

Internal Medicine Coding Alert

Reader Question: PCP in the Nursing Home

Question: Which code should we use when a patient is transferred to a nursing rehab center and our internist is no longer the treating physician, but is still following the patients progress as the primary care physician and is still actively involved in the care?

Wisconsin Subscriber

Answer: If your internist is following the patient in a nursing facility that provides convalescent, rehabilitative or long-term care, the nursing facility services codes, 99311-99313 for subsequent nursing facility care, new or established patient, are appropriate. These codes report the services provided to residents of the nursing facility who do not require a comprehensive assessment, and/or have not had a major, permanent change of status. All three codes include reviewing the medical record, noting changes in the residents status since the last visit and reviewing and signing orders.

Code 99311 requires a problem-focused interval history, problem-focused exam and medical decision-making that is straightforward or of low complexity. Code 99312 requires an expanded problem-focused history, expanded problem-focused exam and medical decision-making of moderate complexity. Code 99313 requires a detailed interval history, detailed exam and medical decision-making of moderate to high complexity.

If your physician is performing comprehensive nursing facility assessments as per guidelines outlined in CPT 2001, for new or established patients, use 99301-99303 (99301, evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history, a comprehensive examination and medical decision-making that is straightforward or of low complexity; 99302, ... moderate to high complexity; 99303, ... a comprehensive history, a comprehensive exam and medical decision-making of moderate to high complexity).