Pre-Operative Visits

Scenario: You are a direct care provider in a UMG clinic and a patient comes in for an examination and surgical intervention is required. The patient comes back in 2 weeks for a preoperative H&P, consent forms signed, and postoperative instructions. You spend approximately 45 minutes with the patient answering all his/her questions.

Question: Is this a separately billable service?

We encourage you to think about what you would do in this situation. What billing rules apply and what is the "right thing to do?"

Answer: Things to consider:

Is the patient being assessed for an unrelated condition?

If the patient comes in for the pre-operative visit and has new complaints or a different complaint on a body site, not associated with the focus of the surgery then you must document the three components of an E/M and may bill separately for this service.

Is the patient being seen after the decision for surgery is made?

Some surgeons believe they can bill for a visit after the decision for surgery was made and before the surgery for the purpose of the H&P, completing the consent forms and educating the patient about what to expect. This is not a separately payable service and should not be billed.

The CPT® Assistant in May of 2009 answered this question specifically. Here is a quote from their newsletter:

If the surgeon sees a patient and makes a decision for surgery and then the patient returns for a visit where the intent of the visit is the preoperative H&P, and this service occurs in the interval between the decision-making visit and the day of surgery, regardless of when the visit occurs (1 day, 3 days, or 2 weeks), the visit is not separately billable as it is included in the surgical package.

We encourage you to contact the Documentation and Coding Program staff at x 4180 if you would like to discuss this scenario further, have questions, or would like to recommend another "quandary" you may have faced in the past, or simply email us at:
compliance.officer@uchc.edu.