

Internal Medicine Coding Alert

Don't Let Initial Hospital Payment Slip Through Your Fingers

Get the lowdown on how to code same-day office visits and hospital admits

Your internist admits a patient to the hospital following an office visit. Should you report an outpatient E/M code (99201-99215), or an inpatient code, such as 99222? The right answer depends on knowing if the physician sees the patient in the hospital that same day and if the physician admitted the patient for observation.

Physicians in group practices that rotate hospital rounds can further complicate coding for the two E/M services, says **Suzanne Rushton**, insurance office manager at Piedmont Health Group in Greenwood, S.C.

For instance, an internist may see a patient in the office and admit the patient to the hospital on day one (99201-99215, Office visit for the evaluation and management of a new or established patient ...). Then another internist visits the patient in the hospital and performs initial hospital care the following morning (99221-99223, Initial hospital care, per day, for the evaluation and management of a patient ...), Rushton says.

Here are three hospital admission scenarios that will help you pave the way to error-free E/M coding.

1. Office Visit Results in Hospital Admit

A patient presents to your office with severe pain in his left leg (729.5). The internist performs a complete history, evaluation and medical decision-making. Afterward, the physician admits the patient to the hospital but does not see the patient in the hospital that day.

What to expect: If the physician does not "physically go to the hospital to admit" the patient as an inpatient for the "same related services," you can report only an outpatient E/M code (99201-99215) for the visit, says **George L. Ward**, billing supervisor at South of Market Health Center in San Francisco.

2. Internist Performs Same-Day Related E/Ms

Suppose the internist performs an outpatient E/M, and then after admitting the patient to the hospital sees him that same day. Generally, in those cases you could report an initial inpatient care code 99221-99223, Ward says.

Example: Your internist evaluates a patient for chest pains (786.5x) and shortness of breath (786.05). Suspecting myocardial infarction (410.x), the physician admits the patient to the hospital. That evening, the physician visits the patient in the hospital to check on his progress.

In this case, you should combine the office visit and initial inpatient hospital care into one hospital E/M code (99221-99223). Because the initial hospital care's date coincides with the admission date, you should consider all related E/M services that the internist provides on that day part of the initial hospital care and submit only the initial hospital care codes.

If a physician admits a patient to inpatient status during another service site encounter, you should consider all E/M services that the doctor performs with that admission to be part of the initial hospital care when performed on the same date as the admission, according to CPT requirements. That means 99221-99223 encompass all of the day's related initial hospital care services.

Heads-Up: You should consider other coding options when the internist admits the patient for "observation," not initial

hospital care. For example, if the physician admits a patient in the morning for observation but discharges the patient later that day, you should bill the appropriate code from the 99234-99236 series (Observation or inpatient hospital care ...), Ward says.

3. Initial Inpatient Care Isn't on Office-Visit Date

You should separately report an office visit and initial hospital care that occur on different days.

Example: An internist sees an asthmatic patient in his office and admits the patient to the hospital as an inpatient. The internist doesn't see the patient in the hospital that day but visits the patient in the hospital the next morning.

In this situation, you should report both the office visit (99201-99215) and the hospital admit (99221-99223). Codes 99221-99223 describe initial hospital care per day, not hospital admission. Therefore, if the physician waits until the following day to visit the patient in the hospital, you should separately report each day's E/M service.

Don't combine the office visit with the next day's initial hospital care. You should bill the appropriate initial hospital care code for the first hospital encounter between the patient and admitting physician, says **Susan Callaway, CPC, CCS-P**, an independent coding consultant and educator in North Augusta, S.C.

You may have an easier time understanding CPT's hospital care note this way: When a physician admits a patient to inpatient status during another service site encounter, you should consider all E/M services that the doctor performs with that admission to be part of the initial hospital care, as long as the physician performs the initial hospital care on the same date as the admission.