

MVP FASTFAX

News for West Region – Rochester/Buffalo Providers

Preventive Visits and Modifier 25

When a member presents for a preventive visit and also has a condition that requires evaluation and management, the correct billing is preventive visit code 99381-99397. If the condition requires significant, separately identifiable services (such as additional history-taking, an expanded physical examination and additional testing or management), a separate evaluation and management (E&M) code should be billed with a 25 modifier attached. The additional services must be documented in the medical record and the claim should include both the preventive visit diagnosis code(s) and the relevant condition diagnosis code(s). **If the preventive code is not billed, the visit will not count for the preventive service quality measures (well child, adolescent and adult measures).**

The key to determining whether a separate E&M should be billed with a 25 modifier is *if the services needed solely for evaluation and management of the condition*, which are not normally part of the preventive visit, *meet the definition of the E&M service level billed*. It is anticipated that the E&M code billed would be a level 2 or 3 visit. Medical record documentation may be requested to review the separate E&M code.

A few examples include:

- Patient in for preventive visit mentions itching and stuffiness in ears during review of systems. Ear exam shows fluid behind the drums. Recommend OTC antihistamines. This does not warrant a separate E&M as the history and physical components are part of a normal preventive visit and the management is relatively minimal.
- Patient in for preventive visit and mentions that they twisted their knee and it is swollen. Take full history of knee injury and past history related to the knee. Do full exam of knee including maneuvers to test stability. Order X-rays and/or refer to Orthopedic surgeon. The history and physical exam components are not normally part of a preventive visit and the management is significant. This would warrant a separate E&M with a 25 modifier.

For additional information, please visit <http://www.mvphealthcare.com/provider/provider-resource-manual.html>, select Payment Policies and then select Modifier Policy from the bookmarks.

Questions? Please contact the Customer Care Center for Provider Services. Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time at 1-800-999-3920.

