

## Critical Care Services

**Critical Care** is defined as a physician’s direct delivery of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs 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 involves high complexity decision making to assess, manipulate, and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient’s condition.

- Critical care must be medically necessary and involve high complexity decision making Supporting Documentation;
  - Was the physician called to see the patient on an emergency basis?
  - Does the physician’s note support evidence of threat of imminent deterioration of patient’s condition?
  - Is the critical illness or injury acutely impairing one or more body systems?
  - Were the physician’s services required to prevent further decline of a life-threatening condition?
  - Does the documentation indicate that an assessment of the patient and services of the physicians were provided to support vital system function?
  - Does the documentation support that the provider was either at bedside or immediately available?
  - Family discussions may be considered part of the critical care time when documentation supports:
    - Patient is unable to participate in giving history
    - Discussions are related to determining medically necessary treatment decisions
    - A summary of the medical necessity and/or content of the discussion

These codes are used to report critical care services. **These are time-based services and the total time spent providing critical care must be documented in the medical record.** All time spent providing critical care on the same date of service is added together and does not need to be contiguous. Time is reported for practitioner time spent in care of the critically ill or injured patient at the patient's bedside and on the floor/unit. Time spent off the patient unit, even if related to patient care, is not counted. Do not report critical care for patients who may be in the critical care unit but are not currently critically ill.

Example of critical care time statement: Total **critical care** time spent 35 minutes.

More than one physician can provide critical care at another time and be paid if the services meets critical, is medically necessary and is not duplicative care. Concurrent care by more than one physician (generally representing different physician specialties) is payable if these requirements are met.

Code	Critical Care
99291	Critical care, evaluation and management of the critically ill patient or critically injured; first 30-74 minutes
99292	Critical care, evaluation and management of the critically ill patient or critically injured; each additional 30 minutes (list separately in addition to code for primary service)

## Critical Care Services

### Counting of Units of Critical Care Services

The CPT code 99291 (critical care, first hour) is used to report the services of a physician providing full attention to a critically ill or critically injured patient from 30-74 minutes on a given date. Only one unit of CPT code 99291 may be billed by a physician for patient on a given date. Physicians of the same specialty within the same group practice bill and are paid as though they were a single physician and would not each report 99291 on the same date of service.

See the following table for the correct reporting of critical care services:

Total Duration of Critical Care	Codes
Less than 30 minutes	99232 or 99233 or other appropriate E/M code
30 – 74 minutes	99291 x 1
75 – 104 minutes	99291 x 1 and 99292 x1
105 – 134 minutes	99291 x 1 and 99292 x 2
105 – 164 minutes	99291 x 1 and 99292 x 3
165 – 194 minutes	99291 x 1 and 99292 x 4
194 minutes or longer	99291 – 99292 as appropriate (per above illustrations)

### Critical Care Services and Physician Time

#### Clinical Example of Correct Billing of Time:

A patient arrives in the emergency department in cardiac arrest. The emergency department physician provides 40 minutes of critical services. A cardiologist is called to the ED and assumes responsibility for the patient, providing 35 minutes of critical services. The patient stabilizes and is transferred to the CCU. In this instance, the ED physician provided 40 minutes of critical services and reports on the critical care code (CPT 99291) and **not** also emergency department services.

The cardiologist may report the 35 minutes of critical care services (also CPT code 99291) provided in the ED. Additional critical care services by the cardiologist in the CCU may be reported on the same calendar date using 99292 or another appropriate E/M code depending on the clock time involved.

### Critical Care Services Provided by Physicians in Group Practice(s)

#### CPT Code 99291

The initial critical care time, billed as CPT code 99291, must be met by a single physician or qualified NPP. This may be performed in a single period of time or be cumulative by the same physician on the same calendar date. A history and physical exam performed by one group partner for another group partner in order the second group partner make a medical decision would not represent critical care services.

#### CPT Code 99292

Subsequent critical care visits performed on the same calendar date are reported using CPT Code 99292. The service may represent aggregate time met by a single physician or physicians in the same group practice with the same medical specialty to meet the duration of minutes required for CPT Code 99292. The aggregated critical care visits must be medically necessary and each aggregated visit must meet the definition of critical care to combine times.

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### Clinical Example of Critical Care Services Performed in a Group Practice

Drs. Smith and Jones, pulmonary specialists, share a group practice. On Tuesday Dr. Smith provides critical care services to Mrs. Benson who is comatose and has been in the intensive care unit for 4 days following a motor vehicle accident. She has multiple organ dysfunction including cerebral hematoma, flail chest and pulmonary contusion. Later, on the same calendar date, Dr. Jones covers for Dr. Smith and provides critical care services. Medically necessary critical care services provided at the different time periods may be reported by both Drs. Smith and Jones. Dr. Smith would report CPT code 99291 for the initial visit and Dr. Jones, part of the same group practice, would report CPT code 99292 on the same calendar date if the appropriate time requirements are met.

### Examples of patients whose medical condition may warrant Critical Care Services:

- 1) An 81-year-old male patient is admitted to the intensive care unit following abdominal aortic aneurysm resection. Two days after surgery he requires fluids and pressors to maintain adequate perfusion and arterial pressures. He remains ventilator dependent.
- 2) A 67-year-old female patient is 3 days' status post mitral valve repair. She develops petechiae, hypotension and hypoxia requiring respiratory and circulatory support.
- 3) A 70-year-old admitted for right lower lobe pneumococcal pneumonia with a history of COPD becomes hypoxic and hypotensive 2 days after admission.
- 4) A 68-year-old admitted for an acute anterior wall myocardial infarction continues to have symptomatic ventricular tachycardia that is marginally responsive to antiarrhythmic therapy.

### Examples of patients who may not satisfy Medicare medical necessity criteria, do not meet critical care criteria, who do not have a critical care illness or injury and therefore not eligible for critical payment:

- 1) Patients admitted to a critical care unit because no other hospital beds were available;
- 2) Patients admitted to a critical care unit for close nursing observation and/or frequent monitoring of vital signs (e.g., drug toxicity or overdose);
- 3) Patients admitted to a critical care unit because hospital rules require certain treatments (e.g., insulin infusions) to be administered in the critical care unit.

### Modifier 24

When critical care (e.g. major complication) is required within the global period of a procedure, use modifier 24 to indicate that the services are un-related to the global surgical package.

*If a 25-year-old woman has severe postpartum hemorrhages that is managed 1:1 for a significant amount of time, use modifier 24 to code for critical care services.*

### Sources:

<https://www.EncoderPro.com>

[https://www.cgsmedicare.com/partb/mr/pdf/critical\\_care\\_fact\\_sheet.pdf](https://www.cgsmedicare.com/partb/mr/pdf/critical_care_fact_sheet.pdf)

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>