

CAN I GET PAID FOR A PROBLEM ORIENTED VISIT AND A PREVENTIVE OR WELLNESS VISIT ON THE SAME DAY?



Recorded April, 2022

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Patients love a free, annual visit

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- After age two, an annual preventive medicine service is covered by commercial payers without co-insurance or deductible
- Patients expect a “free” visit, but what if they bring a list of problems or have chronic conditions that need to be assessed and managed?

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CPT preventive codes 99381-99397

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- Defined by age, new or established
- Services include an age/gender appropriate history and physical

Services include

- Counseling/anticipatory guidance and risk factor reduction
- Provision of immunizations (billed separately) or referral for immunizations
- Ordering of screening labs or diagnostic procedures

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Bill for additional services

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- Lab tests done in the office
- Administration of vaccines; vaccines if purchased
- Venipuncture
- Hearing and eye tests
- Problem oriented visit if documented
 - Document symptoms/status of problems in HPI
 - A/P documents plan for problem visits
 - Patient will be charged a co-pay/deductible
 - Insurance coverage for second E/M varies

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From CPT®

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"If an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient code 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 should also be reported. Modifier 25 should be added to the Office/ Outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported."

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"An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service and which does not require additional work and the performance of the key components of a problem-oriented E/M service should not be reported."

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For fee-for-service Medicare, 99381 — 99397 are still non-covered

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- If you perform a typical preventive medicine service, it is not covered by Medicare, you'll have to bill the patient!
- Some Medicare Advantage plans may pay for these
- For traditional Medicare, use welcome to Medicare, and initial and subsequent annual wellness visits

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Medicare Wellness Visits

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G0402: Welcome to Medicare Visit, also known as Initial Preventive Physical Exam (IPPE)

G0438: Initial Annual Wellness Visit

G0439: Subsequent annual Wellness Visit

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Medicare wellness visits—in brief

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- Collecting, reviewing, updating history
- Screening for depression, activities of daily living, safety at home, health risk assessment
- Vitals, BMI, visual acuity for IPPE, assessment of cognitive function for wellness visits
- Personalized plan including counseling and referral for preventive services, decrease in risk factors, and personalized advice

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From CMS

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 *When you furnish a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service along with the IPPE, Medicare may pay for the additional service. Report the additional Current Procedural Terminology (CPT) code (99201–99215) with modifier -25. That portion of the visit must be medically necessary to treat the beneficiary’s illness or injury, or to improve the functioning of a malformed body member.*

From: “The ABCs of the Initial Preventive Physical Examination (IPPE)”
Repeated in information on wellness visits

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Selecting a level of service

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- Starting in 2021, history and exam are no longer key components in selecting codes 99202—99215
- Select the level of service based on medical decision making for problems assessed and managed at the visit
- The description of the acute problem or status of chronic conditions support that these were assessed and managed

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What to credit?

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| Credit these elements to the preventive service, 99381–99397 | Credit these elements to the problem-oriented visit, 99202–99215 |
|---|--|
| | HPI, ROS related to HPI; history no longer a key component in code selection Supports the medical necessity for the E/M |
| ROS | |
| Past medical, family and social history | |
| Exam | |
| Immunizations | |
| Referral for screening | |
| Anticipatory guidance, risk factor reduction | |
| | Assessment of new or existing problems |
| | Management of new or existing problems |

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What to credit?

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| Credit these elements to Medicare wellness visits G0402, G0438, G0439 | Credit these elements to the problem-oriented visit, 99202–99215 |
|--|---|
| | Document symptoms or status in HPI |
| | History no longer a key component in code selection |
| Past medical, family and social history, including screenings | |
| Vitals, visual acuity | Exam no longer a key component in code selection |
| Immunizations | |
| Referral for screening | |
| Anticipatory guidance, risk factor reduction | |
| | Assessment of new or existing problems |
| | Management of new or existing problems |

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Can I get paid

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For a problem oriented visit on the day of a preventive or wellness visit?

Yes, when the documentation shows the assessment and management

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Thank you



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