How to Code for a Well Visit With a Sick Visit

From a pure coding perspective, the guidelines for billing an Evaluation and Management (E/M) service in addition to a preventive service are spelled out under the Preventive Medicine Services section in the CPT book. The guidelines state, “If an abnormality/ies is encountered or a pre-existing problem is addressed in the process of performing this preventive medicine E/M service, and if the problem/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 99201–99215 should also be reported. Modifier 25 should be added to the office/outpatient code to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service.

The key to adding an E/M service to a preventive service is the significance of the problem, the amount of work required at that visit to deal with the problem, and how clearly this is documented in the patient chart.

1. Acute visit – Minor problem combined with well visit
   
   Bill only the preventive well-child visit

   Documentation is the key to whether or not the additional work during the preventive visit qualifies for an additional E/M visit code. Insignificant or minor problems that do not require additional work-up should not be reported separately.

   Example of when not to use the E/M code with modifier 25: during an acute visit for a 12-month-old child, the physician notes diaper rash in the chart and writes a prescription for the rash. During that visit, s/he also becomes aware that the child has not been in for a well visit since the child was 6 months old. The physician decides to conduct a well-child visit during the acute visit. Do not count this visit as a sick visit since the problem (diaper rash) was an insignificant or minor problem. Code the visit as a well visit only. Also, the well-child visit will go toward the Pay-for-Quality Program.

Diagnosis Code:
V20.2 (Routine infant or child)

CPT Code:
99392 (Established preventive medicine services code for child age 1 through 4)

Documentation requirements:
Must document all components for well-child visit during the above visit:
   A. A comprehensive health and development history – physical health, mental health, development and nutrition
   B. An unclothed physical exam with height, weight and head circumference
C. Health education or anticipatory guidance

2. Acute visit with significant problem combined with well visit.

*Bill both the preventive well-child visit and all services rendered during the sick visit.*

If the physician encounters a significant new problem or a pre-existing problem that requires a significant work-up including the ordering of additional tests, consultation with other specialists, and/or further follow-up care, then the appropriate level of E/M for the additional work should be coded.

Example of when to use an E/M code with modifier 25: A four-year-old child comes in for a follow-up visit for asthma. The physician notes that child is still wheezing. S/he sends child for an X-ray and gives nebulizer treatment. While reviewing chart, s/he also notes that member has not been in for a well visit since age 2. The physician decides to conduct a well-child visit during the acute visit. Because the problem/abnormality is **significant enough to require additional work to perform the key components of a problem-oriented E/M service**, then the appropriate code 99201–99215 should also be reported. **Modifier 25 should be added** to the office/outpatient code to indicate that a **significant, separately identifiable E/M service was provided** by the same physician on the same day as the preventive medicine service.

**Diagnosis Code:**
V20.2 (Routine infant or child health check)
493.00 (Asthma, unspecified)

**CPT Code:**
99392 (Established preventive medicine services code for child age 1 through 4)
99214 (E/M for established patient), with modifier 25
771010 (Chest, single view)
Code for nebulizer treatment

**Documentation requirements:**
Must document all components for well-child visit during the above visit:

A. A comprehensive health and developmental history – physical health, mental health, development and nutrition
B. An unclothed physical exam with height, weight and head circumference
C. Health education or anticipatory guidance

In addition to the well visit, documentation must also show the additional work that was conducted for the asthma follow-up visit.