

Part B Insider (Multispecialty) Coding Alert

Hospital Discharge Coding: Add \$25 To Your Discharge Pay With Proper Documentation

Educate physicians to note time spent on discharge management

If your physicians aren't documenting the time spent on discharges, your rightful reimbursement could be walking away along with the patient.

Medicare recognizes two codes for discharge planning: [CPT 99238](#) (30 minutes or less) and 99239 (more than 30 minutes). "A lot of the doctors are spending more than 30 minutes with their patients in discharge planning but they don't document that," says **Charol Spaulding**, vice president of **Coding Continuum** of Tucson, AZ. "I have rarely seen any physicians document time on a discharge summary, even if they bill 99239."

In Ohio, 99238 reimburses \$69.56 and 99239 reimburses \$94.00, for about a \$25 difference, says **Maxine Lewis**, a consultant with **Medical Coding Reimbursement Management** in Cincinnati, OH.

The 30-plus minutes don't need to be continuous. "There could be 25 minutes in the morning and 12 minutes later in the day," says **Collette Shrader**, compliance/education coordinator with the **Wenatchee Valley Medical Center** in Wenatchee, WA. Also, the physician doesn't need to document stop and start times in detail, says Shrader. Instead, the physician can simply write down "37 minutes" without breaking down the time further.

Many physicians simply want to bill 99238, because they don't want to bother to document time, notes Shrader. And when physicians do want to bill 99239, they sometimes don't provide enough documentation to make the code possible.

The good news is you can improve your coding by educating your physicians on this topic. "We have discussions with [physicians] on a regular basis," encouraging them to document time to avoid being stuck with 99238, says **Jennie Horner**, a coder with **Southern Ohio Medical Center** in Portsmouth, OH. Her department does regular audits to look for documentation of time. A lot of physicians never bother to bill 99239, or else by the time they get around to doing their charge logs, they don't remember whether they documented time spent. But Horner tells physicians that "over a period of time, it really does add up, and they're doing work they're not getting paid for properly."

Horner and other experts say that regular education can improve your physicians' batting average with discharge coding.