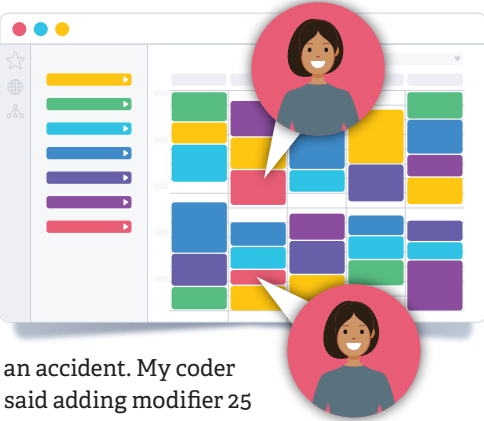


CINDY HUGHES, CPC, CFPC

TWO VISITS WITH THE SAME PATIENT ON THE SAME DATE

Q I saw the same patient twice on the same date. The first visit was follow-up for chronic conditions. The second was to evaluate the patient for a concussion after



an accident. My coder said adding modifier 25 to the code for the second visit should have resulted in payment for each service, but the charge for the second visit was denied. Is there another way to bill for these services?

A No. Two distinct visits on the same day by the same physician (or physicians of the same specialty and group practice) for different problems are billed separately with modifier 25, as your coder instructed. However, some payers will deny the second visit initially and require an appeal that provides evidence of the distinct nature of the two encounters before allowing payment. Based on the description of events, you should appeal.

ABOUT THE AUTHOR

Cindy Hughes is an independent consulting editor based in El Dorado, Kan., and a contributing editor to *FPM*. Author disclosure: no relevant financial affiliations.

EDITOR'S NOTE

Reviewed by the *FPM* Coding & Documentation Review Panel. Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

SCREENING FOR PREDIABETES

Q The U.S. Preventive Services Task Force has lowered the recommended screening age for prediabetes and type 2 diabetes in patients who are overweight or obese. Is the screening now a covered preventive benefit for patients age 35-39 who are overweight or obese?

A Yes. The task force gave the recommendation a "B" rating. That qualifies the screening for coverage with no out-of-pocket expense to patients covered by Medicare or health plans that are required to provide 100% coverage for recommended preventive services. However, it is worth verifying that

your payers have updated their claims edits to pay for screening in patients under 40.

Per the recommendation, a fasting plasma glucose level, an A1C level, or an oral glucose tolerance test are indicated to screen for abnormal glucose. Physicians should document and assign diagnosis codes indicating patients are overweight or obese in addition to Z13.1 (Encounter for screening for diabetes mellitus).

TCM AND CCM IN THE SAME MONTH

Q Can transitional care management (TCM) and chronic care management (CCM) be reported in the same month?

A Yes. For example, let's say a patient receives 30 minutes of CCM services from a physician between July 1 and July 15. The patient is then hospitalized for several days due to a hip fracture,

and the same physician provides TCM upon discharge to manage the patient's multiple chronic conditions and other health care needs (excluding the orthopedic surgeon's post-operative care). The TCM service is billed after the first face-to-face visit following hospital discharge and includes TCM activities for 29 days following discharge. The CCM service is reported on July 31. No time spent on TCM services can be included in the time supporting the CCM code.

TIME SPENT REVIEWING SCREENING SCORES

Q Should I include the time I spend reviewing scores from a structured screening or assessment in my office E/M service, or is that time carved out because my practice reports a code such as 96127 (Brief emotional/behavioral assessment using a standardized instrument)?

A You may include the time reviewing scores, but do not include any time spent administering the screening, scoring it, or documenting the score. Code 96127 is valued based on practice expense only, and this includes providing the screening instrument to the patient either by self-completion or obtaining verbal responses, scoring it, and documenting the score. The physician's work interpreting the score in light of the patient's presentation is included in the E/M service time. If a physician personally provides the screening, scores it, and documents the score, that time is not included in the E/M service but is reported with 96127, just as when clinical staff perform the screening or assessment. **FPM**

Send comments to fpmedit@aafp.org, or add your comments to the article online.