



Provider communication
General information and system updates

August 29, 2024

Billing Guidelines for Preventative and Sick Visits

Applicable to: Mercy Care Advantage, Mercy Care ACC RBHA, Mercy Care Long Term Care, Mercy Care DD, and Mercy Care DCS CHP

Mercy Care would like to remind providers the guidelines when billing a “sick visit”.

Per AMA CPT and AMPM Policy 430 (for EPSDT providers) [AMPM Policy 430 \(azahcccs.gov\)](http://azahcccs.gov)

A “sick visit” can be performed at the same time as a Preventative visit if:

The Current Procedural Terminology (CPT®) guidelines provide clarification. If an abnormality is encountered or a preexisting problem is addressed in the process of performing a preventive/wellness visit, and the problem or abnormal finding is significant enough to require additional work to perform the key components of a problem-focused evaluation and management service, then the appropriate office/outpatient E/M code should also be billed. An additional E/M code should **not** be billed if the addressed problem/abnormality is insignificant or trivial and does not require additional work and the performance of the key components of a problem-focused E/M service.

When billing Medicare, CMS requires that additional qualifying E/M services be billed separately from the preventive service. The CMS website states “When you provide an annual wellness visit and a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service, Medicare may pay the additional service. Report the additional CPT code with Modifier-25. That portion of the visit must be medically necessary and reasonable to treat the patient’s illness or injury, or to improve the functioning of a malformed body part.”

Please don't hesitate your [Mercy Care Network Management Representative](#) with any questions or comments. You can find this [Notice](#) and all other provider notices on our Mercy Care website.

Thanks for all you do!