inc, can assist you with coding education, medical record documentation and/or compliance auditing.

[Explore Our Services](#)

To inquire about coding education, medical record documentation or compliance auditing, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

 **LW CONSULTING, INC**
www.LW-Consult.com