

Internal Medicine Coding Alert

Combat Dual E/M Service Denials With 2 Tried-and-True Strategies

Proactive measures are your best defense

You can avoid losing payment for a sick visit with a preventive medicine service if you implement two preemptive tactics.

Internists often encounter patients who have problems during an annual well check. But non-Medicare insurers "do not recognize modifier 25 if I do a traditional E/M visit along with the preventive visit," says **Ravi Gill, MD, FACP**, at East End Primary Care in Louisville, Ky.

Best bet: Avoid reporting this combination by not performing it in the first place. In other words, you don't give an insurer the opportunity to deny a problem-oriented visit (99201-99215, Office or other outpatient visit for the evaluation and management of a new or established patient ...) with a preventive medicine service (99381-99397), because you allow patients to opt for either service. Consider adopting these policies that won't put a dent in your customer relations.

Remember: Commercial payers may have unique requirements. To eliminate payment delays and denials, when in doubt always check with the payer, says **Bruce Rappoport, MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for **Rachlin, Cohen & Holtz LLP**, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise.

1. Educate Patients on What Annual Includes

Create a brochure that educates patients on preventive medicine services versus problem-oriented visits. Be up-front by explaining that "an annual exam visit does not include discussion of new problems or detailed review of chronic conditions," as the University of Washington's physicians do.

Explain that insurers often do not reimburse for both a well check and problem-related visit on the same day. Inform the patient that in this case she will be financially responsible for the unpaid portion. If a patient understands that an insurer will probably not cover addressing problems, such as diabetes and hypertension, in addition to an annual exam, she may be more willing to overlook the inconvenience of coming to your office twice. And make separate appointments for each service.

Here's sample language that should work. The University of Washington's brochure "Well Woman Exam: Facts and Tips for Your Visit" tells patients to:

"Please schedule a separate appointment if you have health concerns other than your routine physical exam. Examples are:

- A list of concerns or questions.
- New healthcare concerns or problems found at the time of your annual exam.
- Ongoing health problems that need more attention."

2. Defer Problem or Annual

If a patient fails to recognize your well woman exam policy, you can handle the confrontation with a paper at sign-in that puts the ball in her court. A pamphlet with FAQs that contain this question from the University of Washington should help:

"What happens if you have a new health problem when you come for your annual exam?"

"You and your provider will need to decide whether to use the time that day to address your problem, in which case your annual exam visit can be rescheduled. Or you may choose to go ahead with your annual exam, and to defer the health concern to another visit. Scheduled appointment times do not allow for both."

To read the complete brochure, go to <http://depts.washington.edu/uwcoe/healthtopics/wellwoman.html>.