

Internal Medicine Coding Alert

Reader Questions: Time, Documentation Critical to 99291 Payment

Question: In the afternoon, our internist saw a patient for 30 minutes on the hospital floor, and in the evening he transferred the patient to the intensive care unit. There, the physician provided 60 minutes of critical care with the patient; no intensivist was available at the time. How should I code this? The doctor says there should be more than one code, because he wants to get paid more for his extra time and work.

Delaware Subscriber

Answer: You should report the appropriate subsequent hospital care code (99231-99233) for the hospital visit. For the critical care services, you should assign 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes).

Before you bill for critical care, make sure you know that critical care includes the care of critically ill and unstable patients who require constant physician attention, whether the patient is in the course of a medical emergency or not, according to the Medicare Carriers Manual. Your physician should provide decision-making of high complexity to assess, manipulate, and support circulatory, respiratory, central nervous, metabolic, or other vital system function to prevent or treat single or multiple vital organ system failure.

Typically, physicians administer critical care in a "critical care area," such as the coronary care unit, respiratory care unit, or the emergency department. But Medicare (and possibly private carriers) will pay for critical care that a doctor provides in any location as long you meet CPT and Medicare's guidelines. And remember, just because the patient is in an intensive or critical care unit doesn't mean you can automatically report 99291.

Services for a patient who is not critically ill and unstable but who happens to be in a critical care, intensive care, or other specialized care unit are reported using subsequent hospital care codes (99231-99233) or hospital consultation codes (99251-99263). In addition, for a physician to bill critical care, he must devote his full attention to the patient and, therefore, cannot render E/M services to any other patient during the same period of time.