CPT CODE 99232

SUBSEQUENT HOSPITAL CARE

FACT SHEET

Subsequent Hospital Care (New/Established Patients)

Components Required: 2 of 3	99231	99232	99233
History & Exam			
Problem Focused	●		
Expanded problem focused		●	
Detailed			●
Medical Decision Making			
Straightforward or low	●		
Moderate		●	
High			●
Presenting Problem (Severity)			
Stable/recovering/improving	●		
Responding inadequately/minor complication		●	
Unstable/significant complication/new problem			●
Typical Time: Bedside/Floor/Unit	**15**	**25**	**35**

Medicare allows only the medically necessary portion of a **face-to-face** visit. Even if a complete note is generated, only the necessary services for the condition of the patient at the time of the visit can be considered in determining the level/medical necessity of any service.

For billing Medicare, a provider may choose either version of the documentation guidelines, not a combination of the two, to document a patient encounter. However, beginning for services performed on or after September 10, 2013 physicians may use the 1997 documentation guidelines or an extended history of present illness.

Expanded Problem Focused History

Includes:

- Reason for admission
- Problem pertinent review of systems
- Brief history of present illness (HPI)
  - Brief should describe one to three elements of the HPI

HPI – History of Present Illness

A chronological description of the development of the patient's present illness from the first sign and/or symptom or from the previous encounter to the present. Descriptions of present illness may include:

- Location
- Quality
- Severity
- Timing
- Context
- Modifying factors
- Associated signs/symptoms significantly related to the presenting problem(s)

This Fact Sheet is for informational purposes only and is not intended to guarantee payment for services, all services submitted to Medicare must meet Medical Necessity guidelines. The definition of "medically necessary" for Medicare purposes can be found in Section 1862(a)(1)(A) of the Social Security Act – Medical Necessity (http://www.ssa.gov/OP_Home/ssact/title18/1862.htm).

CPT only copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS\DFARS Restrictions Apply to Government Use.

© 2019 Copyright, CGS Administrators, LLC.

CGS® A CELERIAN GROUP COMPANY

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

FACT SHEET

Chief Complaint

The Chief Complaint is a concise statement from the patient describing:

- The symptom
- Problem
- Condition
- Diagnosis
- Physician recommended return, or other factor that is the reason for the encounter

Review of Systems

An inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms which the patient may be experiencing or has experienced.

For purpose of Review of Systems the following systems are recognized:

- Constitutional (i.e., fever, weight loss)
- Eyes
- Ears, Nose, Mouth Throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary (skin and/or breast)
- Neurologic
- Psychiatric
- Endocrine
- Hematologic/Lymphatic
- Allergic/Immunologic

Past, Family, And/or Social History (PFSH)

Consists of a review of the following:

- Past history (patient's past experiences with illnesses, operations, injuries, and treatments
- Family History (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk)
- Social History (an age appropriate review of past and current activities

Expanded Problem Focused Physical Exam:

- Limited exam of the affected body region or organ system
- Symptomatic/related body systems or organ systems

Physical Exam

- Body areas recognized:
  - Head/including face
  - Neck
  - Chest/including breasts and axilla
  - Abdomen
  - Genitalia/groin and buttocks
  - Back
  - Each extremity
- Organ systems recognized

Medical Decision Making of Moderate Complexity

Documentaton must meet or exceed 2 of the following 3**:**

- Multiple management options for diagnosis or treatment
- Moderate amount of data to be reviewed consisting of:
  - Lab/Diagnostic and imaging results
  - Notes/Charts for other practitioner's (i.e. PT, OT, Consultants) Documentation of labs or diagnostics still needed
- Moderate risk of complications and/or morbidity or mortality
  - Comorbidities associated with the presenting problem
  - Risk(s) associated with possible management options
  - Risk(s) of diagnostic procedure(s) performed

This Fact Sheet is for informational purposes only and is not intended to guarantee payment for services, all services submitted to Medicare must meet Medical Necessity guidelines. The definition of "medically necessary" for Medicare purposes can be found in Section 1862(a)(1)(A) of the Social Security Act – Medical Necessity (http://www.ssa.gov/OP_Home/ssact/title18/1862.htm).

CPT only copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS\DFARS Restrictions Apply to Government Use.

© 2019 Copyright, CGS Administrators, LLC.

- Eyes, ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/Lymphatic/Immunologic

Additional Information:

- Comorbidities and other underlying diseases in and of themselves are not considered when selecting the E/M codes UNLESS their presence significantly increases the complexity of the medical decision making.
- Practitioner's choosing to use time as the determining factor:
  - MUST document time in the patient's medical record
  - Documentation MUST support in sufficient detail the nature of the counseling
  - Code selection based on total time of the face-to-face encounter (floor time), the medical record MUST be documented in sufficient detail to justify the code selection
- Face-to-face time refers to the time with the physician ONLY. The time spent by other staff is NOT considered in selecting the appropriate level of service

Please note that ALL services ordered or rendered to Medicare beneficiaries MUST be signed. Signatures may be handwritten or electronically signed; exceptions for stamped signatures are described in MLN Matters article MM8219. (http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8219.pdf). You should NOT add late signatures to a medical record but instead make use of the signature authentication process outlined in MLN Matters article MM6698. (http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6698.pdf) A sample attestation statement is available on the CGS website (http://www.cgsmedicare.com/partb/cert/attestation_form.pdf). Guidelines regarding signature requirements are located in CMS Publication 100-08, Chapter 3, section 3.3.2.4 (http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf).

References:

- CMS Publication 100-04, Chapter 12, sec 30.6; Evaluation and Management Service Codes http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
- Medicare Learning Network; Documentation Guidelines for Evaluation and Management (E/M) Services https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/EMDOC.html
- American Medical Association CPT (current procedural terminology) Codebook

This Fact Sheet is for informational purposes only and is not intended to guarantee payment for services, all services submitted to Medicare must meet Medical Necessity guidelines. The definition of “medically necessary” for Medicare purposes can be found in Section 1862(a)(1)(A) of the Social Security Act – Medical Necessity (http://www.ssa.gov/OP_Home/ssact/title18/1862.htm).

CPT only copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS\DFARS Restrictions Apply to Government Use.

© 2019 Copyright, CGS Administrators, LLC.