

Internal Medicine Coding Alert

Reader Question: Emergency Office Visit

Question: A patient came to our office for a scheduled visit and was sent to the hospital for an outpatient test. On the way home the patient became very ill, stopped in at our office and collapsed in the waiting area. We performed CPR and provided oxygen. Paramedics transported the patient to the hospital. How should we code this?

Ohio Subscriber

Answer: If a documented E/M service was provided prior to sending the patient to the hospital for tests, the appropriate level may be coded for the first visit depending on the type of visit.

Depending on the documentation, you may also be able to code critical care (99291 or 99292) and CPR (92950) for the second visit. Critical care codes are not limited by place of service. Also, 99058 (office services provided on an emergency basis) may be reported for payers other than Medicare. If coders bill the critical care, modifier -25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) needs to be appended to the critical care code.

Remember, a minimum of 30 minutes of critical care service is needed to use this code. When determining the amount of time, subtract out the time spent providing CPR, because this is a separately billed service and would be double dipping. To account for the time spent providing this service, use the code for CPR, 92950, and the critical care code, 99291. Most likely, internists find they do not have enough critical care time to bill the critical care code. Coders may add the additional E/M services that were provided in the later visit to the visit provided earlier in the day. Therefore, submit one code for all E/M services provided on that day. Depending on documentation, services provided, etc., this may increase the level of service from the original one earlier in the day.

Coders must append modifier -25 to the E/M code if they bill for the CPR provided on the same day. In addition, because of the unusual situation, send the documentation and a cover letter outlining the circumstances when you file the claim.