

## Dermatology Coding Alert

### YOU BE THE CODER: Don't Mistake 99221-99223 for Admission Codes

**Question:** My physician saw a patient in our office, and during the visit the physician determined he was going to directly admit this patient to the hospital. The physician dictated the history and physical (H&P) over the phone to the hospital and sent the patient to the hospital. However, the initial face-to-face interaction in the hospital was not done until the next day. Can I bill for the admission even if the physician did not see the patient until the day after the admission?

**Answer:** If a patient is admitted to the hospital by the physician from his office but the physician doesn't see the patient in the hospital that day (performing history, exam and medical decision-making face-to-face the following day), you should report the office visit on the date the physician saw the patient in the office and then bill an initial in-hospital code (99221-[CPT 99223](#), Initial hospital care, per day, for the evaluation and management of a patient ...) the next day.

**Reason:** The date of admission to the hospital and the first hospital visit by the physician will not correspond, but this is the proper coding for your scenario. The first day the physician sees the patient in the hospital becomes the initial hospital admission, not the actual day of admission.

"Codes 99221-99223 are not admit codes even though we often call them that," says **Barbara J. Cobuzzi, MBA, CPC, CPC-H, CPC-P, CHCC**, president of CRN Healthcare Solutions, a coding and reimbursement consulting firm in Tinton Falls, N.J. "They are described as initial hospital care and do not necessarily have to correlate to the admit date."

When your physician performs an E/M service in the office and then admits the patient to the hospital and visits him at the hospital on that same day, the proper coding limits the provider to only one E/M per day. So, he would bill only an initial inpatient code (99221-99223) with no billing or payment for the office service. You will not be paid for both an office visit and a hospital initial inpatient visit on the same day.

**Coding specifics:** You should report an office visit based on whether the patient is a new patient or established patient. For the visit on the second day, choose the appropriate code from 99231-99233 (Subsequent hospital care, per day, for the evaluation and management of a patient ...) based on the level of service the physician provided.

**Tip:** When you use an inpatient care code, you must report the corresponding place of service (POS) code 21 (Inpatient hospital). The POS code on your claim should always be consistent with the site of service indicated in the codes you report. As stated, you cannot bill or be paid for both a hospital admission and an office visit on the same day because the initial hospital inpatient care codes include all the physician's services on that date whether in the office, the emergency department, or the hospital.

Therefore, you should combine all the physician's work and documentation on that one day to determine the appropriate-level initial inpatient care code to cover the office visit, admission services and other nonsurgical treatment that day. You can find more detailed information on this guidance in the CPT manual, says **Morgan Hause, CCS, CCS-P**, privacy and compliance officer for Urology of Indiana LLC, a 31-urologist, two-urogynecologist practice in Indianapolis.