Same Day Well and Sick: Documenting and Coding

When should I document and bill for a well visit and a sick visit at the same time?

There must be a "separately identified" reason for the additional sick.

The provider should ask themselves: is this service medically necessary and would it have triggered a stand alone sick visit if the patient wasn't already coming to the office for the well visit?

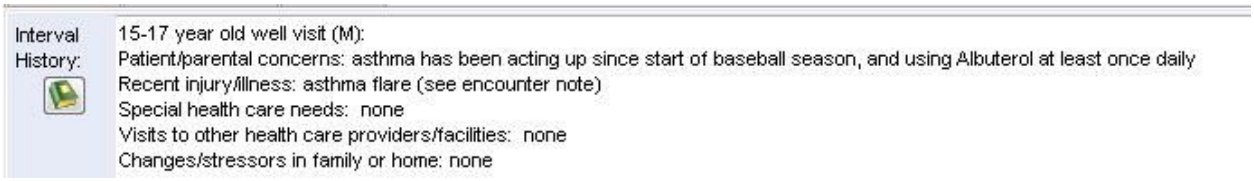
Can be an ***acute*** problem such as otitis media, bronchiolitis, poison ivy dermatitis (something the patient would have been seen for even if not in for a well visit)

Can be a ***chronic*** problem that you review and change/consider changing management such as asthma, ADHD, anxiety, encopresis (would have been a visit on its own but for family convenience you are performing at the same time as a well visit.)

Best practices for documentation:

Start with the well visit

May want to make reference in HPI to the additional encounter:



Save the well visit (this is critical to establish that there is a well visit so the coding calculator understands how to use the appropriate calculation and -25 modifier)

Use the "add encounter button" in A/P plan of well visit

On the sick visit note:

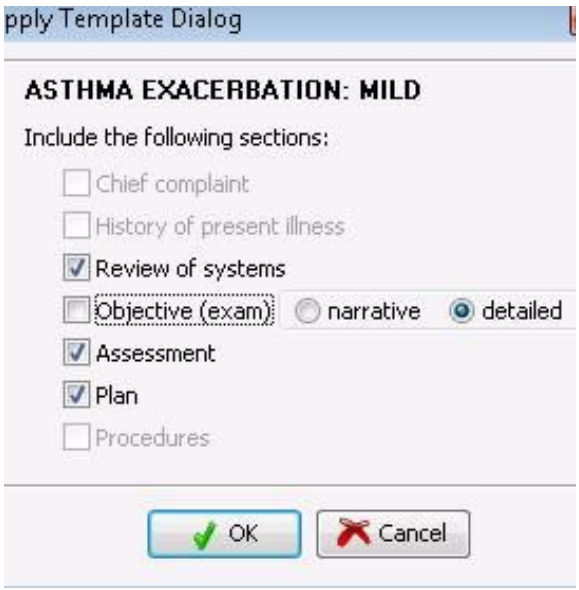
Change HPI in sick visit to reflect what you are identifying as separate:

Document exam on *well* visit (including pertinent abnormals)

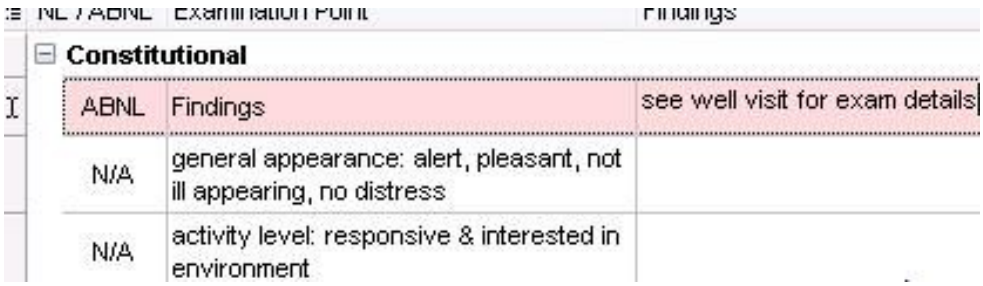
Do not want to have conflicting exam elements (normal on well visit and abnormal on sick)

Cannot count an exam twice for purposes of level of E/M visit (a comprehensive exam is included in the well visit CPT code, so the exam elements cannot count for purposes of deciding the level of the sick E/M service)

If using templates, do **NOT** include the exam (uncheck exam box):



Consider a notation to see well note for exam elements:

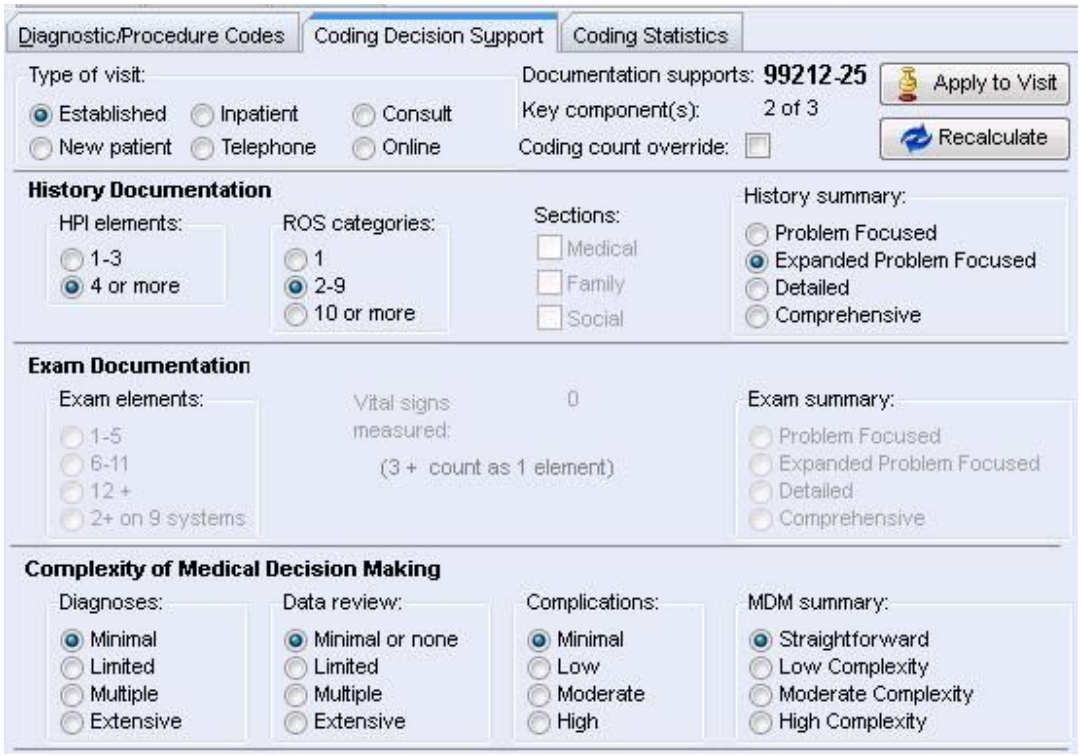


Coding and Coding Decision Support:

Adds -25 modifier to indicate “separately identifiable service”

Automatically removes History (Family, Social, Past Medical History) from countable elements (full history review is also an inherent part of a well visit and can’t be counted twice

Automatically removes Exam elements (comprehensive exam is inherent part of a well visit)



Will **notice** that the sick is lower than if stood alone, unless:

- coding based on time OR
- use Medical Decision Making as one of the 2/3 and input appropriate levels as well as documentation in sick note plan

Why 2 notes?

Nothing more definitively says to a payer or auditor: there was separately identifiable work I did in the sick visit in addition to the well visit.