

Does the E/M portion of the note describe typical pre and post work only? If yes – do not report an office visit. Yes No

According to the AMA, these activities are typical pre and post work, and are part of the payment for the procedure and do not support a separate E/M:

Pre- and post-operative services typically associated with a procedure include the following and cannot be reported with a separate E/M services code:

- Review of patient’s relevant past medical history,
- Assessment of the problem area to be treated by surgical or other service, — Formulation and explanation of the clinical diagnosis,
- Review and explanation of the procedure to the patient, family, or caregiver, — Discussion of alternative treatments or diagnostic options,
- Obtaining informed consent,
- Providing postoperative care instructions,
- Discussion of any further treatment and follow up after the procedure. ¹

Do not bill an E/M if the answer to these questions is YES:

Did the patient return to the office solely to have the procedure done because the physician did not have time to do the procedure on the day of the diagnosis? Yes No

Does the note seem to be all re-cap of a previously taken history and plan? Yes No

Was the minor surgical procedure provided for an obvious, clear problem, such as treatment for warts or simple laceration repair? Yes No

Bill an office visit with the procedure if you answer YES to all of the following five questions:

Is an office visit documented? Yes No

Is a procedure documented? Yes No

Does the procedure have a 0-10 day global period? Yes No

For the office visit:

Does the documentation show more than typical pre and post work? Yes No

For a new patient, is a separate exam documented? Yes No

¹ <https://www.ama-assn.org/system/files/reporting-CPT-modifier-25.pdf>