

Eli's Rehab Report

Reader Questions: How to Choose Hospital Follow-Up Codes

Question: When the physiatrist performs an inpatient consult, I bill [CPT 99251](#) -99255. Should I code a follow-up visit with 99261-99263 or 99231-99233?

Illinois Subscriber

Answer: You actually have two code choices for a hospital visit following an initial inpatient consultation (99251-99255, Initial inpatient consultation for a new or established patient ...).

Depending on the situation, you may report either a follow-up inpatient consultation code (99261-99263, Follow-up inpatient consultation for an established patient ...) or a subsequent hospital care code (99231-99233, Subsequent hospital care, per day, for the evaluation and management of a patient ...).

Use 99261-99263 when:

1. the attending physician requests a subsequent consultative visit from the physiatrist
2. the physiatrist performs the follow-up visit to complete the initial consultation (such as, when the provider is not able to respond with the opinion or advice sought until more information is obtained).

On the other hand, if the physiatrist continues with patient care, you should assign 99231-99233. Therefore, if the physiatrist initiated treatment at the initial consultation and thereafter participated in the patient's management, you should report a code for subsequent hospital care, not a code for follow-up inpatient consultation.

Documentation tip: Unlike an outpatient consultation (99241-99245, Office consultation for a new or established patient ...), codes 99261-99263 do not require that the physiatrist send a written report to the attending physician. The attending physician should record the request, review and report in the patient's shared medical chart.