

# Subsequent Hospital Visits

Codes 99231-99233 can be used by any provider to report subsequent inpatient services.

Two out of 3 components of history, exam, and medical decision-making must meet or exceed the same level to assign a code (1 of the 2 has to be medical decision-making).

Code	History	Exam	Medical Decision Making	Comments
99231	Problem focused	Problem focused	Straightforward or low	Usually patient is stable, recovering, or improving
99232	Expanded problem-focused	Expanded problem-focused	Moderate	Usually patient is responding inadequately to therapy or experiencing a minor complication
99233	Detailed	Detailed	High	Usually patient is unstable or has developed a significant complication or significant new problem

## Notes:

- The descriptors for these codes include the phrase "per day," meaning care for the day.
  - If Provider A sees the patient in the morning and Provider B, who is covering for A, sees the same patient in the evening, the notes for both services are combined and only one subsequent hospital visit is coded.
  - If two physicians see the patient and they are in different specialties and are seeing the patient for different reasons (i.e., different diagnosis), then both may bill a subsequent hospital visit based on that physician's note and the medical necessity of the service.
- Select a code that reflects all services provided during the date of service.

# Inpatient Coding Cases

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