

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



April 16, 2014

### 99214 and 99215 selection reminder

A recent audit of evaluation and management (E/M) services was conducted by Blue Cross and Blue Shield of Minnesota (Blue Cross). The audit focused on the E/M services 99214 and 99215. Because much of the documentation reviewed did not support those services, we would like to clarify our policy.

Blue Cross follows the Centers for Medicare & Medicaid Services (CMS) 1995/1997 and CPT E/M selection guides for these services. The descriptors for the levels of E/M services recognize seven components which are used in defining the levels of E/M services. These components are:

1. History;
2. Examination;
3. Medical decision making;
4. Counseling;
5. Coordination of care;
6. Nature of presenting problem; and
7. Time.

The first three components (i.e., history, examination and medical decision making) are the *key* components in selecting the level of E/M services. An exception to this rule is when visits consist predominantly of counseling or coordination of care (more than 50%) of the encounter. However, neither time nor review of systems alone does not support selection of the E/M. The medical record must be documented with sufficient detail to support medical necessity of the service.

Documentation must support the intensity of the evaluation and/or treatment, including thought processes and the complexity of medical decision-making. Documentation must also include:

- Severity and/or complexity of the condition supporting the care/time,
- Time spent counseling and/or coordinating care,
- Detailed counseling and/or activities to coordinate care, and
- Presenting problem(s) that is addressed at the visit (Note: the number of diagnoses alone may not support a higher level E/M and the presenting problem must warrant the higher level of coding)

As an additional reminder, 99214 and 99215 will be denied when submitted with a preventive E/M (99381-99397), because codes 99214 and 99215 involve a moderate or high complexity review and the focus of the visit may no longer be preventive in nature. Denials can be appealed.

Evaluation and management guidelines can be found in the Blue Cross Provider Policy and Procedure Manual, available at [providers.bluecrossmn.com](http://providers.bluecrossmn.com).

### Questions?

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.