

## Internal Medicine Coding Alert

### READER QUESTIONS: Report 1 Inpatient Code Per Day

**Question:** In the afternoon the family physician in our group practice admitted a patient for dehydration. That evening, our internist on-call saw the patient in the hospital for chest pain. Can the physicians bill separately for the visits?

New York Subscriber

**Answer:** The physicians could separately report the visits if they are billing under concurrent care. That means both physicians need to "play an active role" in treating the patient because the patient has a medical condition that requires "diverse specialized medical services," according to the Medicare Carriers Manual (MCM), section 2020E.

In addition, the physicians should each be responsible for a different aspect of the patient's care, be of different specialties and use different diagnoses, states MCM section 15505.

**Example:** A hospitalized patient has hypertension (401.x) and emphysema (492.x). To manage these complex health problems, an internist manages the patient's hypertension treatment, while a pulmonologist cares for the emphysema.

On the other hand, if the internist was simply "covering" for the family physician, you should report only the first visit by the family physician. That's because the descriptors for hospital visit codes 99221-99233 include the phrase "per day," meaning the codes represent all care the physician provided for the day, according to MCM, section 15505.

But you can combine the two visits to bill a higher level of E/M code, coding experts say. Just make sure your documentation supports the higher level.

For more information on concurrent care, go to [www.cms.hhs.gov/manuals/14\\_car/3b2000.asp](http://www.cms.hhs.gov/manuals/14_car/3b2000.asp).