



CPT Code 99211: Are You Being Paid For PT/INR Office Testing?

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Frequently physicians ask, *“I have many patients on Coumadin (Warfarin Sodium) Therapy. Currently many of them receive their PT/INR tests in my office. Is it appropriate to bill 99211 (“nurse code”) for this service?”*

The answer is not simple. In fact, it would be impossible to discuss in this brief article every possible correct and incorrect use of CPT code 99211. However we can cover the basics so your office is more likely to be reimbursed, and you are more likely to bill this code in compliance with CMS guidelines.

According to Medicare: *even though the 99211 code does not require the presence of the physician in the patient’s room or a face-to-face encounter with the physician, the service would be done by face-to-face encounter with the physician’s staff and “incident to” (the physician must be in the office suite and immediately available.) a physician’s service.*

In other words, CPT code 99211 **does** require a documented face-to-face evaluation by a physician’s staff member and a physician service (change in a medical regimen) that has an impact on the patient’s care.

Medicare’s statement gives us three general questions to ask when evaluating the appropriate use of CPT code 99211. Remember, these questions must be answered affirmatively when deciding whether or not to use CPT code 99211.

1. Was the “Incident to” rule met (was the provider on site)?
2. Was the service medically necessary and not just routine (there must be a change in the medical regimen performed while the patient is in the office)?
3. Was the service face-to-face (did you or a staff person talk to the patient in person and not via phone)?

The following example supports the use of CPT code 99211 for PT/INR testing in the physician’s office:

- The patient taking Coumadin/Warfarin Sodium comes in for a routine PT/INR test
- A provider (MD, DO, NP,PA) is in the office so the visit meets the “incident to” requirement
- The nurse performs the PT/INR test and shows the results to the provider **while the patient is still in the office.**



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- The PT/INR levels **indicate a needed change in the anticoagulant dosage**. This also meets the “medical necessity requirement”
- The nurse informs the patient of the changes and documents this in the patient’s record **while the patient is in the office** which meets the “face-to-face requirement”

The following situations *do not* meet the requirements for billing CPT code 99211.

- CPT code 99211 is billed for a staff member giving an injection ordered by the physician.** CPT code 99211 cannot be billed solely for the purpose of administering an injection or collecting a specimen for a diagnostic test. Billing codes for injections and collecting specimens already include an RVU (relative value unit which includes payment for staff time, malpractice premiums and physician work time) for physician and staff involvement.
- When CPT code 99211 is billed for routinely documenting a history and vital signs in order to support another CPT code.** Documenting vital signs that do not impact the patient’s care does not support using 99211 with another CPT code. Checking a patient’s vital signs as part of a drug administration encounter would be a component of the drug administration codes, as would observing the patient for a response to an injection.
- When billing CPT code 99211 for performing PT/INR levels and no dosing or medical regimen change is made.** This applies to many office-based diagnostic tests. In these circumstances, the requirements of CPT code 99211 are not met.
- When the patient leaves and a telephone call is later made to give patient instructions.** CPT code 99211 should not be billed as a face-to-face evaluation or management (E&M) service since the patient was not in the office and the results and instructions are not provided face-to-face.

From a risk perspective, patients are probably more compliant with necessary testing when they are able to have their tests such as PT/INR performed in their physician’s office. The additional trip to the laboratory or hospital may be burdensome to the patient and communication of routine results may not be as reliable. Yet physicians sometimes say they cannot provide these services without experiencing negative revenues.

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