

Part B Insider (Multispecialty) Coding Alert

Part B Revenue Booster: Stop Repeatedly Making This \$35 Mistake

Document your discharge services properly or you'll be forced to downcode.

How much time does your physician typically spend performing discharge services? If you aren't sure of the answer, you could be coding these services improperly, and if the doctor's documentation doesn't specifically indicate the number of minutes he spends, then you might be forced to downcode every claim.

Time Is of the Essence

When your physician performs hospital discharge services, you have two codes in the range:

- 99238 □ Hospital discharge day management; 30 minutes or less
- 99239 □ ... more than 30 minutes.

As the code descriptors indicate, the choice between the two codes depends on the time your provider spends on the discharge services. Thus, physicians should always note the time they spent in the record. Coders should remember to check the chart prior to coding 99239 to verify the time is documented and the qualification of "more than 30 minutes" has been met.

Important: If there is no time notation in the discharge service documentation, you must code 99238 rather than 99239, even if the doctor verbally says he spent more than 30 minutes. That's because you cannot prove the time spent without documentation showing it. This type of mistake could cause you to lose \$35, as 99239 pays about \$108 and 99238 pays just \$73, based on the 2014 Medicare Physician Fee Schedule.

What counts? E/M guidelines indicate that you should use the discharge management codes "to report the total duration of time spent by a physician for final hospital discharge of a patient." Services may include examining the patient, discussing the stay, instructing caregivers on continuous care, and the related paperwork, such as the discharge records, prescriptions, and referral forms, the guidelines state. When you calculate the time involved on discharge day, remember that CPT® says the time doesn't need to be continuous.

Check the Attending on Record: Several physicians (or non-physician practitioners) might be involved in a patient's care, and all might try to bill for the discharge □ but only the attending physician should bill for the discharge, according to CMS. So if your physician is not the attending physician, you shouldn't be coding 99238 or 99239. Other physicians seeing the patient would bill a regular hospital day service as appropriate.

MLN Matters article MM5794 notes, "Only the attending physician of record (or physician acting on behalf of the attending physician) shall report the hospital discharge day management service. Physicians and qualified non-physician practitioners who manage concurrent health care problems not primarily managed by the attending physician shall use subsequent hospital care (CPT® code range 99231- 99233) for a final visit."