

Part B Insider (Multispecialty) Coding Alert

Nix 99211 Errors With This Challenge

Beware: Some payers include nurse visit with venipuncture code.

Think you've learned how to use the lowest level E/M code? Check out four common scenarios and determine whether you should report this code under these circumstances:

Scenario 1: A patient drops off a urine specimen.

What to do: You shouldn't charge 99211 for a urine specimen drop-off because the nurse doesn't perform an E/M service, says **Beth Eisenshtat**, patients account manager for Planned Parenthood of Nassau County in Hempstead, N.Y. For the specimen handling and conveyance to an outside lab, however, you may be able to report 99000 (Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory) per CPT Assistant, Oct. 1999, page 11. Some payers limit 99000 use to instances in which the practice incurs a cost in getting the specimen to the lab.

Scenario 2: A patient presents for a blood draw.

What to do: If the patient comes in only for a blood draw, you should charge 36415 (Collection of venous blood by venipuncture) instead of 99211. But you may report 99211 if the nurse takes the patient's history or documents a chief complaint, and it was medically indicated to do so. Some carriers, however, may bundle the E/M service with the venipuncture code or vice versa.

Scenario 3: A patient picks up a birth-control refill and tells the receptionist that the medication causes some unpleasant side effects. The nurse documents the problem and checks with the physician regarding changing the patient's dose.

What to do: Because the service involves the nurse and a problem, you can report 99211.

Scenario 4: A nurse administers a Lupron injection.

What to do: Usually, the administration code (96372, Therapeutic, prophylactic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) covers the nurse's work, so you shouldn't submit 99211 as well.