

Coding for Critical Care Service Revisited

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Critical care, as defined by the 2019 Current Procedural Terminology (CPT®) code set, is the direct delivery by a physician(s) or other qualified health care professional (QHP) of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ system(s), 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. Instances of vital organ system failure include, but are not limited to, the following: central nervous system failure; cardiac failure; shock; renal, hepatic, metabolic, and/or respiratory failure. Although critical care typically requires interpretation of multiple physiologic parameters and/or application of advanced technology, it may be provided in life-threatening situations when these elements are not present. Critical care may be provided on multiple days, even if no changes are made in the treatment rendered to the patient, provided the patient's condition continues to require the level of attention described above.

Providing medical care to a critically ill, injured, or postoperative patient qualifies as a critical care service only if both the illness or injury and the treatment provided meet the above requirements.

When reporting codes 99291, Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes, and 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), it is important to note that the codes describe the type of care provided, not the site at which the care is provided. Even though care is typically provided in a critical care area, such as the coronary-care unit, intensive-care unit, respiratory-care unit, or an emergency-care department, the patient is not required to be physically located in such an area to receive critical care services. For instance, critical care services provided in an outpatient setting (eg, emergency department, office, or during patient transport for those older than 24 months) may be reported using codes 99291 and 99292. Critical care services less than 30 minutes total on a given date are not reported with code 99291; instead, they are reported with an appropriate evaluation and management code based on the site of service.

The following examples in Table 1 illustrate the correct reporting of critical care services.

Total Duration of Critical Care	Codes
less than 30 minutes	Appropriate E/M codes
30-74 minutes (30 minutes - 1 hr. 14 min.)	99291 X 1
75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	99291 X 1 AND 99292 X 1
105-134 minutes (1 hr. 45 min. - 2 hr. 14 min.)	99291 X 1 AND 99292 X 2
135-164 minutes (2 hr. 15 min. - 2 hr. 44 min.)	99291 X 1 AND 99292 X 3
165-194 minutes (2 hr. 45 min. - 3 hr. 14 min.)	99291 X 1 AND 99292 X 4
195 minutes or longer (3 hr. 15 min. - etc.)	99291 and 99292 as appropriate (see illustrated reporting examples above)

For the 2019 CPT code set, the guidelines in the Critical Care Services subsection were revised because of the deletion of code 99090, Analysis of clinical data stored in computers (eg, ECGs, blood pressure, hematologic data). In addition, codes 0188T, Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes, and 0189T, Remote real-time interactive video-conferenced 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 procedure), were deleted, however, instructions were provided to report these services with code 99499, Unlisted evaluation and management service.

The following services are included in critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest X rays (71045, 71046), pulse oximetry (94760-94762), and blood gases. The additional following services performed by a physician or other QHP are also now included: the collection and interpretation of physiologic data (eg, electrocardiograms [ECGs], blood pressure, hematologic data); gastric intubation (43752, 43753); temporary transcutaneous pacing (92953); ventilatory management (94002-94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600).



Facilities may report these services separately. The coding tip for the critical care guidelines were also updated to reflect these revisions.

Coding Tip

Codes 0188T and 0189T were deleted from the 2019 CPT code set. Report code 99499, Unlisted evaluation and management service, for remote real-time interactive video-conferenced critical care, and evaluation and management of the critically ill or critically injured patient.

Time spent by the physician or other QHP in activities that occur outside of the unit or off-the-floor (eg, telephone calls whether taken at home, in the office, or elsewhere in the hospital) may not be reported as critical care because the individual physician or other QHP is not immediately available to the patient. Time spent in activities on the unit or floor that do not directly contribute to the treatment of the patient may not be reported as critical care (eg, participation in administrative meetings or telephone calls to discuss other patients). Time spent performing separately reportable procedures or services should not be included in the time reported as critical-care time. ◆