



Advisory Champion Update

Date: 4/6/23

Subject: Billing

Coding Wellness Visits + A problem Visit

You just finished a wellness visit and “*Oh by the way...*”

It is important to understand the difference between health promotion vs. addressing a medical problem (new/ acute, or chronic). This difference allows additional billing at a wellness for new and separate services that might be addressed at a wellness visit.

2021 E/M changes make it easier to bill for both services if you address an issue at a wellness visit

- explain to patients, that a separate service is performed and may result in a charge
- At VMG all patients receive a letter explaining this

“Comprehensive preventive medicine evaluation and management services of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures.” – CPT description of preventative visits

CPT specifies that if you assess and manage new/chronic problems, you should bill an E/M code

Do not bill E/M if:

- Insignificant problems w/o work should not be billed
- If problems are not managed or evaluated, do not bill separate code
- Problems listed, but no significant info provided, refills provided, no changes

When to Bill E/M:

- New problems, *with supporting documentation*, MDM and a plan are documented
- Chronic problems are evaluated, labs are ordered, meds are refilled
- Chronic problems exacerbated, changes in treatment plan, short follow up recommended

Ex. Evaluate a rash, Address uncontrolled blood pressure/cholesterol. Deciding on a plan (med/ no med/ lifestyle adjustment) = a separate service was completed

Modifier 25 is used to add the E/M code (99213, 99214) to the Prevention Code

Reference

Nicoletti, B. & Magoon, V. (2022). Combining a Wellness visit with a problem-oriented visit: a Coding Guide. *Family Practice Management*. 29(1) 15-20.

-Julianne Tauscher, FNP
Billing Advisory Champion