

## Internal Medicine Coding Alert

### READER QUESTIONS: CPR Does Not Equal Critical Care

**Question:** In the January 2005 Internal Medicine Coding Alert, the reader question "When CPR May Equal Critical Care" advised us to report critical care codes (99291-99292) for CPR instead of 92950. But don't the NCCI edits prohibit billing CPR this way?

Pennsylvania Subscriber

**Answer:** Yes, you should report only 92950 (Cardiopulmonary resuscitation [e.g., in cardiac arrest]) for cardiopulmonary resuscitation (CPR).

You should use 92950 when the internist responds to a "code blue" and directs CPR but provides no other E/M services.

In addition, the patient's attending physician should have resumed care once medical staff revived the patient, according to the National Correct Coding Initiative (NCCI), version 10.3.

"Levels of critical care services and prolonged management services are determined by time; when CPT code 92950 is reported, the time required to perform CPR is not included in critical care or other timed evaluation and management services," NCCI states.