



Related MLN Matters Article #: MM5794

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Subsequent Hospital Visits and Hospital Discharge Day Management Services (Codes 99231 - 99239)

Key Words

MM5794, CR5794, R1460CP, Hospital, Visit, Discharge

Provider Types Affected

Physicians and qualified nonphysician practitioners (NPPs), submitting claims to Medicare Part A/B Administrative Contractors (A/B MACs) and carriers for services provided to Medicare beneficiaries during a hospital visit

Key Points

- The effective date of the instruction is April 1, 2008.
- The implementation date is no later than April 7, 2008.
- Change Request (CR) 5794 updates Chapter 12, Section 30.6.9.2 of the *Medicare Claims Processing Manual*. The updated section of this manual is attached to CR5794, which is available at the Centers for Medicare & Medicaid Services (CMS) website address listed in the Important Links section below.
- The Medicare physician fee schedule payment amount for surgical procedures includes all services (e.g., evaluation and management services) that are part of the global surgery payment.
- Physicians and qualified NPPs should note that Medicare will not pay more than that amount when a bill is fragmented for staged procedures.
- The updated manual provisions according to CR5794 are as follows:
 - Physicians and qualified NPPs should remember that Subsequent Hospital Care visits (Common Procedural Terminology (CPT) codes 99231 – 99233) are not separately payable during the global surgery period even when a bill is fragmented for a staged procedure.
 - A Hospital Discharge Day Management Service (CPT code 99238 or 99239) is a face-to-face evaluation and management (E/M) service between the attending physician and the patient.

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- Only the attending physician of record (or physician acting on behalf of the attending physician) should report the Hospital Discharge Day Management Service (CPT code 99238 or 99239).
- Physicians and qualified NPPs who manage concurrent health care problems not primarily managed by the attending physician should use the Subsequent Hospital Care code from CPT code range 99231 – 99233 for a final visit.
- The physician or qualified NPP should report the Hospital Discharge Day Management Service for the date of the actual visit even if the patient is discharged on a different calendar date.
- CMS reminds physicians and qualified NPPs that only one Hospital Discharge Day Management Service is payable per patient per hospital stay.
- Paperwork involved in patient discharge day management services is paid through the pre- and post-service work of an E/M service.
- Physicians and qualified NPPs should not bill both a Subsequent Hospital Care visit and a Hospital Discharge Day Management Service on the calendar date of discharge.
- Physicians and qualified NPPs should note that a hospital admission and discharge on the same day should be reported using the Observation or Inpatient Care Services (Including Admission and Discharge Services) from the CPT code range 99234 – 99236 when specific Medicare criteria identified in Chapter 12, Section 30.6.9.1 of the *Medicare Claims Processing Manual* are met.
- Only the physician who personally performs the pronouncement of death should bill for the face-to-face Hospital Discharge Day Management Service (CPT codes 99238 or 99239).
- The date of the death pronouncement should reflect the date of service on the calendar date it was performed even if the paperwork is delayed to a subsequent date.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5794.pdf> on the CMS website.

The official instruction (CR5794) issued regarding this change may be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R1460CP.pdf> on the CMS website.

If providers have questions, they may contact their Medicare A/B MAC or carrier at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.