CPT CODE 99213

OFFICE OR OTHER OUTPATIENT VISIT

FACT SHEET

Office/Other Outpatient Services (Established Patients)

Components Required: 2 of 3	99211	99212	99213	99214	99215
History & Exam					
Problem focused		●			
Expanded problem focused			●		
Detailed				●	
Comprehensive					●
Medical Decision Making					
Straightforwar		●			
Low			●		
Moderate				●	
High					●
Presenting Problem (Severity)					
Minimal	●				
Self-limited or minor		●			
Low to moderate			●		
Moderate to high				●	●
Typical Time: Face-to-Face	**30**	**50**	**70**		

Documentation to support this service should include, but is not limited to the following: Medicare allows only the medically necessary portion of the visit. Even if a complete note is generated, only the necessary services for the condition of the patient at the time of the visit can be considered in determining the level of an E/M code.

Background:

Usually the presenting problems are of low to moderate severity; with the physician typically spending 15 minutes face to face with the patient/family.

HPI – History of Present Illness

A chronological description of the development of the patient's present illness from the first sign and/or symptom or from the previous encounter to the present.

- It should include the following elements: Location, Severity, Context Modifying Factors, Quality, Timing, Associated signs/symptoms
- Brief and extended HPIs are distinguished by the amount of detail needed to accurately characterize the clinical problems.
- A brief HPI consists of one to three elements of the HPI; the medical record should describe one to three elements of the present illness (HPI)
- An extended HPI consists of:
  - Four or more elements of the HPI; the medical record should describe four or more elements of the present illness (HPI) or associated comorbidities, or
  - The status of at least three chronic or inactive conditions

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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Expanded Problem Focused History

Includes:

- Chief complaint
- Brief history of present illness
- Problem pertinent review of systems

Expanded Problem Focused Physical Exam

Includes:

- Limited exam of the affected body region or organ system
- Symptomatic/related body systems or organ systems

Medical Decision Making of LOW Complexity

Medical Decision Making of LOW complexity involves 2 of the 3 below:

1. Limited management options for diagnosis or treatment
2. Limited amount of data to be reviewed
3. Low risk of complications and/or morbidity

Limited Amount of Data to be Reviewed

Consists of:

- Lab results
- Diagnostic & imaging results
- Other practitioners' notes/charts (e.g. PT, OT, consulting physicians)

Low Risk of Complications and/or Morbidity or Mortality

- Comorbidities associated with the presenting problem
- Risk(s) of diagnostic procedures(s) performed
- Risk(s) associated with possible management options

Additional Information

- When choosing CPT code 99213 as the appropriate E/M code for the patient's visit, two of the above three key components must be met and MEDICALLY NECESSARY for the presenting problem
- Comorbidities and other underlying diseases in and of themselves are not considered when selecting the E/M codes UNLESS their presence significantly increases the complexity of the medical decision making
- Time criteria for each E/M are average/guidelines and NOT considered determining factors of E/M selection UNLESS counseling and coordination of care consist of GREATER than 50% of the visit – then time may be considered the key or

controlling factor when selecting the level of service. If the practitioner chooses to use time as the determining factor: DOCUMENTATION OF TIME MUST BE PRESENT in the patient's medical record.

- Always remember when sending records ALL entries must be dated and have a legible signature. When a signature is illegible, please provide a signature log or attestation. A missing or illegible signature will result in claim delays and possibly service denials.

References

- CMS Medicare Claims Processing Manual (Pub. 100-04), chapter 12, section 30.6: Evaluation and Management Service Codes (http:/www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf)
- CMS Medicare Program Integrity Manual (Pub 100-08), chapter 3, section 3.3.2.4: Signature Requirements (http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf)
- CMS 1995/1997 Documentation Guidelines for E/M Codes (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/EMDOC.html)