Health Maintenance Exams: What's covered and What is significant to E/M Code?	
Questions	**Answers**
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Where can I ask questions after the webinar?	The online member forums, where over 100,000 AAPC members have access to help each other with all types of questions. *Forum Posting Instructions* 1.Login to your online account 2.In the middle of the page you will see “discussion forums” 3.Click on “view all” – top right hand side 4.Select “general discussion” under “medical coding” unless you see a topic that suits you more – 5.On the top left side of the forum box, you will see a blue button, “new thread” – click on that 6.Type your question and submit 7.Check back in that location for answers as you please

is 3 stable chronics managed with medication significant enough to support an additional E/M when scheduled for a preventive	If all of them are stable or require minimal management, that would not be enough. They have to be unstable enough that it requires "significant" effort. I address this in a future slide.
If a patient was hopsitalized and discharged and sees a GIM patient a week later in the GIM department of the hospital to establish care. ...Would this be deemed NEw or established patient or would this be deemed the same specialty?	It would be the same specialty if it is the same group. The actual rule goes by tax ID number. If it is the same group legally/tax ID, then it is an established patient. If it a completely different group but happens to be the same specialty, then it would be new.
When coding for preventive visits for babys, 2months, 4months,6months etc do you use the preventive codes for each visit?	Yes. 99391 is for any child under age 1 and the next category is age 1-4.
is there a difference between a taxonomy code and a tax id?	Taxonomy is the specialty identifier on a claim for the specific specialty. The Tax ID or Corporate ID is the specific group in that specialty. Tax ID is essentially a sub category of the Taxonomy for the specialty - IM is the taxonomy code name whereas Fairfield Internal Medicine is the legal entity that has its own tax ID.
Is Q0091 billable with wellness/preventive E/Ms? If so, are those rules different for Medicare and commercial payers?	Code Q0091 is assigned only for Medicare patients. It is not assigned for a non-Medicare patient. Code Q0091 can be coded in addition to the preventive medicine code for a Medicare patient for a well-woman exam and the charges need to be carved out. For a non-Medicare patient, collection of a screening pap smear is included in the preventive medicine code (Not coded separately).

can you bill seperately for 81002 and 82270 with a preventative CPT? what about with a medicare patient?	Any test that is considered part of the health maintenance exam is not paid by some payors and payed by others. It is best to bill it. In the case of the urinalysis, it is usually not considered part of an HME so unless there was additional documentation to justify the additional test, it would not get reimbursed.
If there is no preventative counseling documented, are 99381-99397 still supported and billable?	If there is nothing documented at all, you would have a difficult time justifying the code. If they give an immunization or document offering one or talk about seat belts, bike helmets, etc, - then the code would be easily defendable.
why would ekgs cause harm?	EKG's themselves don't cause harm. However...if it is slightly abnormal and they do a work up, it could lead to a heart cath which could have some serious complications. In additional, thalium stress tests, regular stress tests, heart caths and other tests drive up the cost of care for no apparent benefit to most patients.
Pt. presents for a yearly preventitive exam. During the encounter pt. also complaints of rash, legs x2 wks, PF exam confirmes rash, provider gives Rx cream. Would this be significant work for a split visit? Also is there a minimal E/M level that has to be met before a split visit can be billed?	That is a physician discretion issue. I am talking about "significance" right now as I type this. Some would see it as significant; others would say, "it was just a rash and I gave them a cream...big deal". Either choice must be supported in the documentation.
can commercial insurances be split billed (Prevent & sick visit if modifier added ? or is split billign only allowed for Medicare patients?	Commercial insurances follow these rules as well as they are coding guidelines not specific to Medicare.

forgot the depression for B USPSTF	PLEASE REPEAT AS A QUESTION - not sure how to comment. No repeat question was given. Depression screening is a "B" recommendation for the USPSTF and is also required for the IPPE and AWV for Medicare.
If a patient comes in for an annual well visit for Medicare and the provider insists on doing a head-to-toe exam how do we address that? Could it be looked at as enticement? Should the annual well visit be billed along with the preventive visit? How do you determine where to "count" the elements?	Patients and doctors alike are used to the head to toe exam. If the doctor does that, they simply are doing additional services that are not reimbursable. I will leave the Enticement conversation to compliance folks. Medicare has never paid for a preventive visit so the only option now is to bill for the annual welness visit. There really are no elements to count in regards to the annual welness visit. The only physical exam components are Blood Pressure and weight. You must document a variety of services, mostly in the risk assessment and counseling realm more than the traditional elements. If you google, Annual Welness Visit - Medicare, you will find references to AHIMA, AAPC and American Academy of Family Physicians that outline all the requirements well.

Please expllain the D and I grading for Testicular and prostate exam, your comments were not clear. Thanks	It is not the exam itself. If the results of the exam generates additional testing that can cause harm, they consider that in the rating. Example: Prostate exam is a little abnormal. Next step is a trip to the urologist, a prostate biopsy and possible more steps if that is inconclusive. Biopsies have infection and bleeding complications and all of the additional tests drive up the cost of care which is a significant consideration in light of current Health Care Reform.
Can you elaborate on your "Just make it match" comment please? Thank you.	We stress that the diagnosis must match the documentation. Don't put "NED" (no evidence of disease) and then Prostate Cancer in the diagnosis field. That doesn't match. If it is still there, even on a cellular level, just say that in your note and then it will match up with the encounter diagnosis.
SK? AK?	A procedure with potential complications such as cryo would certainly justify additional E&M. You saw a lesion, evaluated what it is and the necessary course of treat AND then did a procedure.

Isn't that a generalization and if a prostate exam is 'a little abnormal', you'd want to encourage 'the next step' as opposed to 'wait and see'??	Exactly my point. Just as no breast exam is completely normal, no prostate exam is complete normal. If we did biopsies on evey abnormal breast exam where we felt a little nodule or irregularity, there is a good chance 50% of all women would get additional tests. Similarly, there are benign lumps on a prostate that we then determine where it is, is it more soft than firm, is it well circumscribed or irregular. That obviously is somewhat subjective and thus the "wait and see" approach which we use commonly versus the "uh oh...we really need to do something now". Unfortunately it is not as black and white as what we would prefer.
We have physicians that bill the Medicare Physical G0438 and then the yearly preventative exam 99397. Is this appropriate under any circumstance?	Medicare does not recognize the yearly prevention exam as a covered benefit. It never has. Thus the G Codes for breast exam, prostate exam, colonoscopy, etc. There is no harm except risking billing./revenue delay if the code hits and edit and requires manual review.

When a patient comes in for their free preventative exam and you look for a modifier 25 eligible service, how do you explain to the patient that they may be responsible for a copay, deductible, etc.?	We have a handout that is given to all patients when they check in for their yearly exam. We advise what is covered in their visit and give examples of what is not covered. We tell them if we address noncovered services, that does not fall into the "free" aspect of the health maintenance exam. This causes fewer discussions in the exam room although they still occur and our docs have grown comfortable with these. This approach has cut down significantly on the yearly problem dump hidden in the context of the once a year free visit.
Are the Recommendations on slide 16 and 17 accepted by private insurers when doing the preventative medicine exams (for documentation and exam criteria)	You can download the forms and other information at the Medicare site. Enter Annual Wellness into the search field and it will direct you to pateint education forms, provider forms, etc.
Are Kaiser providers discouraged from performing IPPE's and/or AWV's due to the combersome documentation and relatively low reimbursement?	We have set up a process so that much of the work is done by non-physicians. Any patient that requests an exam must have one according to the Federal guidelines so we make every effort to comply.
is the depression screening including in the prevenative exam? Or can we charge extra for that?	It is included in the Medicare Anual and WTM visits. You cannot bill for that in addition.

Patient comes in for a preventive exam and their chronic conditions are addressed. During that visit, the patient addresses a acute condition i.e., ear pain, is that considered part of the health maintenance exam?	If the ear pain is insignificant (i.e. requires no further testing, requires minimal if any exam, requires no prescription and no further follow up) it is most likely insignificant and would not justify an additional E&M code. If it required flushing or curretting ear wax, more tests or a prescription, it would most likely be justified as an additional E&M. In between would be a gray area and it would be up to the doc to decide if it was significant. Their documentation would certainly need to support or justify the additional code.
What is the 6 page form you referred to when speaking about the MCR Annual Wellness Exam?	You can download the forms and other information at the Medicare site. Enter Annual Wellness into the search field and it will direct you to pateint education forms, provider forms, etc.
Can GYN physicians use the new G codes for medicare?	If you mean the new WTM and AWV codes, they can only use them if they meet all of the criteria which includes depression screening, fall risk screening, plans for their general health, etc. Because this is very demanding, I doubt they would want to.
Would 99212 qualify for a split visit when provided during a yearly preventive visit or must it meet a higher E/M level of service?The E/M visit was appropriately documented along with the preventive visit.	There is no level that is required. Any of them are appropriate given matching documentation. 99212 is fine.

You said there was 6 pages for the AWV for Medicare..wehre do you find these papers	You can download the forms and other information at the Medicare site. Enter Annual Wellness into the search field and it will direct you to pateint education forms, provider forms, etc.
if my doctor does the annual physical but then spends 40 minutes after that counceling a patient can we use the prolonged viisit codes	If they were doing the routine counseling done at an annual visit, I doubt highly they would pay for the prolonged codes. Speed of doing a service varies from doctor to doctor. If they were doing the counselling about something that was above and beyond the normal HME topics, you probably can bill an additional E&M codes as that
POST FOR 11:53 is a tangled web - I will answer later as it had a glitch somehow.l	User error in my copy and paste technique. Yet another reasons why doctors shouldn't do it…anywhere.
should the review of systems be comprehensive in a preventative exam	In the coding guideline section of the CPT book in the Preventive Medicine Services it says "The 'comprehensive' nature of the Preventive Medicine Services codes…relfects an age and gender appropriate history/exam and is not synonymous with the 'comprehensive' examination in Evauation and Management codes 99201-99350. It would not be "age appropriate" to do a complete ROS on a 9 month old yet it might be appropriate on a 90 year old.

In a conference earlier this year, I was told that the Mcr IPPE does not require a physical exam. What are your thoughts?	It is not crystal clear but it does at least set the minimum for physical exam elements required. I obtained this from:https://www.cms.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf "Obtain the following: Height, weight, and blood pressure; Visual acuity screen; Measurement of body mass index; and Other factors deemed appropriate based on the beneficiary's medical and social history and current clinical standards."
AAPC (00080260): I find Dr. Taylor to be very condescending to is audience. This seemed to be more a commercial for himself and his company than an educational experience. We were severly disappointed for our coders who attended this webinar. We have worked with physicians for many years and agree that we have not had as difficult a time as he assumes coders have identifying with their physicians. I feel sorry for any new coders listening to this webinar	I apologize and regret that my presentation had such a negative impact. Having spoken at AHIMA, AAPC, HCCA and other venues, I try to tailor my approach to the audience and sometimes miss the mark. I purposely showed the slide regarding my company to set the context that these were beginner coders that didn't have to code before and therefore might present unique barreirs that others might not face. I presented my own slide to show you where I sit before I show you where I stand. Certainly our doctors will respond differently than docs in Private Practice who get paid by what they code. They are more apt to sit up and pay attention than our crew. I wish all physicians were as receptive as yours. Thank you for your gift of feedback.