POLICY/PROCEDURE NO.: B-2
Effective date: April 27, 2003
Date(s) of revision: ______________

Policies and Procedures: WVU Physicians of Charleston
CPT Code 99211

Section: **Compliance**
Chapter: **Billing**
Policy: **CPT Code 99211**

I. Purpose

The purpose of this policy is to set forth Medicare guidelines for the proper use of CPT code 99211.

II. Scope

This policy is applicable to services rendered to patients in the outpatient clinics of WVU Physicians of Charleston, with the exception of those clinics which have been designated as Rural Health Clinics. This policy does not apply to the WVUPC Rural Health Clinics.

III. Statement of Policy/Procedure

The Centers for Medicare and Medicaid Services (CMS) has issued guidance on the proper use of CPT code 99211. This policy is intended to ensure that the guidelines issued by CMS on this billing code are followed by the faculty and staff of the WVUPC outpatient clinics.

A. Explanation of 99211

CPT code 99211 pertains to an evaluation and management (E/M) service. The CPT manual defines code 99211 as an office or other outpatient visit "that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services."

B. Who Can Bill for 99211?

Guidance issued by CMS on the proper use of 99211 notes that all E/M services, including 99211, are physician services. Under Medicare law, only physicians and specified non-physician practitioners (nurse practitioners, clinical nurse specialists, physician assistants and certified nurse midwives) ("NPPs") can bill for 99211 and any other E/M services which are medically necessary.

C. Are services rendered by an RN or other qualified ancillary personnel billable by the physician under 99211?

Services and supplies furnished by non-physician providers and ancillary staff may be billed "incident to" a physician's services, provided that all incident-to billing requirements are met.

All personnel, besides physicians and qualified NPPs, who provide E/M services incident to a physician's services are, however, limited to billing only 99211.

D. Specific guidelines for using CPT Code 99211

1. CPT Code 99211 represents a very limited service and, per its definition, "may not require the presence of a physician."

2. Unlike other E/M codes, 99211 does not have key elements such as a history and physical examination. Like all E/M codes, however, the service must still be provided face-to-face by the staff rendering the service, and must be medically necessary. Because medical necessity is required, vital signs and blood pressure checks may not be routinely performed at the time of another coded service in order to bill for a 99211 visit.

3. If 99211 is billed for a medically necessary service rendered by ancillary personnel under incident-to rules, the service must be of the type that would otherwise be personally provided by the physician.

4. The ancillary personnel rendering the service must be under the direct supervision of the physician, although the physician need not be present in the examination room. The physician must, however, be present in the immediate office suite to provide assistance if needed.

5. The patient must be an established patient who has been seen previously by the physician so that the services of the ancillary personnel are incident to the treatment plan established for that patient by the physician.

6. Where a specific CPT or HCPCS code has been assigned to the service being rendered, 99211 should not be used to report the service. (See examples below).

7. Since CPT code 99211 represents a very limited service, CMS has noted that that the required documentation is generally very brief. The documentation must demonstrate that the visit was medically necessary and that an E/M service was performed.

8. The date, the E/M service rendered, the action taken/advice given, the signature of the staff performing the service, and what physician was on premises must be reflected in the record.

9. All visits billed under 99211 by WVUPC require the co-signature of the physician supervisor.

10. Although the physician need not see the patient for 99211 visits, the medical record should reflect active, periodic participation by the physician in the course of the patient's treatment plan.

11. CPT code 99211 may be reported with another procedure code for the same visit, but only when the E/M service is a medically necessary service that is separately identifiable from the service billed under the procedure code. To bill in this instance, use a Modifier-25 with the 99211 service.

12. For any E/M service including 99211 to be billable, the service rendered must be one which is medically necessary. Medical necessity is defined by Medicare as those services and supplies which are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the function of the affected body part.

13. If an E/M service falling within the 99211 guidelines is medically necessary, is rendered, and all required documentation is set forth in the record, then 99211 must be billed for that visit.

E. Examples of services that *may* be billed using a 99211, assuming they are medically necessary

- ✓ Discussion (face-to-face) with patient following laboratory tests which indicate the need to adjust medications or repeat testing.
- ✓ Flushing of chemotherapy port, separate from administration of chemotherapy.

F. Examples of services that *may not* be billed using 99211, even if medically necessary

- ✓ Routine blood pressure checks without any other medically necessary E/M service
- ✓ Blood draw (should be billed using the proper procedure code)
- ✓ Laboratory tests (should be billed by lab performing the service using the proper CPT code)
- ✓ Chemotherapy injections (should be billed using the appropriate chemotherapy injection code)

- ✓ Flushing of a vascular access port prior to administration of chemotherapy (this is integral to the chemotherapy administration and not separately billable)
- ✓ Monitoring of cardiology tests, such as thallium stress tests, where the monitoring is inherent in the performance of the test
- ✓ Telephone prescriptions (99211 requires face-to-face E/M service)
- ✓ Telephone calls to inform of lab results (99211 requires face-to-face E/M service)
- ✓ Prescription refills, even if provided face-to-face

IV. Implementation

Each practice administrator shall assure that the faculty and billing staff of their respective departments are informed of this policy and receive appropriate education regarding services which are billed under CPT code 99211.

V. Administration and Interpretations

Questions regarding this policy may be addressed to your practice administrator, to your departmental supervisor, or to compliance staff.

VI. Amendment or Termination of this Policy

This policy may be amended or terminated at any time.

VII. References

- 42 C.F.R. 410.26 ("Services and supplies incident-to a physician's professional services"), 11/1/01, pp. 55328-29.
- CPT Manual 2001
- www.partbnews.com (2/11/02 Special Report "CMS Answers Your Questions About 99211")
- Coding Answer Book, 2002 ed., pp.15506-15507
- www.complianceinfo.com ("How is CPT Code 99211 Used?")