Impact of Vital Signs on Level of Service Billed

THE MYTH
The number of vital signs recorded during an outpatient visit impacts the level of service which may be billed.

DEBUNKING THE MYTH
In light of the 2021 changes to the outpatient evaluation and management (E/M) coding requirements, the number of vital signs recorded during a patient visit no longer impacts the level of service which may be billed.

BACKGROUND
In 2021, significant changes to the Current Procedural Terminology (CPT®) Evaluation and Management (E/M) codes went into effect. With the previous standards from 1995 and 1997, there were three main components that contributed to determining the appropriate level of service (LOS): history, examination, and medical decision-making (MDM). For vital signs to count as part of the examination component, three out of seven vital signs had to be recorded.

The 2021 E/M services guidelines were designed to streamline documentation and reduce clinically irrelevant documentation burdens for physicians. This upgrade affects all outpatient visit E/M LOS billing standards. The guidelines provide that documentation for coding and billing purposes be based on either the level of MDM alone or the total amount of time spent providing care for the patient on the day of the visit (including before and after the visit, not just face-to-face time). In other words, determination of the appropriate level of service no longer depends on the breadth of documented history and examination. Only the medically appropriate history and examination should be included, thus reducing documentation burden.1

Resources

References