

Critical Care Coding and Billing

Critical care is the direct delivery by a physician or other qualified health care professional of medical care for a critically ill or critically injured patient. Critical Care is reported with CPT® codes 99291 and 99292.

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Report Selection **2017 Hospital Based HCPCS/CPT® Codes Quarter: Q2**

2017 HCPCS Codes - ALL Quarter: Q2
Codes and/or Descriptions: **99291,99292** for selected Provider: **Regional Hospital (990001)**
Results returned(below): 2
AWT: 1, DME: CA, Clinical Lab Fee Schedule: CA1, Physician Fee Schedule: ANAHEIM/SANTA ANA, CA

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Current Descriptor	Fee Schedule	Initial APC	Payment
<input type="checkbox"/> 99291 - critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes J2 - Paid under OPPS; Addendum B displays APC assignments when services are separately payable.	GB (Physician Facility): \$240.76 GB (Physician Non-Facility): \$302.19	5041 - Critical Care Composite(s)	Weight: 9.1621 Payment: \$687.17 National Co-pay: \$0.00 Minimum Co-pay: \$137.44
<input type="checkbox"/> 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) N - Payment is packaged into payment for other services.	GB (Physician Facility): \$120.74 GB (Physician Non-Facility): \$133.63		

These codes are time-based. The provider of service must document the total time spent providing critical care in the patient's medical record. At least 30 minutes of critical care must be documented to report these codes. If the critical care time documented is less than 30 minutes the appropriate E/M codes should be reported.

Total Duration of Critical Care Codes	
less than 30 minutes	appropriate E/M codes
30-74 minutes (30 minutes - 1 hr. 14 mins)	99291 x1
75 -104 minutes (1 hr. 15 mins - 1 hr. 44 min)	99291 X1 and 99292 X1
105 - 134 minutes (1 hr. 45 mins - 2 hr. 14 min)	99291 X1 and 99292 X2
135 - 164 minutes (2 hr. 15min - 2 hr. 44 min)	99291 X1 and 99292 X3

Actual time spent providing care can be accumulated over a 24-hour period; however, only the time spent providing actual care may be charged.

Examples of acceptable documentation of critical care time:

- Critical Care: Time spent providing critical care to the patient was 74 – 100 minutes. I personally spent 74 minutes of critical care time with this patient secondary to the patient's unstable condition. This includes time spent directly (inpatient/outpatient) care, speaking with family members and physicians and dictating the patients record. Total number of minutes spent in direct and indirect care of this critically ill patient exclude procedures.

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- Patient admitted to critical care unit. Acuity level critical – Transported via cart/stretchers. Facility critical care time 30-74 minutes. Actual time (minutes): 30 minutes of total critical care was spent with this patient. Total critical care time excludes procedures.

For Reporting Professional Services, the following services are included in critical care time:

- ✓ Interpretation of cardiac output measurements (93561, 93562)
- ✓ Chest X-rays (71010, 71015, 71020)
- ✓ Pulse Oximetry (94760, 94761, 94762)
- ✓ Blood Gas and information data stored in computers (ECGs, blood pressures, hematologic data)
- ✓ Gastric Intubation (43752, 43753)
- ✓ Temporary transcutaneous pacing (92953)
- ✓ Ventilator management (94002-94004, 94660, 94662)
- ✓ Vascular access procedures (36000, 36410, 36415, 36591, 36600).

Facilities may report the above services separately as instructed in the CPT® Coding Guidelines.

AHIMA addresses the facility reporting and time-keeping issues in the following article:

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_039949.hcsp?dDocName=bok1_039949

The Critical Care Controversy

In the 2008 OPPS final rule, CMS again stated that hospitals must provide a minimum of 30 minutes of critical care services in order to report CPT code 99291, Critical care evaluation and management of the critically ill or critically injured patient; first 30–74 minutes. The response to CMS frequently asked question 8809 states that hospitals must follow the CPT instructions related to CPT code 99291. Any services that CPT indicates are included in the reporting of CPT code 99291 should not be billed separately by the hospital.

CMS also addressed the policy during a hospital open door forum last winter, reiterating that CMS follows CPT-4 guidelines to the extent possible and that critical care coding rules in the CPT-4 manual apply to hospitals and physicians.

Hospitals should thus subtract from the critical care time any separately reportable procedures, such as CPR and drug administration. They should not report separately those procedures included in the CPT definition of critical care. Hospitals also should report face-to-face critical care time provided by physicians or hospital staff. If multiple staff members or physicians are providing the service simultaneously, the time involved can only be counted once.