E-BRIEF SERIES

AAPC

How to Code E/M 99211 in 2021

Billing for Visits With A Nonphysician Provider

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Well, here we are, a couple of months into 2021. How are you handling the new E/M Guidelines? I know I've had to stop many times while auditing to make sure I was using the new criteria for office visits. I've even tried to use the new guidelines (accidentally) on hospital visits! Fortunately, our auditing tool stopped me before I got too far.

CPT Code 99211 confused many of us even before the new guidelines. Providers were trying to use it for quick visits with patients, which isn't necessarily wrong...it was just shortchanging them since 99212 is straightforward decision making and should be the lowest level a provider would use in the office. That has not changed; 99211 is used when the patient is seen by nursing staff, medical assistants, or technicians who must document the visit as a provider would.

The description for 99211 is:

"Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal."

Common examples include hypertension checks or checking of wounds by a nurse or MA. The new AMA definition of a "minimal" problem is a problem that may not require the presence of the provider, but the service is provided under the provider's supervision

If that last bit sounds familiar to you, it's because of the **incident-to rules.**

All 99211 services must meet the requirements of incident-to:

1. The services are rendered under the direct supervision of the physician, CP, NP CNM, CNS, or in the case of a physician directed clinic, the Physician Assistant (PA).
2. The services are furnished as an integral, although incidental, part of the physician's, CP's, NP's, CNM's or CNS's professional services in the course of the diagnosis or treatment of an injury or illness.
3. Billing 'incident to' the physician, the physician must initiate treatment and see the patient at a frequency that reflects his/her active involvement in the patient's case. This includes both new patients and established patients being seen for new problems. The claims are then billed under the physician's NPI.

(source: https://med.noridianmedicare.com/web/jeb/topics/incident-to-services)

If the patient sees a nurse for a dressing change — as per the physician's orders — but the patient brings up another condition, the service can no longer qualify as incident-to and 99211 cannot be billed. The provider will need to see the patient and bill the appropriate level of E/M.

Scope of Practice

The term "scope of practice" refers to the regulations (which vary by state) declaring what services each staff can perform. You'll need to know the scope of practices for your state for each credentialed nonphysician provider to be sure they are able to perform the services described by 99211.

Should a 99211 be billed when the patient presents for an injection?

The answer is **no**. When a patient presents for an injection, the code for the injection administration should be billed (ie: 90471, 90473, 96375). A 99211 would not be necessary to bill unless the patient is also seen for a different reason that qualifies for a modifier 25.

Time

One change for 99211 in 2021 has to do with time. Previously, around 5 minutes was listed in the description for this code. Now, 99211 cannot be billed on the use of time alone, like the rest of the office visit codes can. A nurse can document the amount of time spent in the medical record but it cannot be used to select a code.

So What Should Be Documented?

Basically anything the nurse did, such as vitals, discussion about current medications, and answering patient questions. She should also document the reason for the visit and the diagnosis, along with any applicable orders or discussion with a physician about the patient.

Perform a few audits on this code and make sure to update any templates being used to ensure compliance with the new guidelines. Educate both clinical and billing staff on proper documentation and follow AAPC Services for advice, updates, and important information.

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AUTHOR BIO

Lori A. Cox, MBA, CPC, CPMA, CPC-I, CEMC, CGSC, CHONC, has over 20 years of experience working in the business side of medicine. She began her career in patient accounts and then moved into billing and coding for a multispecialty clinic. Cox was promoted to billing supervisor and then to compliance officer. In 2015, she received her MBA from Quincy University in Quincy, Ill. Cox has traveled the country, educating coders and physicians on complex coding topics such as hematology/oncology and E/M guidelines. She is the member relations officer for the AAPC National Advisory Board, an active member of her AAPC local chapter, and is a regional director for AAPC Services.