

## Patient-facing Encounter Codes

### What are Patient-facing Encounters?

The Centers for Medicare and Medicaid Services (CMS) considers a patient-facing encounter as an instance in which a Merit-based Incentive Payment System (MIPS) eligible clinician billed for services such as general office visits, outpatient visits, and procedure codes under the Medicare Physician Fee Schedule.

### What is the Patient-facing Encounter Codes List?

The list of patient-facing encounter codes is used to determine the non-patient facing status of MIPS eligible clinicians. Non-patient facing status is defined by (83 FR 60076):

- An individual MIPS eligible clinician who bills 100 or fewer patient-facing encounters during the non-patient facing determination period (including Medicare telehealth services defined in section 1834(m) of the Social Security Act); **or**
- A group or virtual group who meet the definition of a non-patient facing individual MIPS eligible clinician during the non-patient facing determination period. A group or virtual group is defined as more than 75% of the clinicians billing under the group's tax identification number (TIN) or within a virtual group.

The list of patient-facing encounter codes includes two general categories of codes: (1) Evaluation and Management Codes and (2) Surgical and Procedural Codes.


Evaluation and Management Codes capture clinician-patient encounters that occur in office or other outpatient settings, hospital inpatient settings, emergency departments, and nursing facilities, in which clinicians utilize information provided by patients regarding their medical history, present illness, and symptoms to determine the type of assessments to conduct. Assessments are conducted on the affected body area(s) or organ system(s) in order for clinicians to make medical decisions that establish a diagnosis and appropriate selection of a management option(s). Evaluation and Management Codes account for patient-facing encounters at the initial care level.

Surgical and Procedural Codes capture clinician-patient encounters that involve procedures, surgeries, and medical services conducted by clinicians to treat medical conditions.

Both categories of patient-facing encounter codes (Evaluation and Management Codes and Surgical and Procedural Codes) describe direct services furnished by MIPS eligible clinicians, which directly impact patient safety, quality of care, and health outcomes.

For purposes of the non-patient facing policies under MIPS, the utilization of Evaluation and Management Codes as well as Surgical and Procedural Codes allows for accurate identification of patient-facing encounters and, thus, accurate eligibility determinations regarding non-patient facing status. As a result, MIPS eligible clinicians can utilize this list to determine status as a





non-patient facing clinician and can then focus their preparation to meet requirements specific to non-patient facing MIPS eligible clinicians.