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


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).

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