

**Pocket
Coding
Adviser**



Combining Problem and Preventive Visits

How many times does this happen in your practice: a patient makes an appointment for an annual physical and, on the day of the visit, shows up with an acute illness that requires immediate treatment. How do you code for the combined visit?

The CPT Preventive Medicine guidelines for codes 99381 to 99397 state that if an abnormality is encountered or a preexisting problem is addressed during the course of a preventive visit, then the appropriate Office/Outpatient E/M code (99201 to 99215) should be reported *in addition* to the preventive code. Modifier 25 is added to the E/M code to indicate that the patient's condition required a *significant and separately identifiable* service beyond what is normally provided at preventive visits. The key word here is "significant." Minor problems that do not require additional work should not be separately reported. Modifier 25 must be "substantiated by documentation that satisfies the relevant criteria for the respective E/M service reported."

TIPS

Use double-entry documentation

Although CPT doesn't require it, a separate note that addresses the problem-oriented portion of the visit and its key components of history, exam, medical decision making, or time will help substantiate the modifier 25 claim. In other words, document the problem-focused portion of the visit in the same way you would document components of any problem visit.

Know Your Payers

Commercial Payers Despite the official CPT guidelines, many health plans won't pay for both a problem visit and a preventive visit on the same day. Most patients, when requesting treatment of a problem at the time of a checkup, are unaware that their doctors will not be reimbursed for the extra work involved. One solution is to treat the problem and ask the patient to return at a later date for the preventive exam. But if you decide to treat the problem and go ahead with the checkup, knowing that you will not be reimbursed for both, you should still report according to CPT's guidelines.

Medicare Routine annual checkups are not covered by the basic Medicare program and represent an out-of-pocket expense for the patient. These services are reported in the same manner as for commercial payers, but for Medicare beneficiaries you may not report your full fee for the preventive visit. Medicare requires that you "carve out" the allowable amount for the problem visit from your fee for the preventive visit.

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