

Eli's Rehab Report

Reader Question: Comprehensive Rehab

Question: Our physiatrist performed a comprehensive rehab inpatient encounter. We coded the claim with 99301, but the doctor thinks we should use a hospital code. How should we code this?

Louisiana Subscriber

Answer: Because you used the word inpatient, it sounds as if your physiatrist performed a comprehensive evaluation of a patient in a hospital's rehab department and not a separate nursing facility. Inpatient evaluations, even if they take place in a hospital's rehab department or wing, are coded using inpatient E/M codes 99231-99233.

Comprehensive nursing facility assessment codes (99301-99303) apply only to patients in nursing facilities (formerly called skilled nursing facilities or SNFs), intermediate care facilities or long-term care facilities. When performing evaluations in one of these locations, use the appropriate nursing facility code (which apply to both new and established patients). Code 99301 should be used for the required annual assessment when the physiatrist reviews the patient's health and adjusts the plan of care accordingly. This would not be the appropriate code if the physiatrist is seeing the patient in a nursing facility upon his or her initial admission. Code 99302 is used when the patient has a complication or change in health status, requiring a new plan of care. If a patient suffers a stroke in the nursing facility, for example, his or her health status must be changed and the plan of care must be updated.

Use 99303 when a patient is first admitted to the nursing facility or is readmitted after leaving for a hospital stay or other reason. Therefore, if the physiatrist saw the patient for an initial review on his or her first day in a nursing facility, you would code 99303.