

## Part B Insider (Multispecialty) Coding Alert

### Do You Know The Critical Ingredients To A Successful Critical Care Claim?

#### Test yourself with this sample scenario

Now that you've busted the above two critical care coding myths, see if you can put your knowledge into practice. Take a look at the following situation. Ask yourself how you would code it, and then check your answer against our expert-s.

**Scenario:** A patient presents to the hospital with chest pain. The physician conducts 10 minutes of critical care services before the patient goes into cardiac arrest. Your physician performs cardioversion and restores the patient's heartbeat. Then he documents 37 more minutes of critical care that includes conducting tests CPT regards as part of critical care, analyzing results and consulting with other physicians.

How would you report these services--and what kind of documentation do you need? Take a minute to answer on your own before continuing to the answer below.

**Answer:** On your claim, you should:

- report 92960 (Cardioversion, elective, electrical conversion of arrhythmia, external)
- report 99291 for the critical care services and attach modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service).

**What you need to succeed:** The cardiologist documented the 47 minutes of critical care services, so you need to include this with your claim. Also, make certain that the physician gives the details about what he performed. Importantly, the cardiologist must -carve out- the time he spent providing the cardioversion service.