Internal Medicine Coding Alert

Reader Questions: When CPR May Equal Critical Care

Question: Can the internist charge 92950 (Cardiopulmonary resuscitation [e.g., in cardiac arrest]) for running the code and directing the CPR team? The physician ran the code but did not do the CPR on the patient.

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Answer: You may be more accurate if you listed critical care codes (99291-99292). The internist provided constant attention while performing high-complexity medical decision-making, and the patient had organ- system failure. CPT and Medicare include all of these services in their definition of critical care. For instance, note the following CMS guidelines:

"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 It involves 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. It often also requires extensive interpretation of multiple databases and the application of advanced technology to manage the critically ill patient."

Key: Your documentation must support the physician's critical-care charges. Pay particular attention to the amount of time he spent providing critical care, because 99291-99292 are time-based codes.

For example, if the internist documents 50 minutes of critical care, you could report 99291. But if he spent less than 30 minutes, you'd likely assign either 99232 or 99233 for subsequent hospital care.