

Internal Medicine Coding Alert

Reader Questions: Apply 99211 to E/M Nurse Visits

Question: I am unsure when I can bill 99211 for a nurse visit, and when to not. Could you explain the rules surrounding reporting 99211 for a nurse episode of care?

Oregon Subscriber

Answer: You may report 99211 (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) to earn deserved reimbursement when the nurse provides an E/M service that exceeds a simple task.

Example: A patient picks up a medication refill and tells the receptionist that the medication causes some unpleasant side effects. The nurse documents the problem and checks with the physician who is in the office during the patient encounter regarding changing the patient's dose. Because the service involves the nurse and a problem, you can most likely report 99211.

In contrast, a patient presents for a blood draw. If the nurse only draws blood, report 36415 (Collection of venous blood by venipuncture) instead of 99211.

Don't forget to meet the documentation requirements for an E/M service, which include:

1. reason for the visit: Documentation for code 99211 (or any other E/M code in this circumstance) must demonstrate a need for clinical evaluation and management (for instance, patient's report of symptoms or signs that are significant enough to necessitate evaluation).
2. current medications listed (with notation of level of compliance)
3. indication of doctor's evaluation of the clinical information obtained and her management recommendation
4. identity and credentials of provider(s) listed.