

## Internal Medicine Coding Alert

### READER QUESTIONS: Most Med Checks Merit 99211

Question: An established patient with a plan of care in place for her gastroesophageal reflux disease (GERD) reports to the internist. Two weeks ago, the internist started her on Nexium (esomeprazole).

One of the practice's nonphysician practitioners (NPPs) evaluates the patient, taking blood pressure and other vitals. She also asks the patient if she has experienced any nausea, diarrhea, vomiting, or any other side effects since she started Nexium.

The patient reports that she's "thrown up three or four times" since starting the medication, but reports no other side effects. The patient's record indicates that the internist scheduled this visit specifically to check how the patient's adjustment was going. What can I report for this encounter?

Montana Subscriber

Answer: Coding will depend on the encounter specifics, but this service sounds like a 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.)

No matter what E/M code you choose, be sure to include 530.81 (Other specified disorders of esophagus; esophageal reflux) to represent the patient's GERD and 787.03 (Vomiting alone) to represent the patient's persistent vomiting.

Explanation: The internist will often order a patient to report soon after starting a new medication regimen; these scheduled visits are typically 99211 encounters, though they can theoretically be higher-level if some complications arise.

For medication checkup encounters, insurers might want to see a clear explanation as to why the E/M was necessary. Cut off any payer queries by including the following information on medication checkup E/Ms:

- documentation clearly indicating the clinical reason for checking the patient's response to Nexium
- current medications listed (with notation of level of compliance)
- indication of the internist's evaluation of the clinical information obtained and her management recommendation
- substantiation of patient management by demonstrating medical decision-making, provision of patient education, etc.
- identity and credentials of provider(s).

If the NPP is a nurse practitioner or PA whose license allows her to provide services at a level above 99211, such documentation may support a higher level of service (e.g., 99212), especially if the NP or PA evaluates the clinical information and makes a management recommendation for the patient. This service may qualify for incident to if the physician was in the office at the time of this visit; otherwise, bill under the NPP's NPI number.

-- Answers to You Be the Coder and Reader Questions were reviewed by **Bruce Rappoport, MD, CPC, CHCC**, a board-certified internist and medical director of Broward Health's Best Choice Plus and Total Claims Administration in Fort Lauderdale, Fla.