Internal Medicine Coding Alert

Reader Question: Admit Coding

Question: Occasionally, a patient will be admitted to the hospital late in the evening and not be seen until the next morning. Normally I bill my hospital admission history and physical (H&P) for the day I actually see the patient. One of my partners insists on billing for the H&P for the date the patient was admitted because he is assuming responsibility for the patients care. For example, a patient was admitted via the ED on Jan. 27, 2002. I call orders to the nurses. The patient is actually seen in the morning of the 28th. When do I bill the H&P?

Illinois Subscriber

Answer: Assuming that you did not see the patient at all on the 27th in other words, you did not see the patient in the ED or the hospital on that day you would bill for your initial hospital visit (99221-99223) on the day that you actually saw the patient, which, in your example was the 28th.

The instructional notes preceding the initial inpatient hospital care codes in CPT state, The following codes are used to report the first hospital inpatient encounter by the admitting physician. If your first hospital encounter with the patient is not until the patients second day in the hospital, then you should not bill your initial visit until the second day. Physicians often encounter compliance problems when they confuse their legal liability for a patients care with CPT coding. The CPT codes describe very specific services that are rendered to a patient, and each service billed must be documented in the medical record on the date billed. To do otherwise is to violate the False Claims Act, which carries substantial civil and criminal penalties. Simply because a physician is the admitting physician of record, is called at home by nursing staff, or phones in an order does not justify coding a hospital visit. To use the hospital care codes, the doctor must see the patient on the date that code is billed.