

Eli's Rehab Report

Reader Question: Preventive Visit Versus Follow-Up Exam

Question: One of our new coders told me 1) if a physician tells a patient to come in once a year for a follow-up visit, the visit is treated as a medically necessary established patient E/M, and 2) if a patient comes in once a year for a routine exam, it is preventive medicine. How should I code an annual follow-up exam for a patient who is in remission for lupus and returns each year for a checkup?

Minnesota Subscriber

Answer: Distinguishing between preventive and follow-up exams can mean the difference between receiving reimbursement or having your claim denied, so practices must understand the difference between the two.

Although it would seem that a preventive exam reimburses higher than a standard E/M service for example, 99397 (periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the order of appropriate immunization[s], laboratory/diagnostic procedures, established patient; 65 years and over) normally pays about \$118, but 99213 (office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity) pays about \$47 its important to keep in mind that Medicare does not cover preventive care visits as a benefit even though CMS has established relative value units for preventive medicine.

The key to distinguishing between the two is in the wording of the chart documentation. The appropriate way to bill for your physician-recommended follow-up visit is with an established patient code (99211-99215) and the diagnosis for the lupus (710.0). The documentation must clearly indicate that the intent of the visit was to follow up on the chronic illness, not to perform a routine exam. The documentation should begin, The patient presents today for re-evaluation of her lupus. This statement clearly establishes a chief complaint, indicating that it is a problem visit (versus a preventive medicine visit) reimbursable under the Medicare program.