

Outpatient Facility Coding Alert

Reader's Question: A Query to the Facility Can Get the Required Documentation

Question: Our provider admitted a patient for observation, but documentation of initial admission had not been done. We are using office visit codes 99211-99215, however, the patient is seen the following two days in observation. Can we bill subsequent observation codes? Or does that need to be billed with office visits codes as well? The visits are not meeting the "3 out of 3" requirement. So we are billing office visits for the actual admission....which came from the direction of another coder. Then we are billing 99224-99226 for the following dates.

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Answer: When the patient is in observation status and the documentation of admission cannot be confirmed, then we can always send a query to the facility asking for documentation of admission.

If we get inpatient documentation, then we can use the inpatient codes (99221 □ 99223).

Office visit codes (99211 □ 99215) should not be billed since we are not sure whether the patient was discharged from the observation status.

Initial observation codes (99218 □ 99220) should be billed for initial observation and subsequent observation codes (99224 □ 99226) should be billed for patient seen for two days of continued observation. After two days of observation status, the patient needs to be discharged or admitted as inpatient.

Advice: A good idea is to address this with the physicians so that they are documenting enough for you to report the initial visit.