



## CCNC Pediatrics

When a preventive visit and sick visit occur on the same day:

### Use of the 25 Modifier (2016 Health Check Billing Guide)

#### **Requirements for providing Preventive and Focused Problem (E/M) care same day:**

- Provider documentation **must** support billing of both services. Providers **must** create separate notes for each service rendered in order to document medical necessity.
- In deciding on appropriate E/M level of service rendered, only activity performed “above and beyond” that already performed during the **Health Check** Early Periodic Screening visit is to be used to calculate the additional level of E/M service. **If any portion of the history or exam was performed to satisfy the preventive service, that same portion of work should not be used to calculate the additional level of E/M service.**
- All elements supporting the additional E/M service must be apparent to an outside reader/reviewer.
- The note documenting the focused (E/M) encounter should contain a separate history of present illness (HPI) paragraph that clearly describes the specific condition requiring evaluation and management.
- The documentation must clearly list in the assessment the acute/chronic condition(s) being managed at the time of the encounter.

**Modifier 25** must be appended to the appropriate E/M code. Modifier 25 indicates that ‘the patient’s condition required *a significant, separately identifiable E/M service* above and beyond the other service provided’.

The following are possible scenarios that highlight the intended use of the 25 modifier process:

- 1) The child/adolescent who comes in with an acute complaint and the PCC (Primary Care Clinician) notes that the patient is due/overdue for a preventive visit.
- 2) The child/adolescent comes in for a well visit and has an illness. Historically, in this situation the well-visit might have been rescheduled and subsequently missed.
- 3) Another opportunity might be the patient with a chronic illness (such as asthma) coming in for a regular follow up and the PCC notes that the patient is due/overdue for a preventive visit.

All of these would assist families by reducing the need to schedule 2 visits, reducing having to take time off from work, and perhaps minimizing transportation issues. All **would also improve well-visit rates.**

Use of the 25 modifier process is one excellent strategy to improve patients’ reception of well-visits, but utilization does present scheduling challenges. It may be difficult, for example, for there to be time in the schedule to include the well-visit when the patient was scheduled in an acute slot. **One strategy might be to do pre-visit planning by reviewing the schedule the night before or in the morning huddle to identify patients who might fit scenario 1) or 3).**