Date:

Insurance Carrier Claims Review Department address or Insurance Carrier Medical Director and address

Dear:

RE: Claim #:

I am writing regarding the aforementioned claim and (Insurance Carrier Name)’s practice of bundling preventive medicine service codes and office/outpatient service codes. CPT guidelines indicate that in certain cases, it is appropriate to report a preventive medicine service code (99381-99397) in conjunction with an office/outpatient service code (99201-99215) on the same date of service.

According to the American Medical Association’s CPT guidelines, “if an abnormality(ies) is encountered or a preexisting problem is addressed in the process of performing a preventive medicine evaluation and management service, and if the problem/abnormality(ies) is significant enough to require additional work to perform the key components of a problem-oriented 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 evaluation and management service was provided on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported”(page 37, CPT 2017 {professional edition}). These statements clearly indicate that both a “well” and a “sick” visit should be recognized as separate services when reported on the same day.

Unfortunately, many carriers are not familiar with the CPT guidelines that allow for the reporting of a two visits on the same day of service by use of the modifier 25. Further, there are no diagnosis (ICD-9-CM) requirements tied to the use of modifier 25. In fact, “the descriptor for modifier 25 was revised to clarify that since the E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided, different diagnoses are not required to report the E/M services on the same date” (CPT Assistant, May 2000, Volume 10, Issue 5). This basic tenet of CPT coding underscores the fact that it is inherently incorrect for carriers to place restrictions on the number, type, or order of diagnoses associated with the reporting of two visits on the same day.

There are also some carriers who, through failure to recognize all services provided during a single patient session, potentially increase the number of visits necessary to address a patient’s concerns. If a patient is seen for a preventive medicine visit and the physician discovers that the patient has symptoms of otitis media during the examination, clinical protocol and common sense would dictate that the physician take care of both the well child exam and the treatment of the otitis media during that single patient visit. Unfortunately, the fact that some carriers fail to fairly reimburse the physician for providing both services will motivate providers to address only the acute problem and have the patient/parent return at a later date for the preventive medicine visit. This situation is frustrating for everyone involved, but especially for the insureds.

While there is no legal mandate requiring private carriers to adhere to the aforementioned CPT guidelines, it is considered a ‘good faith’ gesture for them to do so, given that the guidelines are the current standard within organized medicine. Since providers are clearly instructed that an office/outpatient “sick” visit cannot be reported unless it represents a significant, separately identifiable service beyond the preventive medicine service, carriers should feel confident that the reporting of two visits on a single date of service will not occur unless it is justified.

Enclosed is a copy of the original claim that was submitted with a request that you process reimbursement as indicated on the claim.

I look forward to receiving your response. If you have any questions, please feel free to contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,