

Internal Medicine Coding Alert

You Be The Coder: Critical Care PQRI Scenarios

Question: Our practice is reporting for the Physician Quality Reporting Initiative (PQRI). One of the measures we are coding for is No. 56: Vital Signs for Community-Acquired Bacterial Pneumonia (CABP). Recently one of our physicians performed 46 minutes of critical care in the emergency department for an established patient with pneumonia due to E. coli. Notes indicate that the internist reviewed and documented the patient's vital signs (temperature, pulse, respiratory rate and blood pressure). How should I report this encounter to the PQRI?

Massachusetts Subscriber

Answer: For this encounter, you will need to include a place-of-service (POS) code to show that it occurred outside of the office setting.

According to the PQRI handbook, "Clinicians utilizing the critical care code (99291) must indicate the emergency department place-of-service code (POS = 23) in order to be counted in the measure's denominator."

So on the claim, you should 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
- 482.82 (Pneumonia due to other specified bacteria; Escherichia coli [E. coli]) linked to 99291 to represent the pneumonia
- 2010 F (Vital signs [temperature, pulse, respiratory rate, and blood pressure] documented and reviewed [CAP] [EM]) to represent the PQRI measure
- POS 23 to represent the ED setting.

Check out the PQRI handbook at <http://www.cms.hhs.gov/PQRI/Downloads/2008PQRICodingforQualityHandbook.pdf>.