

Would you code this as a 99213 or a 99214?

There has been a lot of discussion in the coding world regarding Medical Necessity. Medicare University states: "Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It also states that it would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted."

Put on your coding hat for the example of the established visit written below.

Patient presents to the office for a sore throat. Throat has been red and painful for 4 days. On a scale of 1 to 10 the pain is a 4. Patient has tried throat lozenges
Patient states she has been fatigued. Eyes are normal, throat is red. Pt has no congestion, breathing is fine.
Patient lives at home during summer and on campus in the fall.
(HPI is detailed)

Exam: Eyes are normal, Ears are clear, throat is red, lungs are clear. No achy muscles or dizziness. Skin exam was normal. Patient's abdomen is soft and no pain with touch. Patient is oriented to time and place.
(Exam is detailed)

Data reviewed: Strep test was performed and negative
Assessment: Take ibuprofen for the discomfort every 4 to 6 hours. Gargle morning and night and rest. Call if pain persists
(Medical Decision Making is Straightforward)

Answer: Based on Medical Necessity this patient visit should be coded as a **99213**.

The question to ask is: ***Was it necessary for the provider to perform and document all the work in this chart for this patient encounter?*** Asking that question will help you determine the medical necessity of each visit you code.

Happy Coding!