

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Know When to Add Critical Care Time

**Question:** When two physicians of the same specialty and group practice provide critical care to the same patient on the same day at different times, I add the times for each physician together (as long as one meets the minimum of 30 min) in order to determine what code(s) to bill.

I am being told by another coder that you cannot add the two times together unless one of the physicians has spent a minimum of 60 minutes with the patient, and furthermore, that, if the first physician does NOT see the patient for 60 min, a 99291 would be billed for him and a 99292 would be billed for the second physician even if the two times added together do not equal more than 74 minutes.

Here is a scenario we both coded:

Dr. A 30 min cc Dr. B 20 min cc Dr. C 25 min cc

I coded: 99291 and 99292 (total time = 75). She coded 99291 and 99292 x 2 (one code for each person).

What is the right way to report critical care when two physicians are involved?

Illinois Subscriber

**Answer:** When your physician provides critical care, the primary code to report is 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes). You will have to report this code only once for a patient in a day even if the services have been provided by one physician or more of the same group. For additional time, you will have to report multiple units of 99292 (Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes [List separately in addition to code for primary service]) depending on the amount of time that was spent on providing critical care services.

In order to report either of these codes, you must meet the minimum defined time. So in order to code 99291, your physician(s) must have provided critical care for at least 30 minutes. In order to code the 99292 for each additional 30 minutes, you again must meet this code at a minimum of 15 minutes beyond the first hour.

The reason 99291 is stated as 30-74 minutes is because that is 1 minute short of meeting the minimum defined mark to code 99292. At 74 minutes, you have 60 minutes for 99291 with only 14 minutes left over. The remaining 14 minutes will not meet the minimum mark in order to code 99292. You are one minute short.

If your physician(s) have provided critical care for 75 minutes then you have 60 minutes to report 99291. The left over 15 minutes meets the minimum mark required for 99292. So you can report both 99291 and one unit of 99292.

The example that you have provided has three physicians providing critical care services for a total of 75 minutes. So you will have to report one unit of 99291 (for the cumulative 60 minutes of initial critical care) and one unit of 99292 (for the next 15 minutes of critical care). Therefore, you are right in the way you have reported the services and not the other coder.

Since they are part of the same group and specialty, they would report their cumulative service as if they were a single physician. The claim can be submitted under the first physician to satisfy the requirements for the first hour of critical care.

