

Internal Medicine Coding Alert

Reader Questions: Watch Out for Critical Care Bundles

Question: The internist provides 54 minutes of critical care for one of his patients. During the encounter, the internist also performs pulse oximetry. Can I report the oximetry separately from the critical care?

California Subscriber

Answer: When reporting critical care, the service includes certain services. In your scenario, the pulse oximetry is not billable because it is bundled into the critical care codes.

On your claim, you should-report 99291 (Critical care, evaluation and management of the critically ill or critically injured patient, first 30-74 minutes) for the critical care.

When reporting critical care, remember that these services are bundled into codes 99291 and +99292 (... each additional 30 minutes; List separately in addition to code for primary service):

- cardiac output
- chest x-rays
- pulse oximetry.

Blood Gases

- information data stored in Computers
- temporary transcutaneous pacing
- ventilator management
- vascular access procedures
- gastric intubation.

On the other hand, these services are not bundled into 99291 or +99292.

- CPR
- endotracheal intubation
- pericardiocentesis
- central venous catheter placement.

Carve out separate service time: When reporting critical care and separately billable services, do not include time spent on the separate non-bundled services toward your critical care time.

So if total encounter time is 75 minutes and your internist performs CPR for 20 of those minutes, you can only code for 55 minutes of critical care.

Documentation of the timeline is key to coding critical care services. (Nurses are a great asset for documentation of critical care service; they often assist the internist in documenting time spent on critical care and other non-bundled services.)