

Dermatology Coding Alert

Support Your 99211 Use With These Examples

Don't miss out on legitimate opportunities to report 99211. If you do, you could be costing your dermatology practice precious income of about \$15 to \$25 per patient.

Scenario 1: A nurse performs a simple dressing change to assess and dress open wounds or other injuries. As long as the nurse didn't do the service as part of burn treatment or routine post-procedure care (since other specific codes might apply to the same service when provided outside the global period), you may report 99211.

Scenario 2: A 9-year-old established patient gets a successful treatment for impetigo. The dermatologist's assistant then prepares a release-to-return-to-school document for the patient during a face-to-face encounter.

The assistant documents that an evaluation has been performed previously by the dermatologist. For this service, you may report 99211.

Awkward Situations Tell You 99211 Is a No-No

Meanwhile, you must not report 99211 on the following situations because they do not meet the code's requirements:

- A staff member gives an injection or takes specimen samples ordered by the dermatologist. These services have their own RVUs for physician and staff involvement.
- A nurse routinely documents a patient's history and vital signs as part of a drug administration encounter. Similar to the rationale of the previous example, the procedure would be a component of drug administration codes.
- A dermatologist's assistant calls a patient on the phone to inform him of E/M results and give further medical instructions after the patient has left the dermatologist's office. Keep in mind that a face-to-face E/M service is key to coding 99211.