

Patient-facing Encounter Codes

What are Patient-facing Encounters?

CMS considers a patient-facing encounter as an instance in which a 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. A non-patient facing MIPS eligible clinician is:

- An individual MIPS eligible clinician that bills 100 or fewer patient-facing encounters (including Medicare telehealth services defined in section 1834(m) of the Social Security Act) during the non-patient facing determination period; and
- A group, if more than 75 percent of the clinicians billing under the group's TIN meet the definition of a non-patient facing individual MIPS eligible clinician during the non-patient facing determination period.

The list of patient-facing encounter codes include two general categories of codes (Evaluation and Management Codes and 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 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/or select a management option(s).

Evaluation and Management Codes represent services furnished, in general, by family medicine physicians, physician assistants, nurse practitioners, internists, cardiologists, emergency department clinicians, hospitalists as well as other specialties. The direct encounters that these eligible clinicians have with patients impact the quality of care and health outcomes. 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, diagnostic tests, and medical services conducted by clinicians in specialties to treat medical conditions. Surgical and Procedural Codes represent services furnished by eligible clinicians such as general surgeons, psychiatrists, audiologists, and physical and occupational therapists, to name a few.

Quality Payment PROGRAM

The direct encounters that these eligible clinicians have with patients impact patient safety, quality of care, and health outcomes.

Surgical and Procedural Codes account for patient-facing encounters at the specialty level. For purposes of the non-patient facing policies under MIPS, the utilization of Evaluation and Management Codes and 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 considered non-patient facing are able to prepare to meet requirements applicable to non-patient facing MIPS eligible clinicians.

