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How to Code for a Well-Child Visit with a Sick Visit

When billing for an Evaluation and Management (E/M) service in addition to a preventive service, remember these guidelines from the *Preventive Medicine Services* section in the CPT book**: "If an abnormality/ies is/are encountered or a preexisting problem is addressed in the process of performing this Preventive medicine E/M 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 E/M service was provided by the same physician on the same day as the preventive medicine service."**

When or when not to add an E/M service to a preventive service depends on the significance of the problem, the amount of work required at that visit to deal with the problem and how clearly this is documented in the patient chart.

1. Acute Visit – Minor Problem Combined with Well Visit
Bill only the preventive well-child visit.

Documentation is the key to whether the additional work during the preventive visit qualifies for an additional E/M visit code. Insignificant or minor problems that do not require additional workup **should not** be reported separately.

Example of when **not** to use the E/M code with modifier 25: During an acute visit for a 12-month-old child, the physician notes diaper rash in the chart and writes a prescription for the rash. During that visit, she/he also becomes aware that the child has not been in for a well visit since the child was 6 months old. The physician decides to conduct a well-child visit during the acute visit. Do not count this visit as a sick visit since the problem (diaper rash) was an insignificant or minor problem. Code the visit as a well visit only. Also, the well-child visit will go toward the Partnership-for-Quality Program.

EXAMPLE
Diagnosis Code:
Z00.129 (Encounter for routine child health examination without abnormal findings)

CPT Code:
99392 (Established preventive medicine services code for child age 1 through 4)

Documentation requirements:
Must document all components for well-child visit during the above visit:

A. A comprehensive health history
B. A physical development history
C. A mental development history
D. A comprehensive physical exam
E. Health education/anticipatory guidance

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2. Acute Visit with Significant Problem Combined with Well Visit
Bill both the preventive well-child visit and all services rendered during the sick visit.

If the physician encounters a significant new problem or a preexisting problem that requires a significant workup, including the ordering of additional tests, consultation with other specialists, and/or further follow-up care, then the appropriate level of E/M for the additional work should be coded.

Example of when to use an E/M code with modifier 25: A 4-year-old child comes in for a follow-up visit for asthma. The physician notes that child is still wheezing. She/he sends child for an X-ray and gives nebulizer treatment. While reviewing chart, she/he also notes that member has not been in for a well visit since age 2. The physician decides to conduct a well-child visit during the acute visit. Because 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 code, 99201–99215, should also be reported. **Modifier 25 should be added** to the office/outpatient code to indicate that **a significant, separately identifiable E/M service was provided** by the same physician on the same day as the preventive medicine service.

EXAMPLE
Diagnosis Code:
Z00.129 (Encounter for routine child health examination without abnormal findings)
J45.20 (Mild intermittent asthma, uncomplicated)

CPT Code:
99392 (Established preventive medicine services code for child age 1 through 4)
99214 (E/M for established patient), with modifier 25
71010 (Chest, single view)
Code for nebulizer treatment

Documentation requirements:
Must document all components for well-child visit during the above visit:

A. A comprehensive health history
B. A physical developmental history
C. A mental development history
D. A comprehensive physical exam
E. Health education/anticipatory guidance

In addition to the well visit, documentation must also show the additional work that was conducted for the asthma follow-up visit.

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