99211: The little code with big headaches

CMS has reported E/M prepayment audits revealed a slew of errors and abuse of 99211. At the bare minimum, you need the date, the service provided and the signature of the nurse or other provider. It's good also for you to note the patient's vital signs and the reason they presented to you, even though this code is not based on time or levels of history, medical decision-making and exam.

Caution: You can't check vital signs such as blood pressure or temperature across the board on patients who come in for a blood draw or other minor service, just so you can bill 99211. CMS warns you must document the medical necessity for the check. Example: You may use 99211 for a blood pressure check, but there must be a doctor's order that this must be done. You must have a need for doing it. A diagnosis is needed. The nurse should say 'as per doctor's order' the blood pressure was checked.

Injections and vaccinations also cause trouble. Do not bill a 99211 if a patient visits the office solely to receive a flu or other shot. If you follow the guideline that says you report the (CPT code) service that most closely represents what you've done, then injections should be coded with the vaccine and administration codes – not 99211.

Another point of contention: Which providers should use 99211? Not your physicians, or else you're taking money out of your own pocket. It's not that physicians can't use 99211, but since the code descriptor says services provided may not require physician presence, the lowest level a physician typically should bill is a 99212.

Caution #2: Some carriers won't pay for 99211 unless a physician performs the services. Even if your carrier does allow a nurse to perform the services, make sure you follow the "incident to" rules. In basic terms, that means although a physician does not need to be in the exam room, he must be somewhere in the office suite before a nurse billing under the physician's number may perform services coded 99211.

Although the code says "may not require the presence of a physician," it does not say it doesn't require the presence of a patient. A nurse or physician is supposed to have face-to-face contact with the patient, but there have been problems with practices billing 99211 for phone orders. So, here's a quick list of times when you should not code 99211:

- Doctor gives patient orders over the phone.
- Doctor calls in prescription refill to the pharmacy.
- Staff calls patient to reschedule a procedure.
- Staff faxes medical records to a hospital.
- Staff records lab results in a patient's chart and/or calls to inform patient of lab results.