

## CODING & DOCUMENTATION

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### Medicare annual wellness exam during a home visit

#### Q Can the Medicare annual wellness visit be performed as part of a home visit?

A Nothing in the Medicare annual wellness visit rules prohibits providing an annual wellness visit in conjunction with a home visit. If you bill a home visit code in addition to the annual wellness visit code, you should append modifier 25 to the home visit code to indicate that it was a significant and separately identifiable service and be sure that your documentation substantiates this fact. To learn more about annual wellness visits, see <https://www.cms.gov/MLN MattersArticles/downloads/MM7079.pdf>.

### Modifier 25 for new patient visits?

#### Q Is it appropriate to use modifier 25 when billing for a significant and separately identifiable service provided to a new patient?

A Yes, you may use modifier 25 with all evaluation and management codes, including those for new patients. For more information about the requirements, see “Understanding When to Use Modifier -25,” *FPM*, October 2004, <http://www.aafp.org/fpm/2004/1000/p21.html>.

### Payment for physician assistants

#### Q Are physician assistants (PAs) allowed to see new patients? Is payment for their services less than that for physicians?

A Under Medicare, midlevel providers, including PAs, can see new patients and bill their services directly under their own Medicare billing numbers. Payment is provided at a reduced rate of 85 percent. A PA could be paid at the physician’s rate for providing an

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established patient office visit, but only if billed under the “incident-to” rules, which require that the physician has seen the patient for the initial visit and established the treatment plan the PA is adhering to at the follow-up visit. The rules also require that the physician be on site during the follow-up visit. For more information about Medicare’s incident-to billing rules, see <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf>. Private payers’ policies vary. You should consult with your major payers to learn more.

### IUD removal

#### Q What is the proper ICD-9 code for removal of an intrauterine device (IUD)?

A Use V25.12, “Encounter for removal of intrauterine contraceptive device.” If symptoms prompt the IUD removal, report their corresponding codes as secondary diagnoses to support the rationale for removing the IUD.

### Will ICD-9 codes be updated this year?

#### Q If the proposed rule to delay implementation of ICD-10 from Oct. 1, 2013 to Oct. 1, 2014 becomes final, will ICD-9 be updated this fall as usual, or will the current freeze stay in place?

A We won’t know for certain until the federal rule-making process is complete and a final rule is published in the *Federal Register*. If there are significant updates to ICD-9 this fall, *FPM* will inform you of them.

*Editor’s note:* While this department attempts to provide accurate information and useful advice, third-party payers may not accept the coding and documentation recommended. You should refer to the current CPT and ICD-9 manuals and the *Documentation Guidelines for Evaluation and Management Services* for the most detailed and up-to-date information. **FPM**

### DO YOU HAVE A CODING OR DOCUMENTATION QUESTION?

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