

Hospital Visit Codes Replacing the Consultation Codes (99251-99255)

(Only the Admitting physician uses modifier AI)

THE OVERVIEW VERSION: Remember that the chief complaint is ALWAYS required

When the physician sees the patient for the first time in the hospital, use hospital admission codes. Documentation must meet three of three:

99221 Detailed patient hx, detailed exam, **straightforward or low MDM**

99222 Comprehensive hx, comprehensive exam, **moderate MDM**

99223 Comprehensive hx, comprehensive exam, **high complexity MDM**

Follow up visits in the hospital, use hospital subsequent day codes. Documentation must meet two of three:

99231 Problem focused hx, problem focused exam, **straightforward or low MDM**

99232 Expanded problem focused hx, same for exam, **moderate MDM**

99233 Detailed hx, detailed exam, **high complexity MDM**

Although Medicare has not defined this, it is our guess that if documentation requirements for the admission codes are not met, the consultant will default to the established patient visit codes. We have sent a question to Medicare requesting confirmation of this. Janet

THE USEFUL VERSION (describes minimums!)

First Visit, need three of three: (Remember that a chief complaint is ALWAYS required.)

99221

--Detailed hx: 4 elements HPI or status of 3 chronic/inactive conditions PLUS ROS with 2 systems PLUS 1 element of pertinent Past OR Family OR Social Hx

--Detailed exam: 2 elements in each of 6 areas/systems (1995) OR 12 elements from any area/system (1997), but give 3 vitals if use vitals as one of the systems

--Straightforward MDM

99222

--Comprehensive hx: 4 elements HPI or status of 3 chronic/inactive conditions PLUS 10 systems in ROS, PLUS **at least 1** element in **each** of Past, Family and Social history

--Comprehensive exam: complete exam of a single organ system (1995) OR 2 elements from each of 9 areas/systems or all bulleted items in a single system examination (1997), but give 3 vitals if use vitals as one of the systems

--Moderate MDM

99223

--Comprehensive hx: Same as above

--Comprehensive exam: Same as above

--High complexity MDM

Subsequent Hospital Care needs two of three: (Remember that a chief complaint is ALWAYS required.)

99231

--Problem focused hx: 1 element of HPI

--Problem focused exam: 1 element in one area/system (1995/1997)

--Straightforward MDM

99232

--Expanded problem focused hx: 1 element of HPI PLUS 1 system ROS

--Expanded focused exam: Limited exam of the affected body area/organ system and other symptomatic or related areas/systems (1995) OR 6 elements in two areas/systems (1997)

--Moderate MDM

99233

--Detailed hx: 4 elements HPI or status of 3 chronic/inactive conditions PLUS ROS with 2 -9 systems PLUS 1 element of pertinent Past OR Family OR Social Hx

--Detailed exam: 2 elements in each of 6 areas/systems (1995) OR 12 elements from any area/system (1997), but give 3 vitals if use vitals as one of the systems

-- High complexity MDM

In table form:

First Hospital Visit [replacing codes 99251-5 with codes 99221-3], remember Admitting Dr. uses modifier

ROS is review of systems; if use vital signs as a system be sure to give 3 vitals (counts as 2 elements)

NEW INPATIENT (3 of 3 required)	History	Exam	MDM (Medical Decision Making)
99221	4 hx present illness or 3 chronic/inactive conditions PLUS 2 ROS PLUS 1 Past/Fm/Social Hx	2 elements @for 6 systems OR 12 elements	Straight forward
99222	4 hx present illness or status of 3 chronic/inactive conditions PLUS 10 ROS PLUS 1 each in Past/Fm/Soc Hx	Complete single organ system exam OR 2 elements in 9 systems	Moderate
99223	Same as 99222	Same as 99222	High complexity

ESTABLISHED INPATIENT (2 of 3 required)	History	Exam	MDM (Medical Decision Making)
99231	1 hx present illness	1 elements	Straight forward

99232	1 hx present PLUS 1 ROS	6 elements in 2 systems	Moderate
99233	4 hx present illness or status of 3 chronic/inactive conditions PLUS 2 ROI PLUS 1 element of pertinent Past OR Fm. Or Soc Hx	2 elements @for 6 systems OR 12 elements	High complexity

Office visit consultations are now coded as regular office visit patients [99201-5 for new patients and 99212-5]