Internal Medicine Coding Alert

READER QUESTIONS: Prevent Concurrent Care Denials

Question: An internist is treating an established patient with controlled type II diabetes with ketoacidosis as a hospital inpatient. On day 1, the internist checks on the patient during his rounds, and the patient complains of shortness of breath (SOB). Suspecting pneumonia or heart failure, the internist requests a consult from a pulmonologist and a cardiologist.

On day 2, tests confirm that the patient has viral pneumonia. The cardiologist is no longer needed, but the internist asks the pulmonologist to take over care for the patients pneumonia. The internist continues to see the patient to manage his diabetes. Notes indicate that the internist provided level-two care. To avoid the insurer denying the internists claim as duplicative of the pulmonologists, how should I code the internists portion of day 2s concurrent care?

Michigan Subscriber

Answer: The internist should report 99232 (Subsequent hospital care,per day, for the evaluation and management of a patient,which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity ...) with 250.10 (Diabetes with ketoacidosis; type II or unspecified type, not stated as uncontrolled) as primary and 480.9 (Viral pneumonia, unspecified) as secondary.

The pulmonologist should report his hospital care code with 480.9 appended as a primary diagnosis and 250.10 as a secondary diagnosis.

Properly ordering the ICD-9 codes paints a complete picture of the patients condition and ensures that both practices get paid.