

## Part B Insider (Multispecialty) Coding Alert

### CRITICAL CARE: Follow This FAQ to Maximize 99291 Coding

Physician 'preventing further deterioration' keys valid critical care claims.

What do critical care services need to contain to withstand scrutiny? The service has to meet CPT's time parameters, patient condition, and physician actions requirements.

Checking encounter notes for these items just got easier, thanks to solutions on critical care's "who, what, and where?"

Who Qualifies for Critical Care?

To report 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) and +99292 (... each additional 30 minutes [List separately in addition to code for primary service]), the physician must be treating a patient that is critically ill or injured, confirms **Rebecca Parker MD, FACEP**, president of Team Parker LLC, a coding, billing, and compliance consulting firm in Lakewood, Ill.

CPT classifies a critical illness or injury as acute damage to one or more of the patient's vital organ systems, Parker explains.

Critical care also involves high complexity medical decision making in assessing and supporting those vital organ systems to prevent the patient from getting worse, says **Shelley Bellm, CPC**, coder at Colorado Mountain Medical.

Critical care "requires the highest level of physician preparedness to intervene urgently. Failure to intervene would likely result in clinically significant or life-threatening deterioration," explained **Kenny Engel, CPC**, coding coordinator with Advanced Healthcare in Germantown, Wis., during his recent Coding Institute audioconference "Critical Care Reporting" ([www.codinginstitute.com](http://www.codinginstitute.com)).

Conditions that might warrant critical care service include the following, writes **Stephen R. Levinson, MD**, in Practical E/M: Documentation and Coding Solutions for Quality Patient Care.

- failure of the central nervous, circulatory, or renal systems
- shock
- hepatatic, metabolic, or respiratory failure.

Remember: If the patient is suffering from one or more of the above conditions, then your physician's service might qualify as critical care.

Caution: Before you can consider 99291, the treatment time must exceed 30 minutes. This time parameter is inflexible, according to Levinson.

"If the physician spends less than 30 minutes of critical care time on a particular day, regardless of the severity of patient illness and complexity of decision making and treatment, an appropriate E/M code must be submitted" instead of 99291, Levinson writes.

This time does not need to be continuous, says Parker -- but it does need to add up to at least 30 minutes before considering 99291.

What's Included in Critical Care?



If your doctor provides any of the following services during critical care, do not code them separately, as they are included in 99291 and 99292 service. When totaling critical care time, the 2009 CPT manual states that you cannot include these services:

- interpretation of: cardiac output measurements (93561, 93562); xrays (71010-71020); pulse oximetry (94760-94762); blood gases, and information data stored in computers (such as ECGs, blood pressures, hematologic data [99090]) • gastric intubation (43752, 91105)
- temporary transcutaneous pacing (92953)
- ventilatory management (94002-94004, 94660, 94662);
- vascular access procedures  
(36000, 36410, 36415, 36591, 36600).

Report any services the physician performs that are not listed above separately from 99291. Services that are excluded from critical care include: endotracheal intubation, pericardiocentesis, and central venous catheter placement.