

Part B Insider (Multispecialty) Coding Alert

Inpatient Coding: Avoid Writing Off Your Death Pronouncement Services

Discharge codes are appropriate, CMS advises.

No physician ever wants to lose a patient. But when death does happen, your doctor will often do a significant amount of work, resulting in a stack of paperwork and documentation. Unfortunately, Medicare has no code for pronouncing a patient dead. But if you're writing off your doctor's work, you could be missing out on reimbursement.

Although many doctors bristle at using discharge codes 99238 and 99239 for this service, Medicare says it's the right thing to do. "The physician who personally performs a patient pronouncement of death shall bill for the face-to-face Hospital Discharge Day Management Service using CPT code 99238 or 99239," CMS said in Transmittal 1460. "The date of death pronouncement shall reflect the calendar date of actual death pronouncement even if the paperwork is delayed to a subsequent calendar date."

Which code you'll select depends on whether the physician spent 30 minutes or less (99238) or more than 30 minutes (99239). You can also bill separately for any other services the physician provided prior to the patient's death, such as CPR or cardiac shock.

As CMS notes, you should report the date of service as the date the doctor actually pronounced the patient dead, and not when he finishes writing up the paperwork. A related Q&A on the WPS Medicare Web site asks, "I admitted the patient to an inpatient status on May 1, 2011 at 8:00 pm. I personally pronounced the patient deceased at 2:00 am on May 2, 2011. How do I bill for these services?"

WPS Medicare responds, "You would have an initial inpatient service on May 1, 2011 and a discharge management service on May 2, 2011 (provided you meet all requirements of the procedure codes.)"

Don't Bill For DOA Patients

If a patient arrives at the emergency room already dead, that's more likely to be a borderline case. Frequently, the patient will go directly to the coroner after being declared dead.

"Outpatient hospital services furnished in the emergency room to a patient classified as 'dead on arrival' are covered until pronouncement of death, if the hospital considers such patients as outpatients for record-keeping purposes and follows its usual outpatient billing practice for such services to all patients, both Medicare and non-Medicare," CMS said in Transmittal 82. "This coverage does not apply if the patient was pronounced dead prior to arrival at the hospital."

Resource: CMS's Transmittal regarding billing discharge codes for death pronouncement is available at www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1460CP.pdf, and the transmittal regarding dead on arrival is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R82BP.pdf>.