

<b>Coding Policy Policy and Procedure</b>		
SUBJECT: Coding Policy 52.0 Medical Visits	DEPARTMENT: <b>Coding Compliance</b>	
ORIGINAL EFFECTIVE DATE: 03/2003	DATE(S) REVIEWED/REVISED: 3/04-01/07, 1/08, 01/09, 01/10, 01/11, 06/11, 01/12, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 01/19, 01/20	
APPROVED BY: Coding Policy Review Committee	NUMBER: <b>MC 52.0</b>	PAGE: <b>1 of 2</b>

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Health Plan Providers  
All Lines of Business

**POLICY:**

Company allows only one Evaluation and Management (E&M) service per day from a single provider. Either an illness-related E&M or a preventive E&M service may be billed, but not both.

**Exception: Hospital discharge and admit to nursing home on the same day will both be reimbursed.** Documentation must support two separate services.

Counseling to family members with the patient not present is covered only where the primary purpose of such counseling is treatment of the patient’s condition. Counseling primarily concerned with effects of the patient’s condition on the family member is not reimbursed as part of the physician’s treatment of the patient. (See also Coding Policy 61.0.)

**PROCEDURE:**

When cognitive services are performed involving medical E&M services, only one visit per day may be reported by the same provider or provider of the same specialty within the same group. When more than one E&M service is performed on the same date of service by the same provider or provider of the same specialty within the same group, the work performed at each encounter may be combined and billed as one E&M service.

When both a problem-focused E&M service and a preventive medicine E&M service are reported on the same date of service by the same provider, **Company will reimburse the preventive service only.** If the provider encounters signs and/or symptoms during a preventive visit that significantly alter the history, exam, and medical decision making that would have been performed as part of a routine preventive service, then the appropriate level problem-focused E&M code may be billed rather than a preventive service E&M code. Management of chronic and/or stable conditions, abnormal findings on review of systems and/or diagnosis and treatment of minor clinical conditions are considered part of a normal preventive service. The addition of modifier 25 will not affect this edit.

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APPROVED BY: Coding Policy Review Committee	NUMBER: <b>MC 52.0</b>	PAGE: <b>2 of 2</b>

When a health behavior assessment service and a preventive care or problem-focused E&M service are billed together on the same date of service, only the health behavior assessment service will be allowed. The addition of modifier 25 will not affect this edit.

When an Ophthalmology new patient or established patient service is billed together with a preventive care or problem-focused E&M service, only the Ophthalmology visit will be allowed. The addition of modifier 25 will not affect this edit.

See also Coding Policy 31.0 (Modifier 25).

**REFERENCE:**

CMS/Medicare Rules and Regulations  
Current Procedural Terminology (CPT)  
Providence Health Plan Coding Edits