

## Eli's Rehab Report

## You Be the Coder: Billing Discharge Code When On-Call

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

**Question:** One of our physiatrists was on-call for the weekend for another doctor. The other doctor did all the preparation for the discharge on Friday, but the patient was not discharged until Saturday, so our physiatrist signed the discharge. Which doctor should bill for the discharge code?

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**Answer:** Hospital discharge day management **CPT 99238** and **CPT 99239** should be billed only on the date the patient is discharged. But they encompass all aspects of the discharge, including (as appropriate) the final exam of the patient; discussion of hospital stay; instructions for continuing care; and preparation of discharge records, prescription and referral forms.

Therefore, the "preparation" for discharge that the other physiatrist performed on Friday will be billed as subsequent hospital care (99231-99233) by his practice, while your physiatrist would bill the discharge code for his or her visit on Saturday.

It's worth mentioning that there are several ways that physicians "cover" for one another, and if you chronically haggle with the other practice over who bills which codes, you should consider reciprocal billing. Many practices work their on-call services this way, in which they trade off services. If you are on-call for the other practice, that practice would still bill all of its claims on its own; if they were on-call for you, you would bill the services yourself.

This is particularly common with practices that do not perform a lot of on-call services, such as physiatrists. In this case, you would enter modifier -Q5 (service furnished by a substitute physician under a reciprocal billing arrangement) following the procedure code on your HCFA 1500 form. The substitute physician's UPIN would be indicated in item 23 of the claim form, while the main physician's PIN would continue to be reported in item 33 (for solo practitioners) or item 24k for group practitioners.