Hospital Services Coding

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Topics

- General Hospital Coding Information
- Initial Observation Care
- Observation Care Discharge Services
- Observation Care Services (Admit and Discharge on the same date)
- Initial Hospital Care
- Subsequent Hospital Care
- Hospital Discharge Services
- Initial Inpatient Consultations
- Critical Care
- Inpatient Neonatal/Pediatric Critical Care
- Continuing Intensive Care Services
- Newborn Care
General Hospital Coding Information

- All hospital codes are for new or established patients
- We may not bill for patients who are not seen by a teaching physician on the same date as a resident – the bill should go out as the date the patient was seen by the teaching physician
- Generally, all services provided on a single date of service by the same provider should count towards a single level of service
Initial Observation Care

- 99218 – 99220 Initial observation care per day
- These codes are reported by the supervising physician with the patient when the patient is designated “Observation Status”
- When “Observation Status” is initiated during the course of an encounter in another site of service (e.g. emergency department, physician’s office, nursing facility) all evaluation and management services provided by the supervising physician in conjunction with initiating “Observation Status” are considered part of the initial observation care
Initial Observation Care

- 99218 – Three out of three key components
  - Detailed or Comprehensive History
    - 4 elements of HPI, 2-9 elements of ROS, 1 element of PFSH
  - Detailed or Comprehensive Exam
    - Up to 7 organ systems with detailed exam of affective organ system
  - Straightforward or Low Complexity Medical Decision Making

- 99219 – Three out of three key components
  - Comprehensive History
    - 4 elements of HPI, 10 or more elements of ROS, 3 elements of PFSH
  - Comprehensive Exam
    - 8 or more organ systems or complete single organ system exam
  - Moderate Complexity Medical Decision Making

- 99220 – Three out of three key components
  - Comprehensive History
    - 4 elements of HPI, 10 or more elements of ROS, 3 elements of PFSH
  - Comprehensive Exam
    - 8 or more organ systems or complete single organ system exam
  - High Complexity Medical Decision Making
Observation Care Discharge

- 99217 – Observation Care Discharge Day Management
  - Includes all services provided on that date of services such as final examination of the patient, discussion of the hospital stay, instructions for continuing care and preparation of discharge records
Observation Care Services

- 99234-99236 Observation or Inpatient Hospital Care
- These codes are used for patients who are admitted and discharged on the same date of service
- The same guidelines apply as with Initial Observation Care
Observation Care Services

- **99234** – Three out of three key components
  - Detailed or Comprehensive History
    - 4 elements of HPI, 2-9 elements of ROS, 1 element of PFSH
  - Detailed or Comprehensive Exam
    - Up to 7 organ systems with a detailed exam of affected organ system
  - Straightforward or Low Complexity Medical Decision Making

- **99235** – Three out of three key components
  - Comprehensive History
    - 4 elements of HPI, 10 or more elements of ROS, 3 elements of PFSH
  - Comprehensive Exam
    - 8 or more organ systems or complete examination of one organ system
  - Moderate Complexity Medical Decision Making

- **99236** – Three out of three key components
  - Comprehensive History
    - 4 elements of HPI, 10 or more elements of ROS, 3 elements of PFSH
  - Comprehensive Exam
    - 8 or more organ systems or complete examination of one organ system
  - High Complexity Medical Decision Making
Initial Hospital Care

- 99221-99223 Initial Hospital Care per day
- These codes are used to report the first hospital inpatient encounter with the patient by the admitting physician
- For initial inpatient encounters by physicians other than the admitting physician, use initial inpatient consultations or subsequent hospital care codes as appropriate
Initial Hospital Care

- **99221 – Three out of three key components**
  - Detailed or Comprehensive History
    - 4 elements of HPI, 2-9 elements of ROS, 1 element of PFSH
  - Detailed or Comprehensive Exam
    - Up to 7 organ systems with a detailed exam of the affected organ system
  - Straightforward or Low Complexity Medical Decision Making

- **99222 – Three out of three key components**
  - Comprehensive History
    - 4 elements of HPI, 10 or more elements of ROS, 3 elements of PFSH
  - Comprehensive Exam
    - 8 or more organ systems or a complete exam of one organ system
  - Moderate Complexity Medical Decision Making

- **99223 – Three out of three key components**
  - Comprehensive History
    - 4 elements of HPI, 10 or more elements of ROS, 3 elements of PFSH
  - Comprehensive Exam
    - 8 or more organ systems or a complete exam of one organ system
  - High Complexity Medical Decision Making
Subsequent Hospital Care

- 99231-99233 Subsequent Hospital Care per day
- Can be used by any physician seeing the patient in the hospital but only once per day per physician
Subsequent Hospital Care

- 99231 – **Two out of three** key components
  - Problem Focused *Interval History*
    - 1-3 elements of HPI, 0 elements of ROS or PFSH
  - Problem Focused Exam
    - 1 body area or organ system
  - Straightforward or Low Complexity Medical Decision Making
- 99232 – Two out of three key components
  - Expanded Problem Focused *Interval History*
    - 1-3 elements of HPI, 1 element of ROS, 0 elements of PFSH
  - Expanded Problem Focused Exam
    - Up to 7 organ systems
  - Moderate Complexity Medical Decision Making
- 99233 – Two out of three key components
  - Detailed *Interval History*
    - 4 elements of HPI, 2-9 elements of ROS, 1 element of PFSH
  - Detailed Exam
    - Up to 7 organ systems with a detailed exam of affected organ system
  - High Complexity Medical Decision Making
Hospital Discharge Services

- 99238-99239 Hospital Discharge Day Management
- These codes are to be utilized by the physician to report all services provided to a patient on the date of discharge, including as appropriate, final examination, discussion of the hospital stay, instructions for continuing care and preparation of discharge records, prescriptions and referral forms.
Hospital Discharge Services

- 99238 – Hospital Discharge Day Management 30 minutes or less
- 99239 – Hospital Discharge Day Management more than 30 minutes

*Special note – these are time based codes and cannot be reported by residents without the presence of the teaching physician for the entire amount of time claimed*

- If the amount of time spent discharging the patient is not documented, you may only charge for the 99238
Initial Inpatient Consultations

- 99251-99255 Initial Inpatient Consultation
- A consultation is distinguished from other evaluation and management visits because it is provided by a physician or qualified non-physician practitioner whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source.
- A request for a consultation from an appropriate source and the need for consultation must be documented by the consultant in the patient’s medical record and included in the requesting physician’s records.
- After the consultation is provided, the consultant shall prepare a written report of his/her findings and recommendations, which shall be provided to the referring physician.
Initial Inpatient Consultations

- Initial Inpatient Consultations may be used in a nursing facility or a hospital setting.
- Use only one Initial Inpatient Consultation per patient per hospital stay unless a consultation is sought for an additional problem.
- Diagnostic or therapeutic services may be initiated by the consultant at the time of the consultation.
- If a physician requests another physician to take over the responsibility of managing the patient’s complete care for a specific condition, it is considered a transfer of care and a consultation should not be billed.
Initial Inpatient Consultations

- **99251 – Three out of three key components**
  - Problem Focused History
    - 1-3 elements of HPI, 0 elements of ROS and PFSH
  - Problem Focused Exam
    - 1 body area or organ system
  - Straightforward Complexity Medical Decision Making

- **99252 – Three out of three key components**
  - Expanded Problem Focused History
    - 1-3 elements of HPI, 1 element of ROS and 0 elements of PFSH
  - Expanded Problem Focused Exam
    - Up to 7 organ systems
  - Straightforward Complexity Medical Decision Making

- **99253 – Three out of three key components**
  - Detailed History
    - 4 elements of HPI, 2-9 elements of ROS, 1 element of PFSH
  - Detailed Exam
    - Up to 7 organ systems with a detailed exam of the affected organ system
  - Low Complexity Medical Decision Making
Initial Inpatient Consultations

99254 – Three out of three key components
- Comprehensive History
  - 4 elements of HPI, 10 or more elements of ROS, 3 elements of PFSH
- Comprehensive Exam
  - 8 or more organ systems or a complete exam of a single organ system
- Moderate Complexity Medical Decision Making

99255 – Three out of three key components
- Comprehensive History
  - 4 elements of HPI, 10 or more elements of ROS, 3 elements of PFSH
- Comprehensive Exam
  - 8 or more organ systems or a complete exam of a single organ system
- High Complexity Medical Decision Making
Critical Care

- 99291-99292 Critical care evaluation and management
- Critical care is the direct delivery by a physician of medical care for a critically ill or critically injured patient
- Critical care involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ system failure and/or prevent further life threatening deterioration of a patient’s condition
Critical Care

- A patient can be located anywhere and receive critical care i.e. ED, office, surgical unit
- Simply being in the Critical care unit or Intensive care unit does not qualify for critical care coding
- Special note – Critical care codes are time based codes and may not be performed by a resident without a teaching physician present for the entire time claimed
- Only one patient can be cared for during the duration of time claimed spent in critical care
- Documentation in the patient’s medical record must indicate the amount of time spent with the individual patient providing critical care (i.e. I spent 40 minutes providing critical care; I spent from 1500 to 1645 providing critical care to Mrs. Jones)
Critical Care

Critical care codes include the following which are not separately billable:
- Interpretation of cardiac output measurements
- Interpretation of chest x-rays
- Interpretation of pulse oximetry
- Interpretation of blood gases
- Gastric Intubation
- Temporary transcutaneous pacing
- Ventilatory management
- Vascular access procedures

Time spent in these activities count towards total critical care time.

CPR and Intubation are not included in critical care and time spent on these should be subtracted from critical care time.
Critical Care

- 99291 – Critical Care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
- 99292 – each additional 30 minutes
- If critical care is provided for less than 30 minutes, report the appropriate level evaluation and management code
- Time spent in activities that occur outside the unit or off the floor may not be reported as critical care since the physician is not directly available to the patient
- 99291-99292 are for patients over 24 months of age
## Critical Care

<table>
<thead>
<tr>
<th>Total Duration of Critical Care</th>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-74 minutes</td>
<td>99291</td>
<td></td>
</tr>
<tr>
<td>½ hour – 1 hr 14 min</td>
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<td></td>
</tr>
<tr>
<td>75-104 minutes</td>
<td>99291</td>
<td>99292</td>
</tr>
<tr>
<td>1 hr 15 min – 1 hr 44 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>105-134 minutes</td>
<td>99291</td>
<td>99292 x 2</td>
</tr>
<tr>
<td>1 hr 45 min – 2 hr 14 min</td>
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</tr>
<tr>
<td>135-164 minutes</td>
<td>99291</td>
<td>99292 x 3</td>
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<tr>
<td>2 hr 15 min – 2 hr 44 min</td>
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</tr>
<tr>
<td>165-194 minutes</td>
<td>99291</td>
<td>99292 x 4</td>
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<tr>
<td>2 hr 45 min – 3 hr 14 min</td>
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<td></td>
</tr>
<tr>
<td>194 minutes or longer</td>
<td></td>
<td>Appropriate # of 99292</td>
</tr>
<tr>
<td>3 hr 14 min – etc</td>
<td>99291</td>
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</tr>
</tbody>
</table>
Inpatient Neonatal/ Pediatric Critical Care

- 99468-994696 Neonatal Critical Care
- 99471-99472 Pediatric Critical Care
- These codes are per day initial and subsequent
- 28 days or less is the range for Neonatal Critical Care
- 29 days through 24 months is the range for Pediatric Critical Care
Inpatient Neonatal/ Pediatric Critical Care

Critical care codes include the following which are not separately billable:
- Umbilical venous and arterial catheters
- Other arterial catheters
- Central or peripheral vessel catheterization
- Vascular access procedures
- Vascular punctures
- Oral or nasogastric tube placement
- Endotracheal intubation
- Lumbar puncture
- Suprapubic bladder aspiration

- Bladder catheterization
- Initiation and management of mechanical ventilation
- CPAP
- Surfactant administration
- IV fluid administration
- Transfusion of blood components
- Invasive or non-invasive electronic monitoring of vital signs
- Bedside pulmonary function testing
- Monitoring or interpretation of blood gases or oxygen saturation
Inpatient Neonatal/Pediatric Critical Care

- 99468 – Initial inpatient neonatal critical care per day
- 99469 – Subsequent inpatient neonatal critical care per day
- 99471 – Initial inpatient pediatric critical care per day
- 99472 – Subsequent inpatient pediatric critical care per day
Continuing Intensive Care Services

- 99477 Initial Hospital Care per day for intensive care of a neonate
- 99478-99480 Subsequent Intensive Care
- These codes are used to report services subsequent to the day of admission provided by a physician directing the continuing intensive care of the low birth weight, very low birth weight infant or normal weight newborn who do not meet the definition of critically ill but continue to require intensive observation, frequent interventions, and other intensive services
- The same services that are included in Neonatal/Pediatric Critical Care are included in Continuing Intensive Care Services
- These codes are also per day of service
Continuing Intensive Care Services

- 99478 – Subsequent intensive care, per day for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams/3.3 lbs)
- 99479 – Subsequent intensive care, per day for the evaluation and management of the recovering low birth weight infant (present body weight of 1501-2500 grams/3.3 - 5.81 lbs)
- 99480 – Subsequent intensive care, per day for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams/5.582 – 11.21 lbs)
Newborn Care

- 99460-99463 Newborn Care
- These codes are used to report the services provided to newborns in several different settings
- For newborn hospital discharge services provided on a date subsequent to the admission, use hospital discharge codes
Newborn Care

- 99460 – Initial hospital or birthing center care, per day, for the evaluation and management of normal newborn infant
- 99461 – Initial care, per day, for the evaluation and management of normal newborn infant in other than hospital or birthing center
- 99462 – Subsequent hospital care, per day, for evaluation and management of normal newborn
- 99463 – Initial hospital or birthing center care, per day, for the evaluation and management of a normal newborn infant admitted and discharged on the same date
Newborn Care

- 99464 – Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn

- 99465 – Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
Newborn Care

When Attendance at delivery (99464) is reported, physician services include changing into scrubs, hand scrub, obtaining maternal and fetal histories from the obstetrician, review of the mothers chart and labor record, presence at the delivery of the newborn and providing any assistance required for the health of the newborn, receiving and caring for the newborn.

Attendance at delivery (99464) does not include endotracheal intubation (31500).

If Newborn resuscitation (99465) is reported do not report Attendance at delivery (99464).

Do not report resuscitation (99465) with Initial care per day of normal newborn infant (99460) or Initial inpatient neonatal critical care (99468) or Initial hospital care per day of an intensive care neonate (99477).
Thank you for viewing the Hospital Services Coding Presentation click [here](#) to take the quiz for this presentation.