Hello and thank you for joining me for another education outreach. I’m Jazz Harrison As a clinical educator on the Provider Outreach and Education team at Palmetto GBA, I enjoy sharing educational information that can help providers like you strengthen the Health Information Supply Chain. As we all know, a chain is only as strong as its weakest link. At Palmetto GBA, our goal is to deliver clear, concise educational information that will help you decrease denials, increase compliance as it relates to the medical documentation component, and assist in improving coding accuracy. Strengthening communication and enhancing educational support promotes care that is consistent with the patients’ needs and accurate reporting of the services delivered.

Today’s topic for discussion is the family of CPT codes for Evaluation and Management, “Office Visits Established” -- 99211, 99212, 99213, 99214, and 99215. These codes are used for Office or Other Outpatient Visits for the Established patient.

If a claim with these codes is reviewed the medical documentation for each code should include the following information:

For code 99211, the office or outpatient visit for the evaluation and management of an established patient may not require the presence of a physician or other qualified health care professional.

Here’s a tip for billing code 99211: the presenting problem or problems should be minimal. Typically, five minutes are spent performing or supervising services such as blood pressure checks.

For code 99212, the office or other outpatient visit is for the evaluation and management of an established patient, and requires at least two of these three key components to be present in the medical record:

- A problem focused history
- A problem focused examination;
- Straightforward medical decision making

A tip for billing 99212 is that the presenting problems are usually self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

For code 99213, the expanded assessment for office or other outpatient visit requires at least two out of these three key components to be present in the medical record:

- An expanded problem focused history
- An expanded problem focused examination
A tip for code 99213 is to think of expanded visits as a sum of the continued symptoms or another extended form of the problem. Usually, the presenting problem or problems are of low to moderate severity. Typically 15 minutes are spent face-to-face with patient and/or family.

For code 99214, a detailed assessment requires at least two out of these three key components to be listed in the medical record:

- A detailed history
- A detailed examination
- Medical decision making of moderate complexity

A helpful tip for billing code 99214 is to remember that details are actually the particulars, or symptoms individually, as they relate to the entire clinical picture. Usually the presenting problems are of moderate to high severity. Typically 25 minutes are spent face-to-face with the patient and/or family.

The final CPT code is 99215, the Comprehensive assessment. This code requires at least two out of these three components

- A comprehensive history
- A detailed examination
- Medical decision making of high complexity

When billing code 99215, a good tip is to note that this assessment is broad in scope or content demonstrating extensive understanding of the patient’s condition. Most likely, the presenting problems are of moderate to high severity. Typically 40 minutes are spent face-to-face with the patient and/or family.

For all of these codes, it is required that counseling and/or coordination of care with other physicians, qualified health care professional or agencies be provided in a manner consistent with the nature of the problem or problems as well as the patient’s and or family’s needs.

Simple implementations to strengthen your Health Information Supply Chain can have significant outcomes!

This is Jazz Harrison with Palmetto GBA. See you next time!