Part B Insider (Multispecialty) Coding Alert

Reader Questions: Severe Asthma Control Depends on Who Administered Services

Question: I'm looking at notes from my anesthesiologist for an encounter with a patient with a severe asthmatic attack. She notes that the patient was already ventilated at the time of status asthmaticus, so the patient was removed from the vent and brought to the intensive care unit (ICU). Apparently the patient was still connected to anesthesia delivery, so the gas used to treat the asthma was delivered via the anesthesia machine. Is there a CPT code for this?

Missouri Subscriber

Answer: The correct CPT code for the delivery of the antiinhalation agent would likely be 94640 (Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes [eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device]).

You should also check notes from the encounter to determine who actually provided anesthesia services: the surgeon or the anesthesiologist.

Assuming it was your anesthesiologist, your coding would also depend on the length of the encounter, and whether it was considered critical care. If the patient encounter was less than 30 minutes and the documentation supports a separate E/M service, this falls out of the definition of "routine" post operative care and you cannot code separately for it.

Alternative: If the patient encounter was greater than 30 minutes and documentation supports it, a critical care code such as 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) may be appropriate.

If your anesthesiologist's documentation doesn't support critical care or an E/M service, you may be able to report discontinuous time using modifier 53 (Discontinued procedure).