



Unlock CPT 99211 Billing: When & how to use for Established patient.

Confused about when to code CPT 99211 for established patients? This guide clarifies its use, including “incident to” services, documentation tips, and more!

CPT 99211 is defined by CPT as *“Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.”*

Very little official documentation guidance has been published for CPT 99211. Unlike the other E&M codes, history, exam, and medical decision making are not required. However, CPT 99211 remains an Evaluation & Management service and requires both evaluation AND management elements.

The **Evaluation** component is supported if the record includes documentation of a clinically relevant and necessary exchange of information (historical information and/or physical data) between the provider and the patient.

The **Management** component is supported when the record demonstrates that patient care was directed or re-directed as a result of the data exchange.

When to bill 99211:

- “Incident to” services are provided. The provider will have to place an order in the patient’s medical record that he ordered the patient to come back.
- The patient must be established
- The patient encounter must be face to face
- 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
- Justify the information in the medical record to support the E/M code.
- The diagnosis must be an established diagnosis.

*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

Service Provided	What was documented?*	Should service be billed as 99211?
Venipuncture (36415): Asymptomatic	<ul style="list-style-type: none"> • Pt here for lab draw only. • No vitals or other symptoms were discussed. • Provider simply notes and signs off on documentation. 	<p>No Bill for blood draw only Blood draws do not require the provider's presence in the office.</p>
Blood Pressure Check	<ul style="list-style-type: none"> •BP reading & any other pertinent vital signs. •Clinical reason pt. was being checked for BP. •RN reviews with provider. •Provider reviewed and makes any necessary recommendations for further treatment. •Provider signs off. •Provider did not physically see the patient. 	<p>Yes Documentation clearly explains medical necessity of this service.</p>
Blood Pressure Check	<ul style="list-style-type: none"> •Patient comes to the office to pick up medication. They ask since they are there, can they have their blood pressure checked. 	<p>No There is no order for the blood pressure check. It is just a courtesy check.</p>
Immunizations or Vaccines	<ul style="list-style-type: none"> •Pt here for any vaccines that are due, including Flu, pneumonia, tetanus, well child vaccines, etc. •Patient does not have any other needs. •Provider simply notes and signs off on documentation. 	<p>No Only the administration of the vaccine and the biologic is billable. CPT code 99211 is not separately reportable with vaccine administration codes 90460-90474, G0008-G0010 per the National Corrective Coding Initiative.</p>
Medication Management	<ul style="list-style-type: none"> •Patient here to have you fill up pill box. •Documented pill box was filled. 	<p>No No form of an E&M was documented. No order was provided by the provider.</p>
Medication Management	<ul style="list-style-type: none"> •Refilling medication for a patient whose prescription has run out; •Patient must be present. •You documented that you went over complication they may have from the prescriptions. •You documented you went over the side effects. You documented that you answered the patients concerns about the medication. 	<p>Yes The order from the doctor indicates that this visit was incident to the doctor's plan. The patient had a face to face with the nurse.</p>

Service Provided	What was documented?*	Should service be billed as 99211?
Lab Results	<ul style="list-style-type: none"> • Discussion with patient in-person following laboratory tests results that indicate the need to adjust medications or repeat order of tests. • Document what was discussed in regards to lab results. • Document adjustment of medication. 	Yes
Family Planning	<ul style="list-style-type: none"> • Patient came in for Depo injection. • There is an order from the provider. 	No The administration code for the depo (96372) covers the services provided (side effects, concerns)
Family Planning	<ul style="list-style-type: none"> • Patient came in for contraception. • There is an order from the provider for the patient to come back so the patient can be evaluated on how they are doing with their contraception. • A pregnancy test is provided. • The nurse documents questions such as, is the patient having weight gain? How are they feeling with their current contraception method? • Vitals are taken and documented for. 	Yes The order from the provider shows this visit was incident to the doctors plan. The patient had a face to face with the nurse.
TB test (PPD)	<ul style="list-style-type: none"> • The patient comes in for a TB test. • Document the test was given. 	No The TB (PPD) code includes the administration.
TB (PPD) Read	<ul style="list-style-type: none"> • The patient comes in for the reading of the results for TB (PPD). • Document the results. 	Yes There is not another code to describe the read, so you can bill 99211.
Wound Care	<ul style="list-style-type: none"> • Suture removal following placement by a different physician/physician group. 	Yes
Wound Care	<ul style="list-style-type: none"> • Dressing change for an abrasion/injury. 	Yes

Service Provided	What was documented?*	Should service be billed as 99211?
Wound Care	•Visits for the sole purpose of routine dressing changes.	No
Diabetic counseling	•Visit to check blood glucose, diet and exercise. •Document the results from the blood check. •Document diet and exercise plan.	Yes (RN , not pharmacist, can use the 99211) .

If you have inquiries about professional fee coding, CPT coding, or ICD coding, CodeEMR Medical Coding services might be a suitable solution for your needs.

*Paul Ferrazza | Vice President Coding Business Development
401.529.0109 | paul.ferrazza@codeemr.com*