County of San Diego Medi-Cal Fee for Service Provider
Inpatient Professional Services Documentation Guide

Inpatient Professional Service Review Criteria:
- Client name or identifier is present on the progress note
- Provider identifier is present on the progress note
- The progress note is legible
- The diagnosis or diagnosis code is indicated
- The progress note supports the code billed

General Documentation Principles
- The medical record should be complete and legible
- Documentation of each patient encounter should include:
  - ✓ Reason for the encounter & relevant history
  - ✓ Physical examination findings & interpretation of diagnostic test results
  - ✓ Assessment, clinical impression, or diagnosis
  - ✓ Plan for care
  - ✓ Date and legible identity of the examiner and patient

<u>Seven Factors in Evaluation & Management Services</u>

Three Key Factors:
- History
- Examination
- Medical decision-making

Four Contributing Factors:
- Counseling
- Coordination of care
- Presenting problem
- Time

All applicable factors must be considered in code assignment. When the progress note does not have levels of key factors and/or time, it is impossible to determine the code.

When Counseling or Coordination of Care dominates (>50%) the encounter with the patient and/or family then time shall be considered the key or controlling factor for determining the correct code.

For Discharge Services, time is the only criteria to determine code and reimbursement.

Inpatient Service	Time (Minutes)
Admit 99221	30-49
Admit 99222	50-69
Admit 99223	70-99
Subsequent Care 99231	15-24
Subsequent Care 99232	25-34
Subsequent Care 99233	35-64
Discharge Service 99238	<= 30
Discharge Service 99239	> 30
Consult 99251	20-39
Consult 99252	40-54
Consult 99253	55-79
Consult 99254	80-109
Consult 99255	110-139