

Part B Insider (Multispecialty) Coding Alert

Reader Question: Physician Leading CPR Can Report 92950, As Well As E/M, If Applicable

Emergency defibrillation, however, is probably not billable along with the CPR, so don't try and use the cardioversion codes

Question: When several physicians participate in a CPR service for a patient, which codes should I bill? In particular, I'd like to know what I should report if the physician was leading the service, and if our physician simply assists in the CPR service.

Answer: CPR (92950, Car- diopulmonary resuscitation [eg, in cardiac arrest]) is a physician-performed service when the physician is present during the mechanical respirations and chest compressions. It consists of these functions only and cannot be described as "ACLS protocols in progress." ACLS protocols might or might not involve actual heart and lung manipulation; often they involve only drug administration and close monitoring.

When the physician is present during the CPR event and is chiefly responsible for it, she should bill 92950. Only one physician can be the physician-in-charge, so only one can bill for it. The physician does not have to be doing the mechanical movements but must be present while they are being performed.

You should always bill a separate E/M code if the physician documented a complete E/M service. So, the codes reported for such a case would be your E/M code and 92950. CPT does not include a code for defibrillation, which often accompanies CPR.

Elective electrical cardioversion (92960-92961) is not the same as emergency defibrillation, so you should not report cardioversion for the physician's defibrillation services during the CPR.

If your physician is assisting in the CPR while another doctor performs the main service, then your physician may be able to report an E/M code, depending on whether he performed any E/M services in place of the lead physician. However, your physician cannot report the CPR code 92950.

In some cases, if the documentation supports it, you may be able to report critical care (99291-99296) for the period of time before and after the CPR. You cannot bill for the critical care time that is performed while doing a separately payable procedure.