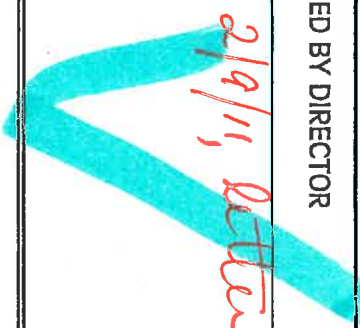


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>1-7-11</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>1011298</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleared 2/9/11, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-19-11</i>  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



## **CHERAW PEDIATRICS, P.A.**

**AGNES SZ SCHULTZ, M.D.**

**RECEIVED**

**JAN 07 2011**

**Department of Health & Human Services  
OFFICE OF THE DIRECTOR**

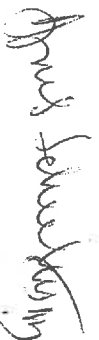
December 28, 2010

Dear Sir or Madame .

My name is Agnes Schultz M.D I am a solo practitioner at Cheraw Pediatrics for 17 years. A large percentage of my patients are Medicaid. You know as well that so many of them are covered under South Carolina Solutions.

I am a great believer in the "Medical Home" concept as we are treating children to take care of all issues. check ups and sick problems. I try to get check ups done on a consistent annual basis and handle all issues at the time of the visit. This includes all the noted extra E/M services. This is the most efficient and cost effective process being delivered in a timely manner. I would never guess that before someone from S.C. Solutions would tell us that we can not bill for a check up and at the same time use the modifier 25 with the E/M service. But this is what exactly happened to my shock. When we complained about not being paid for the check up and along with that the E/M service with a modifier 25 to properly get reimbursed for all the extra work we provide, we were advised by Mr. William Feagan from S.C Solutions. It is not right to treat conditions on the same day as the check up. We have to bring back the patient for an extra visit to get paid. This is totally insane, excuse me. It contradicts the mission of SC Solutions. You want to provide good, efficient care and maintain cost control but your own employee advocates to the contrary. I am enclosing a copy of the recent pediatric coding news letter by the AAP that actually explains the proper use of modifier 25. Please let me keep my faith in your company and its mission and allow a hard working extremely busy solo Pediatrician provide the most appropriate and efficient good care to my patients and get properly paid for it.

Sincerely,

  
Agnes Schultz, M.D.

- The E/M service must be medically indicated, significant, and separately identifiable from the immunization administration.

- Payers may require modifier 25 (significant, separately identifiable E/M service by the same physician, on the same day of the procedure or other service) to be appended to the E/M code to distinguish it from the administration of the vaccine.

- CPT code 99211 (established patient E/M, minimal level, not requiring physician presence) should not be reported when the patient encounter is for vaccination only because the Medicare Resource-Based Relative Value Scale (RBRVS) relative values for the immunization administration codes include administrative and clinical services (ie, greeting the patient, routine vital signs, obtaining a vaccine history, presenting the VIS and responding to routine vaccine questions, preparation and administration of the vaccine, and documentation and observation of the patient following the administration of the vaccine).

However, if the service is medically necessary, significant, and separately identifiable, it may be reported with modifier 25 appended to the E/M code (99211). Note that the medical record must clearly state the reason for the visit, brief history, physical examination, assessment and plan, and any other counseling or discussion items. The progress note must be signed with the physician's counter-signature. For more information and clinical vignettes on the appropriate use of code 99211 during immunization administration, visit [www.aap.org/pubserv/codingforpeds](http://www.aap.org/pubserv/codingforpeds) for a copy of the AAP position paper on reporting 99211 with immunization administration. Payers who do not follow the Medicare RBRVS may allow payment of code 99211 with immunization administration. Know your payer guidelines, and if payment is allowed, make certain that the guidelines are in writing and maintained in your office. Be aware that a co-payment will be required when the "nurse" visit is reported.

- The same guidelines apply to physician visits (99201-99215). In other words, if a patient is seen for the administration of a vaccine only, it is not appropriate to report an E/M visit if it is not medically necessary, significant, and separately identifiable.

If at the time of a preventive medicine visit a patient has a problem or abnormality that is addressed and requires significant additional work to perform the required key components, a problem-oriented E/M code (99201-99215) may be reported in addition to the preventive medicine services code. There should be separate documentation for the 2 services in the medical record. Typically the level of service is based on the level of history and medical decision-making that are performed and documented because the physical examination component is most often performed as part of the

age-appropriate examination included in the preventive medicine service. Modifier 25 must be appended to the problem-oriented E/M service to alert the payer that it was significant and separately identifiable. Each code is linked to the appropriate ICD-9-CM code.

- CPT codes 99401-99404 (preventive medicine counseling, individual) are used for the purpose of promoting health and preventing illness or injury. They are not reported when counseling is related to a condition, disease, or treatment. These are time-based codes that require medical record documentation of the total time spent in counseling and a summary of the issues discussed. Codes 99401-99404 may be reported separately from other E/M services (eg, office visits, preventive medicine visits) when performed on the same day. Modifier 25 must be appended to codes 99401-99404 to signify to the payer that the preventive medicine counseling was significant and separately identifiable from the preventive medicine or problem-oriented E/M visit.

Remember that reviewing or discussing the risks and benefits of vaccines and addressing all other patient and parent concerns and questions related to vaccines and immunization administration are included in the immunization administration codes. However, if vaccine counseling is performed and the parent or patient refuses vaccines, the time spent in counseling may be separately reported. Also, if after additional time is spent in vaccine counseling, the parent or patient then decides to accept the immunizations and the time and effort exceeds that normally spent by the physician, it is still appropriate to report these codes in addition to the E/M visit and immunization administration. Make certain that the medical record supports the excess time and effort of counseling.

### Putting the Rules Into Practice

1. A 4-month-old established patient receives the diphtheria, tetanus, pertussis, *H influenzae* type b, inactivated polio (DTaP-Hib-IPV) combination vaccine, rotavirus vaccine, and pneumococcal conjugate vaccine at the time of her preventive medicine visit. The physician discusses the risks of each vaccine component included in the combination vaccine (eg, tetanus, pertussis) and each additional vaccine administered as well as the diseases for which each additional vaccine component provides protection. The parent or guardian is given the appropriate CDC VIS for each vaccine and consent is given for each of the vaccine components. The nurse documents the required information and enters data into the statewide immunization registry for each vaccine and component administered. The patient is discharged home after the nurse confirms that there are no serious immediate reactions.

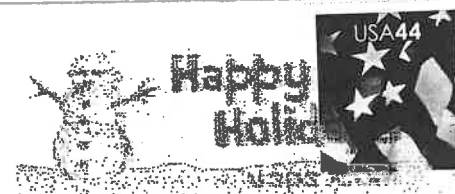
(continued on page 6)

use of modifier 25

CHERAW PEDIATRICS, PA  
715 SOUTH DOCTORS DRIVE, SUITE E  
CHERAW, SC 29520

FLORENCE SC 295

30 DEC 2010 PM 1 T



**RECEIVED**

JAN 07 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

South Carolina Dept. of Health Svc  
Att: Valerie Williams  
Physicians Svc Floor 10  
P. O. Box 8206  
Columbia S.C. 29202-8206

Division Director

292028206



**From:** Annmarie McCanne  
**To:** Brenda James  
**Date:** 2/9/2011 3:44 PM  
**Subject:** Please close log 298  
**Attachments:** Log 298.pdf

Yay, this one is finally closed!!! See attached.

Close

Log # 298

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

*Val*

ACTION REFERRAL

TO	DATE
Myers / Gion / B2 trio middle number disconnected	1-7-11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	1011298	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 1-19-11 <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>William</i>	2-8-11 1-22-11		
2. <i>BS Dean</i>	2-9-11 011		
3.			
4.			



## CHERAW PEDIATRICS, P.A.

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**RECEIVED**

JAN 07 2011

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Sincerely,

  
Agnes Schultz, M.D.

*noted & handled*

715 SOUTH DOCTORS DRIVE • SUITE A • CHERAW, S.C. 29520  
TELEPHONE (803) 537-1811 • FAX (803) 537-1804

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use of modifier 25

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(continued on page 6)



February 9, 2011

Agnes Schultz, M.D.  
Cheraw Pediatrics, P.A.  
715 South Doctors Drive, Suite A  
Cheraw, South Carolina 29520

Dear Dr. Schultz:

Thank you for your letter regarding coverage of an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) visit rendered on the same date of service as an Evaluation and Management (E&M) visit. We welcome the opportunity to be of assistance.

We have reviewed the documents attached to your letter outlining the use of modifier 25 when both a sick visit and a well visit have occurred on the same date of service. Though this does meet the requirement of correct coding, it does not supersede the Medicaid policy as it relates to the delivery of EPSDT services. The information that you received from the South Carolina Department of Health and Human Services (SCDHHS) is correct. The agency does not allow for both an EPSDT well child visit and a sick visit on the same date of service. This policy is outlined in our Physician Laboratories and Other Medical Professionals Provider manual, Section 2, page 57, "Reimbursement Policies". Because this is the policy in the Fee for Service (FFS) program, and claims for services rendered to beneficiaries enrolled in a Managed Care Medical Homes Network (MHN) are adjudicated via FFS, the policy also applies to South Carolina Solutions enrolled members.

Thank you for bringing your concerns to our attention and for your continued support of the South Carolina Medicaid Program. If you have any additional questions or concerns please feel free to contact your Program Manager at (803) 898-2660.

Sincerely,



Melanie "BZ" Giese, RN  
Bureau Director

MG/MS