



Related MLN Matters Article #: MM5792 **Revised**

Date Posted: March 10, 2008

Related CR #: 5792

### *Payment for Inpatient Hospital Visits - General (Codes 99221 – 99239)*

#### Key Words

MM5792, CR5792, R1545CP, Inpatient, Hospital, Visit

#### Provider Types Affected

Physicians and non-physician practitioners (NPPs) that submit claims to Part A/B Medicare Administrative Contractors (A/B MACs) and/or carriers for services provided to Medicare beneficiaries during a hospital visit

**Note:** MLN Matters article MM5792 was revised on June 30, 2008, to reflect changes made to CR5792. The CR was revised to clarify that **hospital emergency services are not paid for the same date as critical care services when provided by the same physician to the same patient.** The CR transmittal number, release date, and Web address for accessing the CR were also changed.

#### Key Points

- The effective date of the instruction is April 1, 2008.
- The implementation date is April 7, 2008.
- CR5792 updates Chapter 12, Section 30.6.9 of the *Medicare Claims Processing Manual*.
- Physicians and qualified NPPs should note the payment policy requirements according to CR5792 are as follows:
  - When a hospital inpatient (or emergency department or office/outpatient) evaluation and management (E/M) service is furnished on a calendar date at which time the patient does not require critical care and the patient subsequently requires critical care, both the critical care services (Current Procedural Terminology (CPT) codes 99291 and 99292) and the previous E/M service may be paid for the same date of service. **(Note that hospital emergency department services are not paid for the same date as critical care services when provided by the same physician to the same patient.)**

*CPT only copyright 2007 American Medical Association. All rights reserved.*

- During critical care management of a patient, those services that do not meet the level of critical care should be reported using an inpatient hospital care service with CPT Subsequent Hospital Care using a CPT code in the 99231-99233 range.
- Physicians and qualified NPPs may report both critical care services and an inpatient hospital care service for the same patient on the same calendar date when during critical care management of a patient the services do not meet the level of critical care services.
- Physicians and qualified NPPs are reminded that both Initial Hospital Care codes (CPT codes 99221-99223) and Subsequent Hospital Care codes are “per diem” services and may be reported only once per day by the same physician or physicians of the same specialty from the same group practice.
- Physicians and qualified NPPs are advised to retain documentation for discretionary Medicare Carrier or A/B MAC review in case claims are questioned. The retained documentation must support why the same physician or physicians of the same specialty in a group practice submitted claims for both critical care services and other E/M services for the patient on the same date of service.

### Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5792.pdf> on the CMS website.

Providers may see the official instruction (CR5792) issued to their Medicare A/B MAC or carrier by going to <http://www.cms.hhs.gov/Transmittals/downloads/R1545CP.pdf> on the CMS website. The updated section of the *Medicare Claims Processing Manual* is attached to CR5792.