

Internal Medicine Coding Alert

READER QUESTION ~ Beware Bundled Services on Critical Care Claims

Question: Our physician performed 64 minutes of critical care on a patient in cardiac arrest. During the encounter, the physician also took a chest x-ray and performed ventilatory management. Can we report the chest x-ray and the ventilatory management separate from the critical care?

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Answer: In this scenario, you can only report the critical care service. According to CPT, chest x-rays (codes 71010, 71015, 71020) and ventilatory management (94002-94004, 94660, 94662) are bundled into critical care codes.

On the claim,

- report 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) for the critical care
- attach 427.5 (Cardiac arrest) to 99291 to represent the patient's cardiac arrest.

However, if the physician performed CPR on the patient, the service would be separately reportable. According to CPT Assistant from January 2006, "it is appropriate for a physician to report CPT code 92950 (for the CPR) and 99291 and 99292 (for the critical care services). Both services should be clearly documented in the medical record."

CPT also bundles these services into 99291 and +99292 (... each additional 30 minutes [list separately in addition to code for primary service]): interpretation of cardiac output measurements (93561, 93562), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (99090); gastric intubation (43752, 91105); temporary transcutaneous pacing (92953); and vascular access procedures (36000, 36410, 36415, 36540, 36600).