Reminder – Guidelines for Billing an Office Visit on the Same Day, Same Visit as a Preventive Exam

HAP will not pay for an office visit on the same day, same visit as a preventive exam, even if modifier 25 is billed on either code unless the requirements below are met. These requirements are in the current HAP Provider Billing Manual and apply to HAP Commercial and HAP Medicare Advantage members.

Modifier 25: significant, separately identifiable E/M service

Modifier 25 is used to indicate that, on the day of a procedure or service identified by a CPT code, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided. The separate E/M service must go beyond the usual preoperative and postoperative care associated with the procedure that was performed or beyond the usual work associated with a preventive E/M code (99381-99397).

Use of modifier 25 also applies to physicians in the same group and/or same specialty as the operating physician.

HAP will not pay for an E/M code on the same day, same visit as a preventive E/M code (99381-99397) unless the problem or abnormality meets the requirements in item 4 below. Reporting an E/M service with modifier 25 is only appropriate if at least one of the following conditions has been met:

1. Patient requires evaluation "above and beyond" what is typically expected as part of the evaluation prior to the procedure.
2. Patient's condition has changed or worsened, and the patient needs to be reevaluated.
3. Patient presents with a new, separate problem other than the problem prompting the procedure.
4. On the same day, same visit as a preventive E/M service (99381-99397) there is a problem or abnormality significant enough to require the additional work to perform the key components of a problem-oriented E/M service.

The E/M service must require additional history, exam, knowledge, skill, work time, and/or risk above and beyond what is usually required for the procedure or preventive E/M service.

Appealing a Denial

If you receive a denial for the office visit and believe you met the above criteria, you must submit an appeal within 60 days of the denial. The appeal must include all of the following:

- A detailed explanation of how the E/M service required additional history, exam, knowledge, skill, work time, and/or risk above and beyond what is usually required for the preventive service.
- Medical records.

Appeals can easily be submitted online when you log in at **hap.org** and select the *Claims* application. Then search for the claim you want to appeal and follow the prompts.