

Part B Insider (Multispecialty) Coding Alert

Reader Question: Comforting Dying Patient Is Not Critical Care

Question: A patient becomes unresponsive in the emergency department (ED) and the physician begins critical care. After 13 minutes of critical care, the family changes the code status to do not resuscitate (DNR). A morphine drip is started and the patient is allowed to slowly pass away without any interventions. For the next 20 minutes, the physician supports the patient with pain control and oxygen until she passes away. During this time, the physician is still documenting blood pressures, and injecting pain medication. Can this supportive time be considered critical care?

Answer: Since the physician did not provide at least 30 minutes of critical care before the comfort care, you cannot report 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes ...) for this encounter.

Do this: On the claim, choose a 9928x ED E/M code for the service based on encounter notes; your scenario is likely either a 99284 (Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history, A detailed examination, and Medical decision making of moderate complexity....) or 99285 (Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity ...) encounter.

Caution: Keep in mind that changing code status and assigning DNR is considered a high-risk management option. Providers should proceed with caution when employing this coding strategy.