

## PROVIDER BULLETIN

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## HOSPITAL SERVICES

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### **DOCUMENTATION REQUIREMENTS: INITIAL HOSPITAL CARE VISIT**

The MO HealthNet Division (MHD) limits payment for Current Procedural Terminology (CPT) codes 99221, 99222, and 99223, to one (1) per inpatient stay. These codes are to be used to report the first hospital initial inpatient encounter by the admitting physician, according to The CPT Professional Codebook,

Monitoring these CPT codes has shown claims continue to be submitted that include more than one (1) initial hospital visit per inpatient stay. Therefore, for dates of service on or after November 1, 2017, MHD requires proof of medical necessity be submitted with the claim, justifying the need for more than one initial inpatient hospital care visit per inpatient stay or the claim will be denied.

This is a change from guidance issued in Provider bulletin Volume 27, Number 23, published July 1, 2005.

For initial inpatient encounters by physicians other than the admitting physician, see inpatient consultation codes, CPT codes 99251-99255 or subsequent hospital care codes, CPT codes 99231-99233.

### **DOCUMENTATION REQUIREMENTS: INPATIENT CONSULTATION**

MHD also limits payment for CPT codes 99251-99255 to one (1) per provider, per each inpatient stay. These codes are to be used for inpatient consultations. Monitoring these codes has also shown claims continue to be submitted that include more than one (1) inpatient consultation, per provider, per inpatient stay. Therefore, for dates of service on or after November 30, 2017, MHD also requires proof of medical necessity be submitted with the claim when more than one inpatient consultation is billed per provider, per inpatient stay or the claim will be denied.

Only one inpatient consultation should be billed by a consultant per admission, according to the CPT Professional Codebook. Subsequent services during the same inpatient stay should be reported using codes for subsequent hospital care (99231-99233).

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**