



Eli's Rehab Report

Reader Questions: Heed the POS for Rehab Inpatients

Question: One of our physicians was called and asked to do a consult on an inpatient. This patient was being treated in a rehab facility but was mobile enough to come to our office to be seen. The physician billed a new patient visit of 99203 along with 69210 for removal of impacted cerumen. This was denied by Medicare for "Not being paid separately when patient is an inpatient." Should I have still submitted a consult code even though she was seen in the office? How should this be billed in the future?

Answer: Even though we tend to think of the patient place of service (POS) as the place where the services are rendered, the POS is really connected to the patient's status. The patient you describe is a rehab patient. You need to bill the POS for rehab facility and bill the inpatient E/M services as well as the 69210 (Removal impacted cerumen requiring instrumentation, unilateral) as taking place in the rehab POS (61, Comprehensive inpatient rehabilitation facility). Even though the patient came to you, he or she was not discharged from the rehab and still fell under that POS.