

Eli's Rehab Report

High-Risk Patients May Warrant 99233

The following scenarios illustrate typical examples of when physiatrists use subsequent hospital care codes:

Scenario #1: An orthopedist admits a pelvic-fracture (808.x) patient to the hospital for open fixation (27217-27218), after which she transfers the patient to the inpatient rehab unit. The physiatrist visits the patient to direct her rehabilitation and ensure that the patient's condition improves.

Because the physiatrist's visits on postadmission days are problem-focused (on the patient's fracture healing) and she is already familiar with the patient's history, she can briefly examine the patient and perform the relatively low-risk medical decision-making typical of this patient's rehab plan. Thus, the physiatrist should report 99231 for her hospital visits with this patient.

Scenario #2: A pregnant 44-year-old woman with a history of high blood pressure presents to her ob-gyn's office complaining of left-arm paralysis and blurred vision. Her ob-gyn admits her to the hospital, where a neurologist diagnoses transient ischemic attack (TIA, 435.9). The patient's ob-gyn and neurologist both determine that the patient and her fetus are stable, but she has trouble moving the fingers on her left hand and cannot grasp objects.

The physiatrist sees the patient each day for two weeks, when they work with a therapist to help the patient regain use of her left hand. The physiatrist also educates the patient regarding exercise and diet to reduce her blood pressure while maintaining a healthy pregnancy. The physiatrist must therefore:

1. learn the patient's history
2. perform an examination that involves checking blood pressure and other vital signs
3. review the results of the lab and radiology tests that the neurologist and ob-gyn ordered upon admission
4. perform medical decision-making of moderate complexity regarding the choice and use of therapy and medications to safely control blood pressure for this pregnant patient.

After spending about 25 minutes with her assuming the physiatrist thoroughly documents every consideration and activity for this patient the physiatrist should bill 99232 for this subsequent hospital visit.

Scenario #3: A physiatrist visits a 52-year-old male patient who has a history of emphysema on the third day after a right-leg amputation following a serious motor-vehicle accident. Because of the patient's critical condition and the range of potential signs and symptoms that he must monitor, the physiatrist spends about 40 minutes with the patient.

During examination, the physiatrist considers blood pressure, respiration and other vital signs, monitors the patient's edema (782.3) and infection, and evaluates the patient's range of motion. In addition, the physiatrist works with several therapists to help the patient adapt to his new condition without exacerbating his emphysema or putting too much stress on his injuries.

Because the management options include a high-complication risk and an extensive number of diagnoses and management options, the physician must review many symptoms, creating high-complexity decision-making. Therefore, you should report 99233 for this subsequent hospital visit.

