

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?

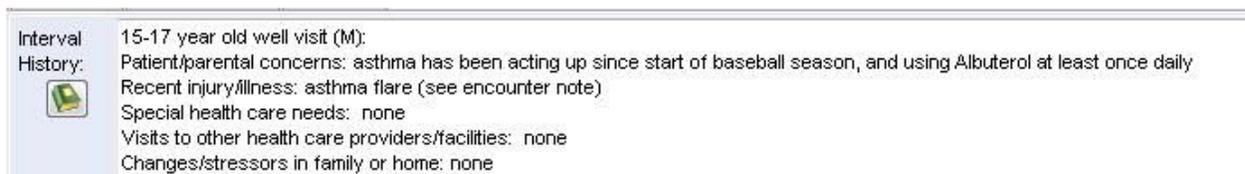
Can be an **acute** problem such as otitis media, bronchiolitis, poison ivy dermatitis (something the patient would have been seen for even if not in for a well visit)

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

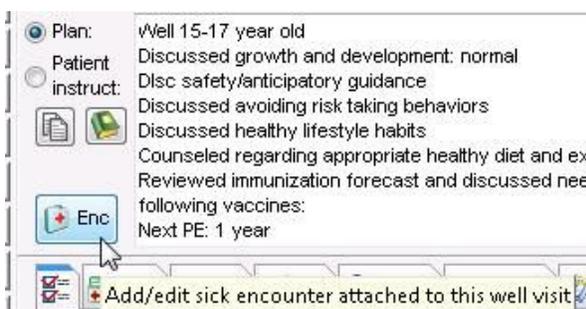
May want to make reference in HPI to the additional encounter:



Interval: 15-17 year old well visit (M):
History: Patient/parental concerns: asthma has been acting up since start of baseball season, and using Albuterol at least once daily
Recent injury/illness: asthma flare (see encounter note)
Special health care needs: none
Visits to other health care providers/facilities: none
Changes/stressors in family or home: none

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



Plan: Well 15-17 year old
Patient instruct: Discussed growth and development: normal
Disc safety/anticipatory guidance
Discussed avoiding risk taking behaviors
Discussed healthy lifestyle habits
Counseled regarding appropriate healthy diet and ex
Reviewed immunization forecast and discussed need following vaccines:
Next PE: 1 year

Enc

Add/edit sick encounter attached to this well visit

On the sick visit note:

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

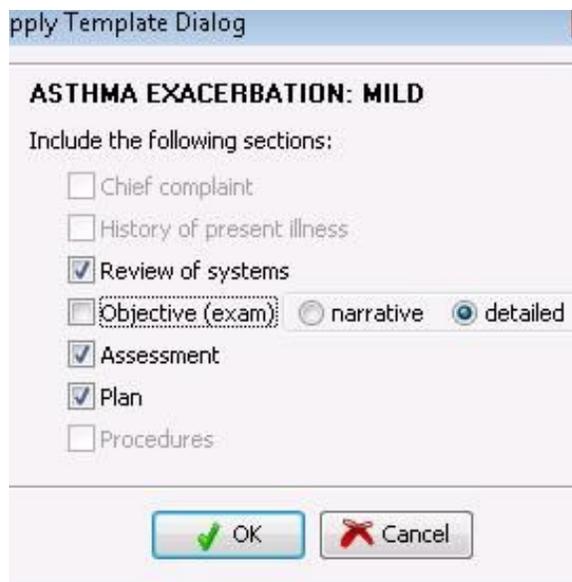


Document exam on well visit (including pertinent abnormalities)

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:

ICD-9 / ABNL	EXAMINATION FINDINGS	FINDINGS
	Constitutional	
ABNL	Findings	see well visit for exam details
N/A	general appearance: alert, pleasant, not ill appearing, no distress	
N/A	activity level: responsive & interested in environment	

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)

The screenshot displays the 'Coding Decision Support' tab of a software interface. It is divided into several sections:

- Type of visit:** Radio buttons for Established (selected), Inpatient, Consult, New patient, Telephone, and Online.
- Documentation supports:** 99212-25, with an 'Apply to Visit' button.
- Key component(s):** 2 of 3.
- Coding count override:** A checkbox that is currently unchecked.
- Recalculate:** A button with a circular arrow icon.
- History Documentation:**
 - HPI elements:** Radio buttons for 1-3 and 4 or more (selected).
 - ROS categories:** Radio buttons for 1, 2-9 (selected), and 10 or more.
 - Sections:** Checkboxes for Medical, Family, and Social.
 - History summary:** Radio buttons for Problem Focused, Expanded Problem Focused (selected), Detailed, and Comprehensive.
- Exam Documentation:**
 - Exam elements:** Radio buttons for 1-5, 6-11, 12+, and 2+ on 9 systems.
 - Vital signs measured:** 0, with a note '(3+ count as 1 element)'. There is a small '0' above the text.
 - Exam summary:** Radio buttons for Problem Focused, Expanded Problem Focused, Detailed, and Comprehensive.
- Complexity of Medical Decision Making:**
 - Diagnoses:** Radio buttons for Minimal (selected), Limited, Multiple, and Extensive.
 - Data review:** Radio buttons for Minimal or none (selected), Limited, Multiple, and Extensive.
 - Complications:** Radio buttons for Minimal (selected), Low, Moderate, and High.
 - MDM summary:** Radio buttons for Straightforward (selected), Low Complexity, Moderate Complexity, and High Complexity.

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.