

# DID YOU KNOW – Coding Education Series

## Blood Pressure Checks as 99211 E&M Charge



### What Is a 99211 E&M Code?

- CPT defines this code as an “office/other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.”
- It further states that the presenting problems are usually minimal, and typically five minutes are spent performing or supervising these services.

### Important Key Factor:

- Not every patient will support this CPT E&M Code; there must be a documented need for the service provided.

### Does a Blood Pressure Check Support This Code?

- A patient comes to the office for a blood pressure check. If the visit was scheduled at the request of the physician, 99211 should be reported.
- If the visit was prompted by the patient, the use of 99211 depends on whether there are clinical indications for the visit.
  - For example, 99211 should not be reported for the stable patient who decides to come in for a blood pressure check while in the area, because the physician did not order the service and there were no clinical indications to validate the need for the visit.
    - However, if the patient was experiencing problems (e.g., dizziness or headache) and the nurse took additional history, checked the patient’s blood pressure and talked with the physician, 99211 would be appropriate since clinical indications prompted the intervention.

### Documentation Required:

- CMS warns that documentation must support the medical necessity for the check.
- A physician’s order must be documented, as medical necessity must be supported.
- The nurse’s, etc. note should document “as per doctor’s order.”
- A medically necessary diagnosis must be utilized, based on the previous treatment plan and diagnosis.

### Remember:

- Once a provider (MD, DO or NPP) physically has a face-to-face meeting with the patient and documents the key components, this visit is no longer a 99211 level!



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