



RN BILLING & CODING FAQ: CLINIC FLOW, CODES, AND LEVELS OF SERVICE

Many clinics providing STD services have historically utilized Registered Nurses to provide various types of visits in the STD clinic, such as, “quick visits”, “follow-up visits” and “worried-well” visits. As more and more of these clinics bill third-party payers for their services, questions about billing for these visits, in which the patient is seen only by a Registered Nurse (RN), are common. Insurance reimbursement for medical services is based on a model of care with the physician as the provider¹. The following Frequently Asked Questions (FAQ) address many of the common questions and tries to explain the current state of billing and coding for the services of an RN or other clinical staff.

Frequently Asked Questions Regarding RN Billing

Can an RN bill third-party payers for his / her time?

Yes, but with restrictions. An RN (or medical / clinic assistant) can only bill for his/her time for an established patient, and only with one particular code.

What codes can an RN bill for?

Insurance reimbursement coding is based on the American Medical Association CPT² coding system. Under that system, the only Evaluation and Management (E/M) code that a Registered Nurse can bill to is 99211. CPT defines this code as an “office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. performing or supervising these services.”³ Common uses for a 99211 in an STD service site are: asymptomatic urine STD screening, stand-alone HIV Counseling and Testing, Chlamydia treatment with a previously written order, or re-testing after treatment for Chlamydia or Gonorrhea.

¹ CPT uses “Physician” but under most circumstances a practicing Nurse Practitioner, Certified Nurse Midwife, or Physician Assistant can report E/M codes as a provider, under the supervision of a physician.

² The Current Procedural Terminology (CPT) code set is a medical code set maintained by the American Medical Association through the CPT Editorial Panel.

³ American Medical Association. <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page>.



What documentation is needed?

Unlike other office visit E/M codes, a 99211 office visit does not have any specific key-component documentation requirements. Rather, the note just needs to include the date of services and identity of the person providing care along with sufficient information to support the reason for the encounter and E/M service and any relevant history, physical assessment and plan of care. Any interaction with a supervising provider should be documented.

What about an LPN/LVN?

The presence of an RN is not required. A 99211 should not be billed for incidental interactions such as picking up a routine prescription. However, the CPT manual gives the example of using a 99211 for, “Office visit for a 45 year old female, established patient, for a blood pressure check.” There is no requirement about what staff member is taking the blood pressure.

Can an RN bill for a new patient?

No. Code 99211 cannot be reported for services provided to patients who are new to the practice. A new patient is expected to be seen by an MD/NP level provider. According to CPT, an established patient is one who has received professional services from the physician [sic] or another physician of the same specialty in the same group practice within the past three years.⁴

Does an RN get the same reimbursement as an MD/NP?

Reimbursement for 99211 is the same regardless of what staff saw the patient; however, an MD/NP can bill for a full range of codes, but the RN only for a 99211. Reimbursement varies from carrier to carrier, but typically ranges from \$13.00 to \$25.00, whereas the other codes (that MD/NP can bill for) reimburse at significantly higher rates.

What role does the MD/NP play when an RN bills for care?

To bill for any E/M service, even a Level One (99211), an E/M service must be provided. Generally, this means that the patient’s history is reviewed, a limited physical assessment is performed or some degree of decision making occurs. A 99211 should not be used for RN services provided during the course of a more complex visit with a provider. The service must be separate from other services performed on the same day. For example, if a nurse takes a

⁴ AMA CPT Standard Edition. E/M Services Guidelines - 2011 version.



patient's vital signs and provides counseling and education to a patient prior to or after an encounter with the physician, 99211 should not be reported because these services are considered part of the E/M service already being provided and will be billed as a more complex service code. A 99211 should not be used if there is a more specific code for a given service – such as a simple blood draw for instance, should be reported with the code for a blood draw (e.g. 36415)

The 99211 code provides a mechanism to report services provided by a nurse or other clinical staff member. According to the CPT manual, the staff member may communicate with the provider, but direct intervention or interaction with the provider is not required.⁵ Check with the state Medicaid rules or other third-party payer to clarify specific requirements for physician supervision.

Can we bill a 99211 for telephone counseling?

No. The provider-patient encounter must be face-to-face; telephone calls with patients do not meet the requirements for billing for a 99211.

How can we make this financially viable in our clinic?

If your clinic is utilizing both MD/NPs and RNs, and plans to begin to bill insurance companies, you may want to examine the possibility of re-engineering your clinic flow. Instead of utilizing the RN to see “quick visits” or “follow up visits” and the MD/NP seeing more complex visits, if your clinic has both RN and MD/NPs on staff you may want to consider the provision of a more integrated model of care. The practice might want the MD/NPs to provide more of the different types of visits and thus obtain the higher reimbursement rate available to them. The practice can then utilize the RNs to play a significant supporting role in the care of the patients. The RN and MD/NP can work in partnership, but the MD/NP is the provider on record.⁶

* STDTAC/Jan. 2014.

⁵ American Academy of Family Physicians. <http://www.aafp.org/journals/fpm.html>.

⁶ Moss Healthcare Consulting.