

## Medicare 99211 checklist

<https://www.ngsmedicare.com/web/ngs/evaluation-and-management?selectedArticleId=3128150&lob=&state=&region=>

CPT® defines 99211 as office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

<b>The answer to questions 1 – 10 must be YES</b>	Yes	No
1. Has medical necessity been established and documented?		
2. Is there a face to face encounter with patient?		
3. Does documentation include both elements – evaluation and management?		
4. Evaluation - Does the patient record include documentation that is relevant and necessary to the clinical exchange of information between the provider and patient?		
5. Management – Does the patient record include documentation that shows the influence of the service on patient care, such as medical decision making, patient education, etc.		
6. Does the documentation include the identity and credentials of the person who performed the service?		
7. Are all signatures, credentials and documentation legible?		
8. Are all signatures hand written or secure electronic?		
9. Is the date of service listed in the documentation?		
10. For evaluation of patient anticoagulation status does the patient have new symptoms? Or a change in medication dosage?		
<b>The answer to questions 11 – 13 must be NO</b>		
11. Am I using 99211 to bill for a phone call to patient?		
12. Is the only service provided a new or refill prescription?		
13. Is the only service provided a blood pressure check without a clinical reason for evaluation and management?		
<b>Billing 99211 as “Incident To”</b>		
<b>The answer to questions 14 – 16 must be YES</b>		
14. If the services are provided as “incident to” the services of a physician or non-physician practitioner are all “incident to” requirements met?		
15. If billed as “incident to” does documentation show the link between the incident to service and the plan of care established by the physician at the initial visit?		
16. Does the record documentation show that the supervising physician was involved in the care of the patient and was present and available during the visit providing “direct supervision”?		
17. Are the signature and credentials of the auxiliary personnel performing the service in the documentation?		

**Disclaimer: The checklist should not be used solely for the purpose of billing a 99211 service. Please review all CPT guidelines to ensure correct coding.**