



## Preventive and Problem Visit at the Same Encounter

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### 3 key points: preventive and problem visit

- CPT® is consistent about their guidance
- When I audit these notes, I only add a problem oriented visit if the HPI describes symptoms of an acute problem or the status of chronic conditions
- Renewing prescription medications alone doesn't get a separate visit

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## 99381-99397

### Services include

- Age/gender appropriate history and examination
- 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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## Medicare Wellness Visits

- 99381—99397 are considered routine, and are patient due (Medicare Advantage plans may cover)
  - Recent MedLearn Matters transmittal recommends getting an ABN, but is not required for routine services
- Welcome to Medicare visit (IPPE) G0402
- Initial Annual Wellness Visit G0438
- Subsequent Annual Wellness Visit G0439

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## From CPT®

*“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--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.” CPT® 2024 p. 35*

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## Questions to CPT® Assistant

**Q:**

*Feb. 2021*

*Will there be reporting changes if the physician or other QHP is providing a dual E/M service, such as performing a preventive service at the same encounter during which a new problem is addressed?*

**A:**

*“Preventive services (99381—99387, 99391—99397) are not time-based services and are not affected by the E/M 2021 changes.”  
\*Report as they have always been reported.”*

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## Using total time to bill for an E/M service during a wellness or preventive visit is challenging

The February 2021 CPT® Assistant newsletter states:

*“If time is used for selection of a level of the office/outpatient E/M code, the time spent on the preventive service cannot be counted toward the time of the work of the problem assessment because time spent performing a service cannot be counted twice. The code for the problem-assessment portion of the encounter will likely be selected based on MDM.”*

- It might make sense to consider MDM-based coding as the best practice when combining E/M visits with wellness visits—hard to separate time spent in each activity

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## CPT® Assistant May 2002 examples

GYN: well woman exam, breast lump found on exam

- Physician identifies palpable, solitary lump in the right breast
- Additional work done to support key components of problem visit
- Discussion: breast lump should be reported as a diagnosis and an additional visit reported

3 year old at WCC found to have otitis (same example as March 2023)

- Physician elicits additional information about fever, rhinorrhea and difficulty sleeping. Preventive medicine service done. *“As part of the medical decision making (MDM) process, there was discussion regarding appropriate use of antibiotics, why laboratory evaluation was not indicated at this time, and indications for contacting the office or seeking care in the emergency room.”*

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## CPT® Assistant May 2002 examples

FP/IM: preventive service in a man with hypertension on a beta blocker, type 2 diabetes with sulfonylurea, and chronic stable angina controlled with sublingual nitroglycerin as needed.

Comprehensive history and exam done, components of preventive service documented.  
“A specific history is taken... examination is given that includes vital signs, chest and heart examination, check for edema...”

The ICD-9-CM diagnosis codes for the preexisting problems addressed in the process of performing the preventive medicine service would also be reported. These diagnosis codes should be associated with the problem-oriented E/M visit code that is reported.  
(now, ICD-10-CM code)

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## What do we see about the prior example?

- A specific history is documented
- CPT® Assistant describes “further exam” which is probably already documented in the comprehensive exam
- The patient has three stable chronic problems
- No treatment change, no medication change



CPT® doesn't require the patient to be “unstable” or have a medication change to add a problem oriented visit

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## When I Audit These Encounters

A **current HPI must** be documented at the visit for me to assess a separate E/M

- Could be a description of an acute, new problem
- Could be the status of one or more chronic conditions
- Documented at this visit

We don't need a book, but don't be this person:

Htn: stable

DM: says no sx

Chol: not sticking to diet

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## Preventive medicine services and split visits

	When the patient's status/medical history is:	The HPI says things like	Abnormal exam findings	The Assessment/plan says things like
<b>Bill preventive code only</b>	<ul style="list-style-type: none"> <li>• In a patient who is in good health, with no chronic problems.</li> <li>• A patient whose problems are not assessed at the visit</li> <li>• Patient who would not have come in to see you based on their symptoms, except that they had an annual exam scheduled.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient is well at home and has no complaints.</li> <li>• Patient needs refill of prescriptions.</li> <li>• <b>Chronic illness listed with a few word descriptions, not described</b></li> </ul>	<ul style="list-style-type: none"> <li>• Exam finding are normal, or unchanged from previous exams.</li> </ul>	<ul style="list-style-type: none"> <li>• *No change in treatment. Scheduled screening tests.</li> <li>*OTC drugs.</li> <li>• Conditions listed but not evaluated or managed</li> <li>• Refill existing prescriptions.</li> </ul>

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## Preventive medicine services and split visits

	When the patient's status/medical history is:	The HPI says things like	Abnormal exam findings	The Assessment/plan says things like
<b>Bill level three &amp; a preventive code</b>	<ul style="list-style-type: none"> <li>Patients with an acute, uncomplicated illness at time of visit.</li> <li>Patients with an active, stable medical problem.</li> </ul> <p><b>Document the significant, additional work.</b></p>	<ul style="list-style-type: none"> <li>Patient describes new onset of an acute, uncomplicated problem. <b>OR</b></li> <li><b>Review the status of the problem, don't just list it.</b></li> </ul>	<ul style="list-style-type: none"> <li>Exam findings are normal or unchanged from previous exams. <b>OR</b></li> <li>There may be an unexpected abnormal finding on exam.</li> </ul>	<ul style="list-style-type: none"> <li>Screening and preventive services</li> <li>Refill existing prescriptions.</li> <li>Follow up in 3-6 months.</li> <li>Treatment for acute problem.</li> <li>Show management of chronic problem.</li> </ul>

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## Preventive medicine services and split visits

	When the patient's status/medical history is:	The HPI says things like	Abnormal exam findings	The Assessment/plan says things like
<b>Bill level four and preventive code</b>	<ul style="list-style-type: none"> <li>Patient with an undiagnosed new problem with an uncertain prognosis.</li> <li>A patient with a significant exacerbation of one or more chronic illness.</li> <li>A patient with multiple, significant stable problems for whom this is one of the scheduled follow ups.</li> </ul> <p><b>Remember: show the extra work. Some of these might be more appropriately billed as level four.</b></p>	<ul style="list-style-type: none"> <li>New complaint of headache, dizziness, abdominal pain</li> <li>The status of multiple stable chronic problems reviewed, current medical problems—not medical history.</li> </ul> <p><b>Review the status of stable problems, describe symptoms of problems in poor control.</b></p>	<ul style="list-style-type: none"> <li>Exam findings are normal or unchanged from previous exams. <b>OR</b></li> <li>There may be an unexpected abnormal finding on exam. <b>OR</b></li> <li>The patient's physical condition may have deteriorated from previous visits.</li> </ul>	<ul style="list-style-type: none"> <li>Changes to treatment, e-ray or lab tests for diagnosis (not screening), referral to a consultant.</li> <li>Review of treatment plan for one chronic problem not controlled or multiple stable chronic problems</li> <li>Follow up may be scheduled in the next weeks, in order to follow up on the patient's condition/ findings.</li> </ul>

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## Preventive medicine services and split visits

	When the patient's status/medical history is:	The HPI says things like	Abnormal exam findings	The Assessment/plan says things like
<b>Bill office visit only – no time for well visit</b>	<ul style="list-style-type: none"> <li>Patients who are so ill, or with so many chronic medical problems with exacerbation, that you have no time in a single visit to both do a PE and to address the medical problems.</li> </ul>	<ul style="list-style-type: none"> <li>Patient has had a severe increase in symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>Markedly abnormal exam.</li> </ul>	<ul style="list-style-type: none"> <li>Will re-schedule physical exam. Initiating treatment changes or order immediate diagnostic tests. Close follow up scheduled.</li> </ul>

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## Why not level two and five examples?

- CPT® allows all levels of E/M services to be reported with a preventive medicine service

### **My opinion:**

- The MDM for a level two visits can be described as an “insignificant or trivial problem”
- The MDM for a level five visit makes it unlikely that a practitioner could also do a preventive service at the visit


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