

Part B Insider (Multispecialty) Coding Alert

READER QUESTION: Know How to Report Hospital Discharge After Consultation

Tip: Differentiate attending doc from referring.

Question: A family practice physician admitted a patient for treatment of severe abdominal pain, and then consulted with my surgeon, who followed the patient through the episode of care. Both physicians want to report the hospital discharge. Can they split the discharge billing? If not, who should report it?

Answer: It sounds as if the family practice physician is the admitting "attending" physician. There-fore, the attending physician is the physician who reports the discharge code (99238-99239, Hospital discharge day management ...). According to CPT, under instructions for Hospital Discharge Services, "To report concurrent care services provided by a physician(s) other than the attending physician, use subsequent hospital care codes 99231-99233."

Remember: Medicare and many other payers allow only the admitting physician to bill a discharge for the patient. However, if another physician in the same practice performs the discharge service -- for example, if the admitting doctor is not available at the time of discharge -- you can still bill for it. When physicians are all members of the same group, any of them can perform the discharge.

However, if your surgeon performed a surgical procedure for the abdominal pain (for example, 44960, Appendectomy...), any subsequent hospital care and discharge services would be part of the postoperative global surgical period, and there would be no charge for subsequent hospital care or discharge services within the global surgical period.

The problem: In your case, the family physician admits a patient and consults the surgeon. The surgeon actively manages the day-to-day care for the patient, and the family physician writes notes that concur with the surgical management. The patient does not undergo a surgical procedure. In the meantime, the family physician gets paid daily, while the surgeon gets a single consultation fee and no follow-up fees. Upon discharge, the family physician gets to report that service, too, even if the surgeon writes all the follow-up discharge orders. In these situations, many analysts recommend that the patient should be transferred to the surgeon so that he can accurately code the services he provides and be properly reimbursed.