

Internal Medicine Coding Alert

Reader Questions: Separate Internist's Critical Treatments

Question: The internist saw a patient for subsequent hospital care, and then later in the day the patient became critical, which required the physician to treat the patient again. How should we report this?

Texas Subscriber

Answer: Depending on the level of care the internist documents, you should report the appropriate subsequent and critical care codes, according to Medicare guidelines. For instance, you could report the morning treatment as 99232 (Subsequent hospital care, per day, for the evaluation and management of a patient...), and the afternoon service as 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes).

Note: Your physician must submit supporting documentation when he bills critical care on the same day as other E/M services, Medicare states.