

# ARE “GET-ACQUAINTED” VISITS BILLABLE?



Providers must remember that CPT® codes 99201–99205 are problem oriented in nature, and should be reported only when the services rendered uphold evaluation and management (E/M) of a condition, problem, or symptom of a new patient. Each level of service has specific requirements for the history, examination, and medical decision-making, based on the chief complaint.

CPT® codes 99381–99387, by contrast, are preventive in nature, and should be reported only when the rendered services uphold preventive evaluation, largely based on the age and gender of the patient. Both the problem-oriented and preventive medicine E/M codes allow the clinician a sufficient degree of history to get acquainted with the patient, and to establish a doctor-patient relationship.

There is no CPT® code for merely getting acquainted with a patient. A visit performed solely for taking a patient’s history is neither medically necessary, nor appropriate to report to insurance using CPT® 99201–99205. It’s not appropriate to bill the patient for this type of visit, or to require this type of visit when the patient has no complaints.

## NEXT TOPIC ON:

**CAN BOTH CPR AND CRITICAL CARE OR ANOTHER E/M SERVICE BE REPORTED FOR THE SAME PATIENT ENCOUNTER?**

CALL NOW for a free consultation  
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