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Palmetto GBA Video Script for Part B Subsequent Hospital Care (CPT Codes 99231-99233)

Hello, I'm Jazz Harrison. As a clinical educator on the Provider Outreach and Education team at Palmetto GBA, I have the privilege of providing general and targeted clinical education to the provider community. As a provider, you play a key role in the Health Information Supply Chain. As we all know, a chain is only as strong as its weakest link. At Palmetto GBA, our goal is to deliver clear, concise educational information that will help you decrease denials, increase compliance as it relates to the medical documentation component, and assist in improving coding accuracy.

Today's educational focus is Subsequent Hospital care CPT codes. Recently Palmetto GBA completed a Comparative Billing Report of Part B Evaluation and Management ... or E and M... codes. We focused on the Subsequent Hospital Care procedure range of 99231 through 99233.

When any level of subsequent hospital care is under review, the medical record should include results of diagnostic studies and changes to the patient's status since the last assessment. Changes include history, physical condition and response to management.

An important step in strengthening the links in your processes is to coordinate with other physicians, qualified health care professionals, and/or agencies. This will help ensure the counseling and/or care provided is consistent with the nature of the problems and the family's needs. Be certain to review the record with these questions in mind:

1. Is the history problem focused, expanded problem focused or a detailed interval history? Remember that an interval history is one that documents an update on the patient from the last encounter.
2. Is the exam a focused exam, which is CPT code 99231; an expanded problem focused exam, code 99232; or a detailed exam, code 99233?
3. Is the medical decision making straight forward or low complexity, code 99231; moderate complexity, code 99232; or high complexity, which would be code 99233?
4. How much time did the physician spend at the patient's bedside? Time is a factor that indicates the extent of the illness. This will guide you in selecting the correct CPT code.

Some other helpful tips to decrease denials include:

- Submit records within the 30-day time frame when Additional Documentation letters are received.
- Review medical documentation prior to submission for correct patient name and date of service.
- Verify that the provider's signature is legible, or that there a signature log on file with Palmetto GBA.
- Verify that the complete date of service is legibly noted on all documentation.

Implementing these simple process improvements in your practice can help strengthen your Health Information Supply Chain. This will increase claim payments, decrease denials, and support continuity and quality of care.

I'm Jazz Harrison with Palmetto GBA. Thank you for viewing and have a great day!