Auditing Preventive vs. Problem-Oriented (Sick) Visits

One of the most common E/M coding conundrums involves a preventive visit that becomes problem-oriented halfway through the encounter. In the primary care setting, patients scheduled for preventive visits suddenly bring up acute problems during the preventive care.

Often, the auditor sees this coded in one of two ways. First, the encounter is billed with both a preventive care code and a problem-oriented E/M code, with modifier 25 (significant, separate E/M service, same day) appended to the latter. This can be problematic for several reasons which we'll discuss below. Second, the encounter is billed with a problem-oriented E/M code only, but the documentation - especially the chief compliant and history of present illness (HPI) - reflects the preventive aspect of the care. This is a problem because only preventive care is supported, not a sick visit.

Modifier 25 and two E/M codes

While it is permissible to bill both a preventive and problem-oriented E/M visit on the same day using modifier 25, this raises a red flag that outside auditors are likely to hone in on. It also raises the bar for documentation, which must clearly indicate that the problem-oriented code (e.g. **99204**) is significant and supported on its own in addition to the preventive code (e.g. **99386**). Finally there is a patient experience issue, because the patient who receives both services will be hit with a copay for the sick visit when they are often expecting no copay due to the Affordable Care Act promising them free preventive care. The visit will of course take longer, resulting in delays for other patients.

As an auditor, when you see both a sick visit and preventive visit billed for the same patient on the same day using modifier 25, you must review the documentation and ensure that no portion of the exam and history for the preventive visit is used to support the level of the sick visit. Inevitably there will be overlapping work, but CMS and CPT guidelines make it explicitly clear that both visits must be able to stand on their own in terms of documentation.

Sick visit billed

Very often, you may find an E/M code for a new or established patient billed, but the documentation immediately suggests that the visit was preventive in nature. For example, the chief complaint may state "patient presents for routine follow-up; no complaints." This can occur because of the flow of the encounter; when the chief complaint and HPI are documented, the patient is presenting for a scheduled preventive visit, but late in the encounter, during the exam for example, the patient brings up new problems. Thus the assessment and plan may reflect these problems but the top portion of the note suggests the visit was preventive.

As an auditor, this is an opportunity to educate providers about the importance of the chief complaint and HPI, which need to support whether the visit was preventive or problem-oriented in nature.

Best advice: Avoid modifier 25

We typically advise providers not to bill both a preventive visit and a sick visit with modifier 25. Instead, if possible, bill a sick visit and document the acute problems, making it clear in the note that the patient is presenting for an acute problem. Tell the patient that it's best to reschedule the preventive care for another visit, which will avoid the copay confusion, and avoid delays for the other patients scheduled behind them.

This Week's Tip Provided By:

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