Internal Medicine Coding Alert

Reader Questions: Separate Certain Services From Critical Care

Question: The physician provides 80 minutes of critical care for a patient in cardiac arrest. Prior to the critical care, the physician performs 10 minutes of CPR on the patient. Should we add the CPR time to the overall critical care time, or code the CPR separately?

Kansas Subscriber

Answer: You should code the CPR separately, because it is not bundled into the critical care codes. But be sure to document the total times for the CPR and critical care. The payer will want to know exactly how long each service lasted.

On the claim, report the following:

• 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) for the critical care

• 92950 (Cardiopulmonary resuscitation [e.g., in cardiac arrest]) for the CPR

• modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) linked to 99291 to show that the critical care and CPR were separate services

• 427.5 (Cardiac arrest) linked to 99291 and 92950 to represent the patient's condition.