

Billing Compliance Alert

SIU SOM Office of Compliance and Ethics

Hospital Discharge Day Management Service

Inpatient Discharge CPT Codes	
99238	Hospital discharge day management; 30 minutes or less
99239	Hospital discharge day management; more than 30 minutes

Time Requirements

The hospital discharge day management codes are to be used to report **the total duration of time** spent by a physician for final hospital discharge of a patient. For this reason, when billing CPT 9939, the provider **must** clearly indicate in the patient's medical record the total duration of time spent when performing these services. A generic attestation that states "greater than 30 minutes spent discharging patient" would not be acceptable.

Per NGS Medicare and Cert audit findings, "if the coding in question is 99239 and the time is not indicated in the medical record, CERT will downcode the service to the lower level code 99238."

Time spent on the following activities can be included even if the time spent by the physician is not continuous on that date of service:

- Final examination of the patient
- Discussion of the hospital stay with the patient and/or family
- Patient education
- Instruction for continuing care to all relevant caregivers
- Preparation of discharge records, prescriptions and referral forms

NOTE: Time spent by a resident or team members other than the practitioner **cannot** be utilized to account for total time to support billing a discharge code.

Documentation Requirements

The following documentation must be included in your hospital discharge day management service:

- Face-to-face encounter between the attending physician and the patient.
- Total duration of time spent by the practitioner **must** clearly be documented
- Appropriate teaching physician documentation and attestation

Acceptable Teaching Physician Documentation and Attestations

When a resident is involved in the care of the patient, the appropriate Teaching Physician Attestation **must** be included in the hospital discharge documentation. This statement should document the teaching physician's personal involvement in the care of the patient. The following is an example and should be modified for each encounter.

“I personally saw and examined the patient and discussed the case with the resident. I have reviewed the resident’s note and agree with the content and plan as written unless otherwise noted. I personally spent ## minutes on the coordination of care and discharge process.”

If using a resident’s note from earlier in the day, the teaching physician’s note must be directly tied to the resident’s note and document that he/she personally saw the patient and participated in the management of the patient. The teaching physician’s note must reflect changes in the patient’s condition and that the teaching physician agrees with the resident’s note.

Medicare Billing Guidance

The Medicare Claims Processing Manual has specific billing requirements when billing hospital discharge management codes which are noted below.

- The E/M discharge day management visit shall be reported for the **date of the actual visit by the physician** or qualified non-physician practitioner even if the patient is discharged from the facility on a different calendar date.
- Only the attending physician of record reports discharge day management service.
- Physicians or qualified non-physician practitioners, other than the attending physician who have been managing concurrent health care problems not primarily managed by the attending physician, and who are not acting on behalf of the attending physician, shall use Subsequent Hospital Care (CPT code range 99231-99233) for a final visit.

Sources:

Current Procedural Terminology 2020

CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, Section 30.6.9.2

CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, Section 100.1.4

WPS Medicare, *Documenting Time in Medical Records*

UNM Medical Group, Inc., *Hospital Discharge Day Management Service*

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