

Internal Medicine Coding Alert

You Be the Coder: Hospital Care Leads to Office Visit

Question: While on duty at the hospital, our internist treated a patient for migraine headaches. A month later the same patient came to see the physician at our office for another condition. Should I code this visit as new or established?

Maine Subscriber

Answer: You should report the appropriate established patient codes (99211-99215). CPT defines a new patient as "one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice within the past three years." Any patient who has received care within the past three years is "established."

Be sure you note CPT's new and established patient definition under the heading "Definitions of Commonly Used Terms" in the Evaluation and Management Services Guidelines.

Remember that a patient's status doesn't affect hospital care coding. For instance, you report initial hospital care with 99221-99223 (Initial hospital care, per day, for the evaluation and management of a patient ...) and subsequent hospital care as 99231-99233 (Subsequent hospital care, per day, for the evaluation and management of a patient ...), regardless of whether the patient is new or established.

But when your internist treats a patient in the hospital and later (within three years) treats the patient in the office, you must code the encounter as an established patient E/M service, such as 99211-99215 (Office or other outpatient visit for the evaluation and management of an established patient ...).