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Part B Insider (Multispecialty) Coding Alert

Critical Care: Are You Leaving Cash On The Table For Critical Care Services?

Quick test will say for sure

When your physician performs critical care services, it's critical to bill for everything your physician did along with the critical care.

Wrong idea: Some coders mistakenly believe that everything the doctor does is bundled into critical care because you bill for critical care based on time. But in fact, the book lists items that are bundled into critical care, and anything that isn't on that list should be billable, say experts.

These services are bundled: interpretation of cardiac output measurements (**CPT 93561** , 93562); pulse oximetry (94760, 94761, 94762); chest x-rays (71010, 71015, 71020); blood gases; data stored in computers (99090); gastric intubation (43752, 91105); transcutaneous pacing (92953); ventilator management (94656, 94657, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36540, 36600).

CPT doesn't require you to use the -25 modifier for separately billable procedures, but Medicare may require you to use the -25 modifier with the critical care code if you're billing other codes as well, according to the **American College of Emergency Physicians'** Critical Care FAQ.

Services you can bill separately include endotracheal intubation (31500) and CPR (92950), ACEP notes. You can bill for insertion of a Swan-Ganz catheter, according to carrier local coverage determinations. Also, you can bill cardiopulmonary resuscitation separately, says **Jo Ann Steigerwald**, senior consultant with the **Wellington Group** in Baraboo, WI.

Important: You cannot double-bill. If the physician performs a separately billable service, you must subtract the time spent on that service from the critical care time. "The physician's progress note must document that time involved in the performance of separately billable procedures was not counted toward critical care time," the **Centers for Medicare & Medicaid Services** states in Transmittal B-99-43 from 1999.

You can bill for a high-level evaluation & management service on the same day as critical care, as long as the E/M happens before the critical care and not after, says **Collette Shrader** with **Wenatchee Valley Medical Center** in Wenatchee, WA. After critical care, payors assume a follow-up visit will be included in the service.