

Internal Medicine Coding Alert

Reader Question: Hospital Versus Outpatient Code

Question: We sent a patient to the hospital to have a blood transfusion, and then his PCP went to see him. Which CPT code should we use? I don't think we should use a hospital code because he wasn't admitted, but I am hesitant to use the 99213 that the physician marked.

Illinois Subscriber

Answer: You are correct that patients are considered "outpatients" until they are officially admitted as "inpatients" to a hospital. Because this patient was not admitted, you cannot use the hospital services codes. However, it is appropriate to use the outpatient/office visit E/M codes for the physician visit. You can use these codes in any outpatient setting, including the hospital.

Choose a code from the 99212-99215 range based on the complexity of the visit. Be sure to use the proper place of service (POS) code on the claim to indicate where the visit occurred. POS code 22 is for visits to an "outpatient hospital." And, because the visit did not occur at the office, the carrier will take a "site of service" reduction in the payment to the physician. That is because payments to physicians typically include extra amounts to cover the costs of operating their offices. When a visit does not occur in the office, the carrier reduces the compensation because the physician had no overhead costs.

Answers to You Be The Coder and Reader Questions were provided by **Kathy Pride, CPC, CCS-P**, HIM applications specialist with QuadraMed, a national healthcare information technology and consulting firm based in San Rafael, Calif.; **Dennis Stone, MD, MBA, CMD**, chief medical officer of HealthEssentials in Louisville, Ky., and a past president of the American Medical Directors Association; and **Jean Ryan-Niemackl, LPN, CPC**, content analyst in the HIM division with QuadraMed.