

Tips to calculate the time you spend on discharge services codes

Unlike most codes, CPT 99238 and 99239 require you to watch the clock

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I was recently contacted by a reader of Today's Hospitalist to discuss issues surrounding the use of CPT codes for discharge services. Because these codes require you to calculate the time you've spent discharging a patient, they can be a source of confusion for physicians.

In general, most CPT codes define procedures and don't focus on duration of time. There are some exceptions to that rule, however, that affect hospitalists.

Critical care services, for example, take into account the amount of time you've spent with a patient. (See the August 2004 issue of Today's Hospitalist online at www.todayshospitalist.com for more information.) Discharge services codes also fall into that category.

Calculating time

When it comes to calculating time, what services can you include in the CPT codes for discharge service?

CPT states that codes 99238 and 99239 include the time you spend on a final examination of the patient and discussion of the hospital stay, even if that time "is not continuous." CPT goes on to say that time spent on discharge planning can also include instructions for continuing care to all relevant caregivers, along with the preparation of discharge records, prescriptions and referral forms.

Based on this definition, you can include any and all time you spend coordinating care with the patient or caregivers. This can include the time you spend filling out discharge instruction sheets, discussing care plans and patient education, and filling out nursing home or rehabilitation facility admission forms.

And if you instruct a patient to follow up in a clinic or with a primary care physician and you are personally involved with scheduling any follow-up appointments, make sure to count that time. Do not, however, include time you spend on dictation, as this type of service is considered a necessary and integral part of the hospital process.

Make sure you document the total duration of time you spend on discharge services, and include that detail in your dictation or hospital record.

Finally, avoid the temptation to standardize the amount of time you spend on discharge services. Claiming that you spend 31 minutes on discharge services for every patient may give your income a boost, but it will also attract the attention of auditors. **TH**

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Have a question about coding or documentation issues? Send an e-mail to tmclain@hraorg.com or send a fax to 619-280-1347. We'll try to answer your question in a future issue of Today's Hospitalist.

Coding and patient care

CPT's two codes for discharge services

- **99238** Discharge management services under 30 minutes
- **99239** Discharge management services greater than 30 minutes



Choosing a discharge code

When discharging a patient, you can choose from two CPT codes. Both are based on the amount of time you've spent discharging a patient:

- 99238: discharge management services under 30 minutes.
- 99239: discharge management services greater than 30 minutes.

Note that you can use only one of these discharge codes per patient per hospital stay. If more than one physician tries to claim this service, only the first physician to report this service will be paid. Everyone else will be denied.

Another important point: Discharge codes should be the last codes reported in the sequence of a hospital stay. If you code for a subsequent visit after using coding for discharge services, you will not only be denied, but you'll attract the attention of payers.

It's also worth noting that when coding for discharge services, there are no codes that specify "additional 30 minutes" like critical care to help compensate for the discharging of a highly complex patient.