

Internal Medicine Coding Alert

You Be the Coder: Hospital Discharge to Swing Bed Status

Question: A hospital inpatient was discharged to swing bed status, but remains in the hospital. Can a hospital discharge and a swing bed admission be reported on the same day?

Ohio Subscriber

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Answer: The hospital inpatient discharge services should be reported with either 99238 or 99239, which are time based, according to **Catherine A. Brink, CMM, CPC**, president of Healthcare Resource Management Inc, a physician practice management consulting firm in Spring Lake, N.J. Code 99238 is used to report hospital discharge evaluation and management (E/M) services of 30 minutes or less, while 99239 is used to report E/M services of more than 30 minutes.

The codes include the final examination of the patient, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms. The total duration of time spent by the internist should be reported, even if that time is not continuous.

The reporting of the swing bed admission will depend on the type of facility involved. If its a nursing facility, report the hospital discharge services performed on the same date as a nursing facility admission or readmission, according to the CPT manual.

If the internist performs a comprehensive nursing facility assessment at the time of admission, then codes 99301-99302 (evaluation and management of a new or established patient involving an annual nursing facility assessment) should be used to report the admission, Brink says. If a comprehensive assessment is not done, then 99311-99313 (subsequent nursing facility care) should be used.

When the patient is in swing bed status but still an inpatient in the hospital, then the subsequent hospital care codes 99231-99233 would be appropriate depending on the level of service rendered. If the patient is being discharged to a domiciliary, rest home or custodial care facility, where the services do not include a medical component, then 99331-99333 (domiciliary or rest home visit, established patient) would be appropriate.

For more on coding for nursing facility visits, please see Receive Optimum Reimbursement for Visits to Nursing Homes and Assisted Living Facilities, on page 33 of the May 2000 Internal Medicine Coding Alert.

