

## Internal Medicine Coding Alert

### Reader Question: List 92950 x 2 for Double Your CPR Charge

Question: One of our internists spent critical-care time with an inpatient on two separate occasions on the same day. Both times, the care involved CPR. The second time the physician performed CPR, he discontinued the CPR after 10 minutes at the family's request. Should I append two modifiers, -76 and -53, to the second CPR code?

New Mexico Subscriber

Answer: If your documentation provides two separate sessions of CPR, you could report 92950 (Cardiopulmonary resuscitation [e.g., in cardiac arrest]) twice.

For example, your documentation shows that the physician performed the service at different locations within the hospital. The locations could include the ED and later in the intensive care unit (ICU). If the physician had to go to the ICU twice, that too would indicate two distinct sessions of the same service.

You will have trouble justifying two sessions if the physician performed both in the ED during the same encounter. The exception is if the physician documented each session's time. The documentation should show that the doctor performed both CPR services with sufficient time between each session. When you bill distinct sessions, use modifier -76 (Repeat procedure by same physician) on the second session.

Avoid using modifier -53 (Discontinued procedure). CPR has no time requirements, but the procedure often fails, leading the physician to stop. Ten minutes of CPR would likely involve one or two rounds of medications and oversight of chest compressions, and therefore qualify as a legitimate full service. Be prepared to provide documentation to the insurer, if requested.