

## Internal Medicine Coding Alert

### Reader Question: Swing-bed Status

**Question:** A hospital inpatient is discharged to swing-bed status but remains in the hospital. Can I use the discharge code 99238 or 99239 and the admission code to swing bed on the same day? Is a modifier needed to report both codes on the same day? Some practices in the area have been using outpatient codes or skilled nursing home codes for swing bed. Which is correct?

Colorado Subscriber

**Answer:** A swing-bed floor is actually a skilled nursing facility (SNF) for short-term rehabilitation patients who no longer meet inpatient criteria and need to be discharged but aren't quite ready to go home, says **Catherine Brink, CPC**, president of Healthcare Resource Management, in Spring Lake, N.J.

Hospital inpatient discharge services should be reported with codes 99238 (hospital discharge day management; 30 minutes or less) or 99239 (more than 30 minutes). Hospital discharge day management codes are used to report the total time spent by a physician for final hospital discharge. These codes include a final exam of the patient, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms.

Hospital discharge services performed on the same date of nursing facility (one that provides convalescent, rehabilitative or long-term care) admission or readmission may be reported separately from the nursing facility admission. These services are coded using the Nursing Facility codes. Nursing facility services are reported with codes 99301-99303 for comprehensive nursing facility assessment, new or established patient, and codes 99311-99313 for subsequent nursing facility care, new or established patient. You will also need to use the correct place of service (POS) code. Use POS code 31 for the SNF. No modifier is necessary. Also, be sure to include the facility's provider number on your claim form.