**Sample letter to health plans regarding reimbursement for preventive and problem-oriented evaluation and management visits**

[Health Plan Address]

Re: Preventive and problem-oriented evaluation and management (E/M) visits

Dear [Health Plan Executive],

I am writing to ask that [Health Plan Name] follow the use of CPT as published by the American Medical Association. In particular, the intent of this letter is to focus on the inappropriate bundling of a preventive medicine service and a problem-oriented E/M service on the same date of service.

CPT is very clear on this point. In the guidelines preceding the Preventive Medicine Services codes, CPT states:

“If an abnormality/ies is encountered or a pre-existing problem is addressed in the process of performing this preventive medicine evaluation and management 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 evaluation and management service was provided by the same physician on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.”

Some payers argue that if they were to follow these CPT guidelines physicians would game the system and would more often than not find a medical problem that would enable them to bill for both services.

In fact, the primary motivation of many physicians in this situation is to avoid inconveniencing patients who present with acute problems at a preventive care visit. Rather than asking them to return on another date to divide the services, most perform both, submit a claim for both, and, when payment for the second service is denied, write it off, since physicians are usually prohibited under contract from balance billing the patient. From my perspective, this is an unfair business practice amounting to your members receiving free care.

To get paid for both services, physicians must ask patients to return for a second appointment. This inconveniences the patient and leads to fragmentation of care. To the extent that this forces a patient to need more time away from work, it also leads to lower productivity for the employer with whom you contract. In addition, it produces another claim that your company must process, which adds to your administrative expenses.

Aetna changed its payment policy effective February 2006 to allow for payment of two E/M codes on the same date of service. I ask you to do the same. This issue has existed unnecessarily for far too long, to the disadvantage of both physicians and patients.

Sincerely,

[Physician Name]

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