

When patients schedule a visit, they may do so in order to seek advice from their physician, or the visit may involve discussing wellness issues or providing health-related counseling. In view of those possible scenarios, physicians may feel unsure about how to characterize the encounter. Understanding how to code for them can eliminate costly claim denials and prevent unnecessary write-offs.

For patients without symptoms—i.e., a discussion of birth control options or advice to a patient with a family history of cancer—use the code for Preventive Counseling (99401-99404). Not all insurance plans provide benefits for this type of service, but reporting it as a “problem visit” leaves physicians vulnerable to audit and could result in a medical-necessity denial. In that case, under most payer contracts, physicians must write off the visit.

Encounters for counseling provided to patients with symptoms or an established illness should be reported using office visit codes 99201-99215. This type of counseling may include discussion of diagnostic testing/results, treatment options, complications, and prognosis. Time can be used as the determining factor for code selection when counseling predominates the encounter.

For smoking cessation or alcohol/substance abuse screening, refer to 99406-99409 (new for 2008).

TIPS

- Preventive counseling and risk-factor assessment provided at the time of an annual checkup is included in Preventive Medicine codes 99381-99397 and should not be separately reported.
- If preventive counseling is provided at the same time as an unrelated problem-oriented service, make two separate entries for the two services in your progress notes. Report both services (using distinct ICD9 codes for each) and attach modifier 25 to the problem visit. If the counseling follows surgery, but is not related to the condition for which the surgery was necessary, use modifier 24.
- For preventive counseling, the diagnosis codes linked to the service will always be “V” codes.

Whenever counseling is provided, make sure to document total face-to-face time, the nature and extent of the counseling, and the number of minutes spent in discussion with the patient or family. If the payer denies or suspends the claim with a request for records, payment may be delayed, but the appeal will be easier.

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