

## Internal Medicine Coding Alert

### You Be The Coder: Concurrent Care With Pulmonologist

**Question:** In our multi-specialty group, an internist and pulmonologist wanted to bill for concurrent care of a patient. The internist treated the patient's diabetes, while the pulmonologist cared for the patient's pneumonia. Medicare denied the internist's claim for subsequent hospital care (99232) but paid the pulmonologist for initial hospital care (99222) and subsequent hospital care (99232). What went wrong?

Idaho Subscriber

**Answer:** You may have used the same diagnosis codes for both physicians' procedures. When you report concurrent care, you should report only the ICD-9 code for the condition that the respective physician treated.

For example, you should have reported the pulmonologist's claim as 99222 (Initial hospital care ...) with the appropriate ICD-9 code for pneumonia, such as 487.0 (Influenza; with pneumonia). For the internist's claim, you should have linked the appropriate diabetes code (250.xx, Diabetes mellitus) to 99232 (Subsequent hospital care ...).

If you did submit the claims this way, then you should ask your Medicare carrier to review the denials. Make sure you submit documentation. The documentation should include the separate diagnosis codes and progress notes that show the physicians saw the patient for different conditions.