

Dermatology Coding Alert

READER QUESTIONS: Don't Fall Into the Level-3 E/M Coding Rut

Question: I think my physicians frequently perform office visits that warrant coding at level four or higher, but I'm concerned about raising red flags for upcoding. Would you explain how I should determine when I'm justified in billing level four?

Tennessee Subscriber

Answer: Your first step in choosing the correct code is looking at the differences of the code descriptors for 99213 and 99214:

- 99213--Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem-focused history; an expanded problem-focused examination; medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate severity.

Physicians typically spend 15 minutes face-to-face with the patient and/or family.

- 99214--... a detailed history; a detailed examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity.

Physicians typically spend 25 minutes face-to-face with the patient and/or family.

To report 99214, your physician must document at least two of the following: a detailed history, a detailed exam and medical decision-making (MDM) of moderate complexity.

Important: You also need to be sure that the nature of the presenting problem and medical necessity support upcoding to level four.

Caution: Automated systems set up to document every possible piece of history and examination for every patient will certainly attract the attention of auditors.

Potential problem: Some insurers put up red flags when a practice only reports 99213 for established patient E/M services. Payers wonder what type of patient care a practice is providing when it never codes anything higher or lower than that, he adds.

Bottom line: Choose your E/M code based on the physician's documentation every time, and your coding will naturally reflect the physician's range of services. The three most common instances that warrant reporting 99214 are:

- An established patient presents with a new problem to the examining physician
- An established patient presents with one chronic (ongoing) or worsening problem and one stable problem
- An established patient presents with three stable chronic or inactive problems/illnesses.



