

Eli's Rehab Report

Reader Question: Report 92950 for Resuscitation

Question: Our physiatrist was making rounds at the hospital today when he responded to a "stat" call for a cardiac arrest patient and performed CPR. She was the roommate of one of our patients, but we had never seen her before. The patient's admitting physician wants to bill his inpatient code for that day, so how do we get reimbursed for responding to the stat call?

Washington, D.C., Subscriber

Answer: You should report 92950 (Cardiopulmonary resuscitation [e.g., in cardiac arrest]) for your physiatrist's work. This will not interfere in any way with the bill that the patient's regular physician submits for his inpatient hospital visit.

Ask your physician if he or she spent any time after the resuscitation attending to the patient, because the patient's condition meets the CPT definition of a critically ill patient (impairment of one or more vital organ systems such that there is a high probability of imminent or life-threatening deterioration in the patient's condition). Critical care codes are time-based, so your physician must have spent at least 30 minutes of noncontinuous time providing care to the patient to bill 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes).

The care does not need to be at the bedside and may include the following activities as long as they were provided on the patient's floor or unit: reviewing test results or imaging studies, discussing the critically ill patient's care with other medical staff, or documenting critical care services in the medical record. Time that the physiatrist spent performing any of these activities counts in addition to any time he spent providing bedside care to the patient.

Be careful that you do not include the time that the physiatrist spent resuscitating the patient toward your critical care calculations. Insurers do not bundle 92950 into critical care, and it is separately billable, so any time the physiatrist spent providing a separately billable service is not counted as critical care time.