

Part B Insider (Multispecialty) Coding Alert

Preventive Services: Document Time Spent on Preventive Services, Despite No CMS Directive to Do So

Plus: Don't forget modifier 25 when reporting preventive services with E/M.

CMS introduced quite a few preventive service codes over the past two years, and many of them have time requirements, CMS reps noted during the agency's Aug. 15 "Medicare Preventive Services National Provider Call." It's in your best interest to document the time you spend on these services, even if CMS doesn't require it.

Check out these frequently-asked questions from last week's call to get the scoop on how to appropriately report your preventive services.

Modifier 25 Is Your Friend

If you plan to report preventive services on the same day as an E/M service, "You would have to meet entirely the requirements of billing those services so there would be no overlap in providing both services," said CMS's **Kathy Bryant** during the call. "You can't overlap the services and you need to bill and code appropriately for both services performed."

Tip: In most cases, you will need to add a modifier such as 59 (Distinct procedural service) or 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) due to the Correct Coding Initiative (CCI) Version 18.2 edit that now restricts you from billing many of the preventive service codes with an E/M service. In addition, your documentation must show that you performed both procedures separately and for medically necessary reasons.

CMS Doesn't Require It, But Document Time

For time-based preventive service codes such as behavior therapy to reduce cardiovascular risk (G0446), a caller pointed out that the regulations don't state that the codes require that the time spent must be documented and asked whether CMS requires that. "We don't have specific documentation requirements that apply just to these codes," said Bryant said. "If you were audited you would need to demonstrate that you met the requirements of billing this particular code," she added.

Tip: For any time-based code, be sure and document how much time you spent on the service, even if CMS doesn't specifically require it. That way, you can justify the codes you bill if you're ever audited.

Look to Eligibility Files

A caller asked whether the Medicare Eligibility screen will notify providers when preventive services have been performed, letting the provider know that an annual screening has already taken place. "Generally speaking they won't notify you about when the service has been performed, but they will provide you about the next eligible date of when the service can next be performed," said CMS's **Wil Gehne** during the call.

For more on preventive services, you can review the presentation that CMS offered during the call at www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2012-08-15-NPC-Preventive-Services.pdg.