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Dear Medical Director:

RE: Payment for Sick/Well Visits reported on the same day

The American Academy of Pediatrics (AAP), representing over 66,000 pediatricians, pediatric medical subspecialists and pediatric surgical specialists and dedicated to the health, safety, and well-being of infants, children, adolescents and young adults, is writing to provide clarification and advocate for appropriate payment to pediatricians reporting a problem oriented evaluation and management (E/M) service along with a preventive care service.

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 preventive medicine service and a "sick" visit should be recognized as separate services when reported on the same day.

Unfortunately, many carriers continue to ignore the CPT guideline that allows for the reporting of a two distinct and separately identifiable visits on the same day of service with the use of the modifier 25. The guideline exists because CPT recognizes that in order to address a significant and separately identifiable services (e.g., newly diagnosed acute problem), providers have to spend additional time and resources that they are not adequately compensated for under the preventive medicine service. The preventive medicine encounter was valued only for the services defined under those codes and do not include services such as problem focused history and history of present illness, extended exams to account for any problems identified and medical decision making for the problems addressed or identified. There is also increased liability for addressing new or worsening medical conditions such as, but not limited to, prescribing a new medication.

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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 compensate the providers for providing two distinct and separate services will reduce the likelihood that providers can or will spend the additional time or resources and thus only address 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.

However, while there is no legal mandate requiring 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. They should also feel confident in that the service will be supported in the ICD-10-CM code reported to support the "sick" E/M service.

Please respond as soon as possible when your plan will pay for both the well and sick visit services. However, if your plan chooses to be counter to the intent of CPT guidelines and fair business and continue this practice of non-payment, the AAP would appreciate the rationale behind the payment for a preventive medicine service including the work of addressing a significant and separately identifiable service so we can explain this to our members.

For additional information please contact Lou Terranova, Senior Health Policy Analyst at [lterranova@aap.org](mailto:lterranova@aap.org)

Sincerely,

/s/

Richard Molteni, MD, FAAP  
Chair, AAP Committee on Coding and Nomenclature

/s/

Richard Lander, MD, FAAP  
Chair, AAP Private Payer Advocacy  
Advisory Committee

/lt