

Internal Medicine Coding Alert

Reader Question: Follow-up Inpatient Consultation

Question: If the primary-care physician (PCP) admits a patient to the hospital for a medical problem and subsequently surgery is required and the patient is transferred to surgical service, do we bill a 99261 or 99262 (follow-up inpatient consultation) as a consultant for ongoing medical care? If we continue to bill a 99232 (subsequent hospital care), we often are denied because the surgeon bills under the same code for daily care.

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Answer: This question is difficult to answer without knowing more of the specifics of the physicians service, notes **Catherine Brink, CPC**, president of Healthcare Resource Management Inc., in Spring Lake, N.J. If the patient was transferred to surgical service and the surgeon is calling the PCP in to obtain the PCPs medical advice on how to treat the problem that required surgery, then this service is a consultation. The PCP is coming to the hospital to examine the patient and render a professional opinion to the treating physician, the surgeon. Then, the PCP should use the consultation codes (99251-99255, initial inpatient consultation; or 99261-99263, follow-up inpatient consultation). Please note that, even if the PCP admitted the patient to the hospital, the first consultation service (the request for advice and rendering of professional opinion to the surgeon) would be an initial consultation, not a follow-up consultation.

From the question, it sounds as if the PCP may be following the patient for a problem separate from the problem requiring surgery. If that is the case, and the surgeon is following the patient for one problem and the PCP another, both physicians should be reporting the subsequent hospital care codes (99231-99233).

This is not concurrent care. The diagnosis codes for the different medical problems should indicate to the payer that the patient is being seen by the different physicians for different reasons. You need to make sure that the ICD-9 code appropriately describes the reason the PCP is following the patient and is not the surgical diagnosis.