| CMS Guidance Document | **Department of Health & Human Services (DHHS)** |
|---|---|
| Pub 100-04 Medicare Claims Processing | **Centers for Medicare & Medicaid Services (CMS)** |
| **Executive Guidance Number 0285** | **Date: February 21, 2008** |
| **Planned Web Site Address** http://www.cms.hhs.gov/manuals/ | **Release planned: 03/06/08** |

**PROGRAM AREA: Claims Processing**

**SUBJECT**: **Payment for Inpatient Hospital Visits – General (Codes 99221 – 99239)**

**APPLIES TO: Physicians and Non-Physician Practitioners**

**I. SUMMARY OF DOCUMENT:** When a hospital inpatient evaluation and management service (E/M) was 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 (CPT codes 99291 and 99292) and the previous E/M service may be paid on the same date of service. Physicians and qualified non-physician practitioners are advised to retain supporting documentation for discretionary contractor review should claims be questioned. Appropriate coding was discussed. Inpatient hospital care codes are "per diem" codes.

**II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)**
STATUS: R=REVISED, N=NEW, D=DELETED.

| **Status** | **CHAPTER/SECTION/SUBSECTION/TITLE** |
|---|---|
| R | 12/30/30.6.9/Payment for Inpatient Hospital Visits (Codes 99221 - 99239) |

**III. CLEARANCES:**

| Clearance & Point of Contact (POC) | Name/Telephone/Component |
|---|---|
| Senior Official Clearance | Liz Richter/CMS/CMM/(410)-786-0550 |
| Agency POC | Cathleen Scally/CMS/CMM/HAPG/(410)-786-5714 |

**IV. TYPE (Check appropriate boxes for type of guidance)**

| | |
|---|---|
| | **Audit Guide** |
| **X** | **Change Request** |
| | **HPMS** |
| | **Joint Signature Memorandum/Technical Director Letter** |
| | **Manual Transmittal/Non-Change Request** |
| | **State Medicaid Director Letters** |
| | **Other** |

**V. STATUTORY OR REGULATORY AUTHORITY: N\A**

# Attachment - Business Requirements

| Pub. 100-04 | Transmittal: | Date: | Change Request: 5792 |
|---|---|---|---|

**SUBJECT:** Payment for Inpatient Hospital Visits – General (Codes 99221 – 99239)

**Effective Date**: April 1, 2008

**Implementation Date:** April 7, 2008

## I. GENERAL INFORMATION

**A. Background:** This transmittal updates Chapter 12, §30.6.9 in regard to billing inpatient hospital visits provided on the same day as critical care services.

**B. Policy:** When critical care services are provided to a patient on the same calendar date where a hospital inpatient evaluation and management (E/M) service was furnished, and at which time the patient did not require critical care services, both the critical care and inpatient hospital care service may be paid. During critical care management of a patient those services that do not meet the level of critical care shall be reported using an inpatient hospital care service with CPT subsequent hospital visit codes (99231 – 99233). Both initial inpatient hospital care codes 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 nonphysician practitioners (NPPs) are advised to retain documentation for discretionary contractor review should claims be questioned. The retained documentation shall support claims for critical care when the same physician or physicians of the same specialty in a group practice report critical care services for the same patient on the same calendar date as other E/M services.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

| Number | Requirement | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | DME MAC | FI | CARRIER | RHHI | Shared-System Maintainers | | | | OTHER |
| | | | | | | | FISS | MCS | VMS | CWF | |
| 5792.1 | Contractors shall instruct physicians and qualified NPPs they may bill both critical care services and inpatient hospital care services for the same patient on the same calendar date when the patient did not require critical care during the previous encounter to receiving critical care services. | X | | | X | | | | | | |
| 5792.2 | Contractors shall instruct physicians and qualified NPPs they may bill both critical care services and inpatient hospital care services for the same patient on the same calendar date when during critical care management the services do not meet the level of critical care services. | X | | | X | | | | | | |
| 5792.2.1 | For the scenario identified in 5792.2 contractors | X | | | X | | | | | | |

| Number | Requirement | A/B MAC | DME MAC | FI | CARRIER | RHHI | Shared-System Maintainers | | | | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | FISS | MCS | VMS | CWF | |
| | shall instruct physicians and qualified NPPs they may bill inpatient hospital care services when during critical care management the level of care does not meet critical care. | | | | | | | | | | |
| 5792.2.2 | For the scenario identified in 5792.2.1 contractor shall instruct physicians and qualified NPPs to report subsequent hospital care services (CPT codes 99231 – 99233). | X | | | X | | | | | | |
| 5792.2.3 | Contractors shall instruct physicians and qualified NPPs that both initial inpatient hospital care codes and subsequent hospital care codes are "per diem" services and may be reported only once per day. | X | | | X | | | | | | |
| 5792.3 | Contractors shall instruct physicians and qualified NPPs to retain documentation for discretionary contractor review when the same physician or physicians of the same specialty in a group practice report critical care services for the same patient on the same calendar date as other E/M services and the claims are questioned. | X | | | X | | | | | | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | A/B MAC | DME MAC | FI | CARRIER | RHHI | Shared-System Maintainers | | | | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | FISS | MCS | VMS | CWF | |
| 5792.4 | A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.<br>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | X | | | X | | | | | | |

| Number | Requirement | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | DME MAC | FI | CARRIER | RHHI | Shared-System Maintainers | | | | OTHER |
| | | | | | | | FISS | MCS | VMS | CWF | |
| | | | | | | | | | | | |

## IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**
*Use "Should" to denote a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---|---|
| | |

**B. For all other recommendations and supporting information, use this space:**

## V. CONTACTS

**Pre-Implementation Contact(s):** Kit Scally (Cathleen.Scally@cms.hhs.gov)

**Post-Implementation Contact(s):** Appropriate Regional Office staff

## VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs), Carriers and Regional Home Health Carriers (RHHIs),* use following statement:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: *For Medicare Administrative Contractors (MACs),* use the following statement:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

## 30.6.9 - Payment for Inpatient Hospital Visits (Codes 99221 - 99239)

*(Rev.)*

### A. Hospital Visit and Critical Care on Same Day

*When a hospital inpatient (or emergency department, or office/outpatient) evaluation and management service (E/M) 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 (CPT codes 99291 and 99292) and the previous E/M service may be paid on the same date of service.*

*During critical care management of a patient those services that do not meet the level of critical care shall be reported using an inpatient hospital care service with CPT Subsequent Hospital Care using a code from CPT code range 99231 – 99233.*

*Both Initial Hospital Care (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 nonphysician practitioners (NPPs) are advised to retain documentation for discretionary contractor review should claims be questioned for both hospital care and critical care claims. The retained documentation shall support claims for critical care when the same physician or physicians of the same specialty in a group practice report critical care services for the same patient on the same calendar date as other E/M services.*

### B. Two Hospital Visits Same Day

*Contractors* pay a physician for only one hospital visit per day for the same patient, whether the problems seen during the encounters are related or not. The inpatient hospital visit descriptors contain the phrase "per day" which means that the code and the payment established for the code represent all services provided on that date. The physician should select a code that reflects all services provided during the date of the service.

### C. Hospital Visits Same Day But by Different Physicians

In a hospital inpatient situation involving one physician covering for another, if physician A sees the patient in the morning and physician B, who is covering for A, sees the same patient in the evening, carriers do not pay physician B for the second visit. The hospital visit descriptors include the phrase "per day" meaning care for the day.

If the physicians are each responsible for a different aspect of the patient's care, pay both visits if the physicians are in different specialties and the visits are billed with different diagnoses. There are circumstances where concurrent care may be billed by physicians of the same specialty.

### D. Visits to Patients in Swing Beds

If the inpatient care is being billed by the hospital as inpatient hospital care, the hospital care codes apply. If the inpatient care is being billed by the hospital as nursing facility care, then the nursing facility codes apply.