

Internal Medicine Coding Alert

E/M: Check Out New Subsequent Observation Codes

Look for them in "Hospital Care" section.

CPT 2011 adds a new section to your E/M options: three codes for subsequent observation care. The codes fall between the "Initial Hospital Care" and "Subsequent Hospital Care" sections and have descriptor structures much like other E/M codes:

- 99224 -- Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.
- 99225 -- Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

An expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication.

Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.

- 99226 -- Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; a detailed examination; medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.