

# Criteria for 99213 Code Are Met for Most Visits

*Documentation is the key: Dermatologists often fail to provide the necessary detail in their charts.*

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SAN DIEGO — The “vast majority” of dermatologic office visits qualify for a CPT code of 99213, so long as they are properly documented, Dr. Allan S. Wirtzer said at the annual meeting of the California Society of Dermatology and Dermatologic Surgery.

“Most dermatologists tend to under-code for their services,” asserted Dr. Wirtzer, a dermatologist in private practice in Sherman Oaks, Calif., who also chairs the American Academy of Dermatology

task force on coding and reimbursement.

Quite simply, he said, a 99213 requires two of three major criteria, which can be fulfilled by properly examining and treating an established patient whose acne is flaring, for example.

To illustrate the point, Dr. Wirtzer detailed how a hypothetical patient visit would meet all three required elements for a hypothetical patient visit—more than are required for a 99213.

**1. Expanded, problem-focused history**, including a brief history of present illness (one to three elements that can include body site, duration, quality, severity, tim-

ing, context, modifying factors, or associated signs and symptoms): Acne check, flaring for 2 months. **Problem-pertinent review of systems** (integumentary system, constitutional system): No other skin complaints; patient reports good general overall health.

**2. Expanded, problem-focused physical examination**, including limited exam of the affected body area or organ system and other symptomatic or related organ systems (requires 6-11 areas): Multiple papulocystic lesions on cheeks. Chest, back, and neck are clear. Patient appears generally well, is alert, well oriented, and pleasant.

**3. Low level of decision making** (two stable problems or one worsening problem or new problem): Worsening problem (flaring for 2 months).

Dermatologists generally perform the necessary tasks required for a 99213 in visits with established patients, but they fail to provide the necessary detail in their charts when describing what they’ve done, Dr. Wirtzer said.

Many elements of the history can be completed using patient intake forms filled out in the waiting room, reviewed by the physician, and placed in the chart. Without this simple step, a visit that would have easily qualified for a 99213 can be billed only as a 99212, he said.

For established patients, history taking and documentation assume a special importance since they can fulfill two of the three elements that are required for a 99213 visit.

Make sure patients are asked about the number and types of problems they have on each visit, and any other related symptoms they may be suffering, Dr. Wirtzer suggested.

For example, an acne patient’s upset stomach may be caused by the antibiotics that were prescribed for his or her skin condition. This finding is important to document, and contributes both to the problem-pertinent review of systems in criterion 1 and to criterion 3 since it speaks to the level of decision making. This “new problem” requires consideration of various alternative dosing strategies or therapies.

An expanded, problem-focused physical examination documenting 6-11 elements constitutes one of two elements justifying a billing level of 99213. A detailed physical examination that contributes to a billing code of 99214 requires

more than 12 elements. (See box.)

The thresholds may sound hard to fulfill in a dermatologic examination, but they actually aren’t, Dr. Wirtzer said at the meeting.

Each body site counts as one element, so a thorough skin examination of the head, neck, chest, back, abdomen, and each extremity totals nine elements, he pointed out.

Often overlooked are constitutional and neurologic/psychological systems, including the general appearance of the patient (one element) and orientation as to time, place, and person (one element).

Although most patient visits do justify a 99213 billing code, Dr. Wirtzer cautioned against overusing the code for very brief, routine follow-up visits in which detailed histories and examinations would be superfluous.

Billing every routine acne visit as a 99213 “sticks out on a computer as an aberration,” he said.

If auditors see overreaching for codes, they may assess a penalty on a large proportion of all 99213 visits a physician has billed.

Furthermore, using a 99203 code for a new patient visit is not automatic. As with a 99213, billing for a 99203 requires very specific and proper documentation, he said.

A full-body examination, which Dr. Wirtzer believes should be conducted on every new patient, easily fulfills the requirements for a detailed physical examination, but the patient’s chart must include at least 12 of the bullet items that are included in the skin examination. (See box.)

Furthermore, the “low level of decision making” required for a 99213 is automatically fulfilled in any new patient, since any problem that he or she describes is new, he said.

But billing for a 99203 also requires documentation of a more extended history of the present illness (four or more elements or three active or inactive problems) and an extended review of systems (two to nine systems, which may be captured in a form filled out by the patient and reviewed by the physician).

The 99203 code also requires documentation of “pertinent past personal, family, and social history” (such as illnesses, operations, treatments, smoking history, occupation). ■

## Physical Skin Examination Elements— Guidelines for Coding

Body Area or System	Elements of Examination
Constitutional	Measurement of any three of the following seven (by staff or physician): sitting/standing BP, supine BP, pulse rate and regularity, respiration, temperature, height, and weight Assessment of general appearance
Eyes	Inspection of lids and conjunctivae
Ears, nose, mouth, throat	Inspection of lips, teeth, and gums Inspection of oropharynx
Neck	Exam of thyroid
Cardiovascular	Exam of peripheral vascular system by observation and palpation
Gastrointestinal (abdomen)	Exam of liver and spleen Exam of anus for condylomas and other lesions
Lymphatic	Palpation of lymph nodes in neck, axillae, groin, and/or other location
Extremities	Inspection and palpation of digits and nails
Skin	Palpation of scalp and inspection of hair of scalp, eyebrows, face, chest, pubic area (when indicated), and extremities Inspection and palpation of the skin and subcutaneous tissue (one element each): head; neck; back; chest (including breasts and axillae); abdomen; genitalia, groin, buttocks; each extremity; and inspection of eccrine and apocrine glands of the skin and subcutaneous tissue
Neurologic/psychiatric	Brief assessment of mental status (one element each): orientation to time, place, and person; mood and affect

Note: At least 6 elements are required for an expanded, problem-focused examination (necessary for billing as 99213); at least 12 elements are required for a new outpatient examination (billing code 99203).

Source: 1997 guidelines, University of Florida, Gainesville

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## Acne Coding Tips

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According to the total time of the encounter, detailing in the patient’s chart the type of counseling and coordination of care performed during those minutes, suggested Dr. Wirtzer, a dermatologist in private practice in Sherman Oaks, Calif., as well as chair of the American Academy of Dermatology’s Task Force on Coding and Reimbursement.

He offered two chart notes that would justify a CPT billing code of 99214, using time as the criteria rather than details of the history, physical examination, and decision-making process:

► Extended discussion with mother and patient regard-

ing causes of acne and treatment options—counseling 10 of 15 minutes.

► Documentation of pregnancy status and recent blood tests via the iPLEDGE program to coordinate the prescription of Accutane with the pharmacy—15 of 25 minutes.

“We’re talking about face-to-face care in the office,” Dr. Wirtzer noted. “When the patient is in the office [and] you’re putting information regarding Accutane into the computer [for iPLEDGE], that’s time related to coordination of care, and it counts. But you have to document what you’ve done and how much time you spent.”

Calling a pharmacist after the patient has left the office cannot be included in the time contributing to billing for a visit using the 99214 code, he explained.

Dr. Wirtzer encouraged colleagues to be aware of the level of coding that would be supported by documenting key components of a visit (history, physical examination, decision making, etc.) and to compare that to the level for which the visit would qualify if “time” was used as the determining factor.

The times that are specified for CPT reimbursement levels for established patients include 15 minutes for a 99213, 25 minutes for a 99214, and 40 minutes for a 99215, he said. ■

**Two chart notes justify a CPT code of 99214 by using time as the criteria rather than details of the history, physical exam, and decision-making process.**