



# Coding Level-One Office Visits

Billing Services “Incident to” a Medical Provider  
Review of CPT Code 99211

# CPT Description of 99211

- 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 professional.
- Presenting problem(s) are minimal.
- Typically, no more than 5 minutes are spent performing or supervising these services.

# Basic Guidelines

- **“Incident to” services are provided by a non-physician practitioner (e.g., RN or MA) and must be billed out under the supervising physician/qualified health care professional who is the office at the time of service.**
- **The patient must be established.** An established patient is defined as one who has received professional services from a physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.
- **The patient encounter must be face to face.**
- **An E/M service must be provided.**
- **The service must be separate from other services performed on the same day.**
- **The presence of a physician is not required in the exam room.**

# Documentation Requirements

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 required.

**You can't run away  
from having to  
document the visit**

Just because there are not a lot of documentation requirements, you still need to justify the information in the medical record to support the E/M code.





Documentation should include the following:

- Sufficient information to support the reason for the encounter and E/M service.
- Any relevant history
- Physical assessment and plan of care.
- The date of service
- The identity of the person providing care
- Any interaction with the supervising physician or other practitioner

# Supervision Requirements

CMS guidelines effective January 1, 2016, provide the following clarification:

- The ordering, referring or treatment initiating physician (or other practitioner) does NOT have to be the supervising provider.
- “Incident to” services must be billed under the supervising provider’s NPI.
- Services requiring only “general supervision” do not require the physician (or other practitioner) to be present in the office suite at the time of service.

# Examples of Using CPT 99211

Service Provided	Who was Care Provided by?	What was documented?	Did Provider Review and/or make any recommendations?	Should service be billed as 99211?
Venipuncture (36415): Asymptomatic	MA or RN	<ul style="list-style-type: none"> <li>Pt here for lab draw only</li> <li>No vitals or other symptoms were discussed.</li> </ul>	Provider simply notes and signs off on documentation	<b>No</b> <ul style="list-style-type: none"> <li>Bill for blood draw only</li> <li>Blood draws <u>do not</u> require the provider's presence in the office</li> </ul>
Venipuncture (36415) Symptomatic	MA or RN	<ul style="list-style-type: none"> <li>Pt here for lab draw and mentions they have other symptoms.</li> <li>MA/RN takes vitals and notes additional information reported by pt.</li> <li>MA/RN reviews with medical provider.</li> </ul>	<ul style="list-style-type: none"> <li>Provider reviews and makes any recommendations for patient but does not physically see the patient</li> <li>Providers gives instructions to MA/RN to report to patient on his/her behalf, signs off on documentation.</li> </ul>	<b>YES</b> <ul style="list-style-type: none"> <li>Bill 99211 and the venipuncture. Documentation clearly explains medical necessity.</li> <li>A modifier 25 would need to be amended to the 99211 showing a separately necessary service was provided in addition to the venipuncture.</li> </ul>



# Examples of Using CPT 99211(Cont'd)

Service Provided	Who was Care Provided by?	What was documented?	Did Provider Review and/or make any recommendations?	Should service be billed as 99211?
Blood Pressure Check	MA or RN	<ul style="list-style-type: none"> <li>• BP reading &amp; any other pertinent vital signs.</li> <li>• Clinical reason pt was being checked for BP.</li> </ul>	<ul style="list-style-type: none"> <li>• MA/RN reviews with provider.</li> <li>• Provider reviewed and makes any necessary recommendations for further treatment.</li> <li>• Provider signs off.</li> <li>• Provider did not physically see the patient.</li> </ul>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>• Documentation clearly explains medical necessity of this service.</li> </ul>
Blood Pressure Check	MA or RN	<ul style="list-style-type: none"> <li>• Only BP reading documented and nothing documented as indicated above to explain medical necessity.</li> </ul>	<ul style="list-style-type: none"> <li>• Provider does nothing with this information, nor was the information requested.</li> </ul>	<p><b>NO</b></p> <ul style="list-style-type: none"> <li>• There is nothing to support medical necessity of the BP check.</li> </ul>

# Examples of Using CPT 99211 (Cont'd)

Service Provided	Who was Care Provided by?	What was documented?	Did Provider Review and/or make any recommendations?	Should service be billed as 99211?
Counseling, Health Education or Enabling Service	Health Educator, Nutritionist, RN or Social Worker	<ul style="list-style-type: none"> <li>Clinical reason for the visit</li> <li>Any vitals taken</li> <li>Service provided</li> </ul>	<ul style="list-style-type: none"> <li>Provider reviewed and made any necessary recommendations for further treatment.</li> <li>Provider signs off on documentation</li> </ul>	<b>YES</b> <ul style="list-style-type: none"> <li>Billable encounter.</li> <li>99211 <u>or</u> the CPT/procedure code that best describes the service.</li> </ul>

Example of dual coding that may not be paid:

99211 – Level I

99401 – Indiv Counseling (15 min)

Diag: Z71.9 (Other specified counseling), Z71.3 (Dietary Counseling)

# Examples of Using CPT 99211

(Cont'd)

Service Provided	Who was Care Provided by?	What was documented?	Did Provider Review and/or make any recommendations?	Should service be billed as 99211?
Immunizations or Vaccines	RN or Medical Provider	<ul style="list-style-type: none"> <li>• Pt here for any vaccines that are due, including Flu, pneumonia, tetanus, well child vaccines, etc.</li> <li>• Patient does not have any other needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Provider simply notes and signs off on documentation.</li> </ul>	<p><b>No</b></p> <ul style="list-style-type: none"> <li>• Only the administration of the vaccine and the biologic is billable.</li> <li>• CPT code 99211 is not separately reportable with vaccine administration codes 90460-80474, G008-G0010 per the National Corrective Coding Initiative.</li> </ul>

# Billers Nightmare



Encounter charges and diagnosis submitted:

- 99211
- 90471 – Vaccine Admin
- 90686 – Flu Vaccine

Diagnosis Code: Z23

Please stop the maddness!!!

# Resources

- “Incident To” Clarification for Evaluation and Management Code CPT 99211  
[https://www.noridianmedicare.com/provider/updates/docs/incident\\_to\\_billing\\_99211\\_acro.pdf](https://www.noridianmedicare.com/provider/updates/docs/incident_to_billing_99211_acro.pdf)
- CMS.gov, National Correct Coding Initiative Edits, NCCI Policy Manual for Medicare Services-Effective January 1, 2016, Zip PDF file Chapter 11, page 7 (#13-14) –  
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodingInitEd/index.html>
- Coding Level-One Office Visits: A Refresher Course  
<http://www.aafp.org/fpm/2000/0700.p39.html>
- Understanding When to Use 99211, <http://www.aafp.org/fpm>
- 99211: The Little Code with Big Headaches, <http://www.sccma-mcems.org>



Questions?

# Thank you again for us joining today!



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