



Physicians Committed  
to Quality

# monthly memo mvma ipa

## A message from the Medical Director David M. Phelps, M.D.

### Contacting MVMA Staff

David Phelps, MD,  
Medical Director  
dphelps@mvphhealthcare.com  
**388-2647**

Deb Zadrozny, RN,  
Director of Operations  
dzadrozny@mvphhealthcare.com  
**388-2690**

Rebecca Klehn,  
Professional Liaison  
rklehn@mvphhealthcare.com  
**388-2246**

Paula Pecoraro, RN,  
Professional Liaison  
ppecoraro@mvphhealthcare.com  
**388-2209**

Gail Sapone, RN,  
Professional Liaison  
gsapone@mvphhealthcare.com  
**388-2605**

Sharlene Campbell,  
Administrative Assistant  
scampbell@mvphhealthcare.com  
**388-2461**



### WWW.MVMA.NET

We are pleased to announce that MVMA's Web site is up and running! We hope our physicians will take full advantage of the many resources that can be found there, such as:

- the history of the IPA and our relationship with MVP
- announcements
- newsletter updates
- disease management programs
- clinical reporting information
- contact information for MVMA staff
- a direct link to MVP's Web site.

We would like to hear your feedback regarding the Web site, as well as suggestions that you might have for content. Please email us so we can add you to our distribution list for newsletters and other communications.

### Evaluation and Management Services Performed with Preventative Care in the Same Patient Encounter

We frequently receive questions on preventative care services rendered on the same date of service and same patient encounter as evaluation and management services. Reporting those preventative services, including immunizations, was largely initiated on a national level to nurture a national coding standard for data collection for Health Employer Data Information Set (HEDIS®).

It is key to recognize that *allowance for coverage or reimbursement for both* services is conditional upon three factors:

1. Meeting the CPT™ requirements for all aspects of both services.
2. Third party payer policies for allowance for coverage.
3. Documentation in the medical record fully and accurately supporting those services by CPT.

Therefore, *reporting* those services for *quality initiatives* related to preventative care and *reimbursement* for those services are separate questions to address.

The following excerpts from CPT Assistant from the American Medical Association (AMA) provides further explanation of the key points on the specific service requirements that must be met to bill for both preventative and evaluation and management (E/M) services on the same patient encounter. It is vital that the medical records documentation support all aspects of the decision making process, as well as the conditions and services rendered for both services.

Reimbursement for both services is conditional upon meeting those key elements of service.

## CPT Assistant

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### A REVIEW OF PREVENTIVE MEDICINE SERVICES

#### Reporting Preventive and Problem Oriented Visits

If an abnormality is encountered or a preexisting problem addressed in the process of performing the preventive medicine E/M service, that 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, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214 - 99215) should be reported in addition to the appropriate code for the preventive E/M service.

The problem or abnormality encountered must require **additional work** and the **performance of the key components of a problem-oriented E/M service** (preventive medicine and problem-oriented visit) in order for the two E/M services to be reported on the same day.

If a physician encounters an **insignificant or trivial problem/abnormality**, in the process of performing the preventive medicine E/M service, that **does not require additional work and the performance of the key components of a problem-oriented E/M service**, then this should **not** be reported separately.

#### Use of Modifier -25

*In the event that a problem or abnormality requires additional work and the performance of the key components of a problem-oriented E/M service, modifier -25 should be appended to the Office/Outpatient code reported. Appending modifier -25 indicates that a significant, separately identifiable E/M service (**above and beyond** the preventive medicine E/M service) was provided by the same physician on the same day as the preventive medicine service.*

### CLINICAL VIGNETTES

The following vignette illustrates the appropriate application of the CPT code(s) indicated. It is important to note that the vignettes only represent the typical patient and service/procedure.

Note: Check with third-party payer reporting and reimbursement guidelines in your area to determine whether their reporting guidelines are consistent with CPT coding guidelines when reporting both a preventive and a problem-oriented E/M service on the same day.

#### Family Practice and Internal Medicine

- A 55-year-old established male patient presents to the physician's office for periodic preventive medicine reevaluation and management.
- The patient has established diagnoses of hypertension, on beta blocker therapy, Type II diabetes controlled with sulfonylurea, and chronic stable angina controlled with sublingual nitroglycerin as needed.
- A comprehensive history and examination are performed as part of the preventive medicine service.
- The physician counsels the patient regarding diet, exercise, and injury prevention.
- Risk factors are identified and interventions discussed.
- Medically appropriate laboratory tests and diagnostic procedures are ordered.
- Anticipatory guidance counseling/risk factor reduction interventions are covered to the extent that they have not been in previous preventive medicine examinations.

- Furthermore, specific history is taken and further examination is performed regarding the established diagnoses as listed above.
- The physician performs a problem-oriented expanded problem focused history and examination including medication compliance, diet, stress issues.
- Expanded problem focused examination including vital signs, chest and heart examination, check for edema.
- Medical decision making of low to moderate complexity including counseling about medication and alternatives, a plan for appropriate laboratory work, review of possible medication side effects, and plan for on going management.

To report this, CPT code 99396 would be used for the preventive medicine services visit. In addition, the appropriate problem oriented level of E/M service would be selected based on the **key components** associated with providing the **problem oriented E/M service**.

- For established patient office or other outpatient visits, two of the three key components (history, examination, and medical decision making) **must meet or exceed the stated requirements** to qualify for a particular level of E/M service.
- Modifier -25 would then be appended to the office visit level of service to indicate that a significant, separately identifiable E/M service was provided.
- The ICD-9-CM diagnosis codes reported should also reflect the services provided.
- In this example, diagnosis code V70.0, Routine general medical examination at a health care facility, would be reported for the preventive medicine service provided and associated with CPT code 99396 on the claim form.
- The ICD-9-CM diagnosis codes for the preexisting problems addressed in the process of performing the preventive medicine service would be reported as follows: Hypertension (401.9, Essential hypertension, unspecified); Type II diabetes, controlled (250.00, Diabetes mellitus without mention of complication, type II [non-insulin dependent type] [NIDDM type] [adult-onset type] or unspecified type, not stated as uncontrolled); and chronic stable angina (413.9, Other and unspecified angina pectoris).
- These diagnosis codes should be associated with the problem oriented E/M visit code reported.

