

Part B Insider (Multispecialty) Coding Alert

DISCHARGES: Don't Lose Money On Hospital Discharge Management

Be prepared to appeal downcodes from skeptical carriers

When it comes to hospital discharge day management, time is of the essence.

Downcoded: Many physicians fail to document the time they spent on hospital discharge day management, and so their claims are downcoded from 99239 (more than 30 minutes) to 99238 (30 minutes or less). According to a frequently asked questions (FAQ) file posted by Part B carrier **HGS Administrators**, this is a common problem.

Documentation should include things like the physician's final examination of the patient, a discussion of the hospital stay, instructions for continuing care, preparation of discharge records, writing prescriptions and filling out transfer forms. It should also mention exactly how much time the physician spent discharging the patient.

Educate your physicians to document more fully the time they spend on discharges, advises **Charol Spaulding** with **Coding Continuum** in Tucson, AZ.

Sometimes the physician may spend half an hour having a conference with the patient's family, and may have to explain something several times to an elderly spouse, notes **Maxine Lewis**, a consultant with **Medical Coding Reimbursement Management** in Cincinnati, OH. But the carrier may not believe that the services documented are worth the amount of time the physician spent, and may downcode the service. You should appeal those decisions, she adds.

But most discharge summaries shouldn't take half an hour, so the physician should explain why it took so long, Lewis adds. It could be that the physician ordered tests the day before, but only reviewed the results on the day of discharge.

Important: Only the admitting physician can bill for discharge codes, unless the patient was transferred, Spaulding notes. For example, if an orthopedist admitted a patient for a simple fracture and then the patient developed high blood pressure, the orthopedist might transfer the patient.

Answering another question, HGSA also clarifies that you can't bill for discharge day management using the date the physician dictated the discharge summary--just the day the patient received the services. If the physician does the discharge summary the day before discharge, then you should bill for that using a subsequent visit code, Spaulding says.