

UTMB COMPLIANCE STANDARD

UTMB OFFICE OF INSTITUTIONAL COMPLIANCE	10/01/2004	-Effective
Documentation, Billing, and Coding Policy	mm/dd/yy	-Revised

Billing for New Outpatient Evaluation and Management Services

Purpose	To clarify the UTMB documentation requirements for billing the Evaluation and Management (E/M) codes for New Patient Office or Other Outpatient Services (99201-99205).
Audience	Physicians, Non-Physician Providers, Department Administrators, Billing Managers, Billing and Coding Staff
Policy	<p>New Patient E/M services require that all three key components (history, physical examination, and medical decision making) are documented by the provider. If the documentation does not support a new patient service, a subsequent outpatient E/M visit code may be billed if appropriately documented.</p> <p>However, this should be discussed with the faculty physician and the documentation guidelines for these services should be reviewed so that the physician can document for the actual service provided in the future.</p>
Procedure	<p>For example:</p> <p>The lowest level of New Patient services (99201) requires documentation of all three key components:</p> <ul style="list-style-type: none">• A problem focused history;• A problem focused examination; and• Straightforward medical decision making <p>However, the lowest level of Established Patient physician services (99212) requires documentation of two of the three key components:</p> <ul style="list-style-type: none">• A problem focused interval history;• A problem focused examination;• Straightforward medical decision making

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	Therefore, if all three key components are not met for the New Patient services (99201-99205) and two key components are documented such that the requirements for an Established Patient service are met, the appropriate Established Patient care code (99212-99215) can be used for billing an outpatient service.
References	Current Procedural Terminology, 2002 Physician Practice Coder, vol. 5, No.11, November 1999