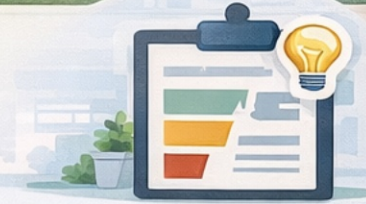


# 99213 vs 99214 — What's the Difference?

## ✓ 99213

- Low level medical decision making
- Typically used for stable conditions requiring limited management.



## ✓ 99214

- Moderate level medical decision making
- Used when multiple problems, medication management, or higher risk factors are involved.



## ✓ Add-On Code

**G2211** – Visit complexity add-on code used with certain E/M services.




### Billing Tip:

Since the 2021 E/M guideline changes, code selection is based primarily on **Medical Decision Making (MDM)** or total time spent on the date of service.

## BAC-Office

Billing | Administration | Credentialing

 [www.bac-office.com](http://www.bac-office.com)

# BAC-Office



## E/M Coding Series

### When to Use **G2211**

Code **G2211** is an add-on code used to reflect the additional complexity involved in ongoing patient care.

- ✓ Often used in primary care or behavioral health settings
- ✓ Reflects longitudinal care relationships
- ✓ Must be billed with a qualifying E/M code



#### **Billing Tip:**

Always confirm payer policies before **billing G2211**, as coverage requirements may vary.

When used appropriately, **G2211** can help practices capture the true complexity of patient care.

**Resource Tip:** Check out our **Resources Page** to view estimated reimbursement rates for **G2211** and other E/M codes.



**BAC-Office** Coding guidance may vary by payer policy and clinical documentation requirements.

[www.bac-office.com](http://www.bac-office.com)



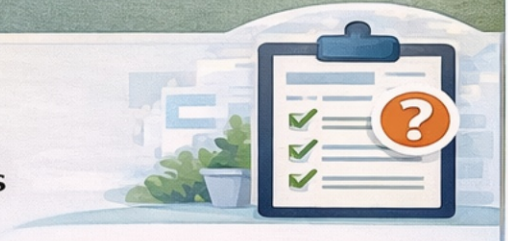
## BAC-Office E/M Coding Series

# Common E/M Documentation Mistakes

Incomplete documentation can lead to downcoding, claim denials, or audit risks.

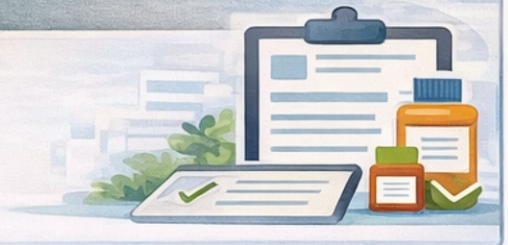
### 99213

- Insufficient documentation of Medical Decision Making
- Typically used for stable conditions requiring limited management.



### 99214

- Failing to document medication management or risk factors
- Copy-and-paste notes that do not reflect the actual visit



### Missing time documentation

when billing based on total time




### Billing Tip:

Ensure documentation clearly supports the complexity of the visit and services provided.

Strong documentation protects both providers and reimbursement accuracy.

## BAC-Office

Billing | Administration | Credentialing

 [www.bac-office.com](http://www.bac-office.com)

# BAC-Office



## BAC-Office E/M Coding Series

### G2211 Common Billing Mistakes

Avoid these frequent mistakes when billing G2211 for visit complexities:

#### Billing G2211 without a qualifying E/M service

**1** G2211 must always be billed with a qualifying E/M code for office or outpatient visits.



#### Ignoring payer policy requirements

**2** Coverage policies for G2211 vary by payer and may have specific restrictions or criteria.



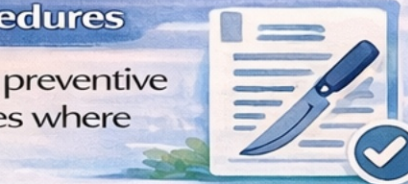
#### Billing G2211 for new patient visits

**3** Typically used for visits involving ongoing or longitudinal patient care relationships, not for initial visits alone.



#### Bundling G2211 with certain procedures

**4** G2211 should not be reported with a preventive visit, minor procedure, or other services where it is considered bundled.



#### **Billing Tip:**

Verify payer guidelines before billing G2211 to avoid denials and ensure compliance.

Coding guidance may vary by payer policy and clinical documentation

**BAC-Office**

Billing | Administration | Credentialing



# Understanding Medical Decision Making (MDM)

Medical Decision Making is a key factor used to determine the appropriate Evaluation & MM code level.



## Elements

# 1

**Number and Complexity of Problems Addressed**



# 2

**Amount and Complexity of Data Reviewed or Analyzed**



# 3

**Risk of Complications and/or Morbidity**



## Billing Tip:

For most outpatient visits, two of the three MDM elements must meet or exceed the required level to select the correct E/M code.