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Reporting Critical Care Services

Due to the nature of the specialty, anesthesiologists may be called to serve as intensivists as our health system prepares for an influx of COVID-19 patients. We are hearing reports that in some institutions, the post anesthesia care units (PACUs) are being readied to serve as intensive care units (ICUs) to help address potential shortages of ICU beds and ventilators.

At this crucial time, the paramount concerns are clearly care of patients with COVID-19 and the safety of the physicians and other health care professionals who are providing that care under uncertain and difficult circumstances.

In time, the concerns will include billing among other financial and economic matters. Many anesthesia practices are already familiar with the rules for reporting critical care, however, others may need to enhance their understanding. This article offers some points specific to reporting critical care for adult patients as described by the following CPT® codes:

- 99291 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
- +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)

To report critical care, the illness/injury and the treatment provided must meet certain criteria. According to CPT:

“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.”

Reporting critical care does not require that the patient receiving the care is in the ICU; some patients in the ICU may not meet the required criteria while others not in the ICU may.

Just as in anesthesia care, time plays an important role in reporting adult critical care services. Codes 99291 and its accompanying add-on code +99292 are time-based services and CPT’s thresholds are shown in Table 1:

Table 1: Critical Care Time

Duration	Reporting
<30 minutes	Applicable Evaluation and Management (E/M) code
30 – 74 minutes	99291 x1
75 – 104 minutes	99291 x1 and +99292 x1
105 – 134 minutes	99291 x1 and +99292 x2
135 – 164 minutes	99291 x1 and +99292 x3
165 – 194 minutes	99291 x1 and +99292 x4
≥ 195 minutes	99291 x1 and applicable number of units of +99292

CPT provides some specific information on what to consider when determining critical care including:

- The duration of time spent providing critical care services to a patient does not have to be continuous time.
- The time spent should be clearly documented in the patient record.
- Critical care requires the provider’s full attention; s/he cannot provide other services to other patients during that reported time.
- Reported critical care time includes all the time dedicated to that patient including time spent at the immediate bedside and time spent on the floor or unit. It can include time spent with the patient’s family or caregivers if the patient cannot participate in conversations about his/her care. Time on the floor or unit must be spent on activities that directly contribute to the care of that patient. Critical care time does not include administrative work, or any other work associated with care for other patients.
- Time spent off the floor or unit is not included in critical care time as the provider is not immediately available to the patient.
- Time spent on any separately reportable activity is not included in critical care time.

Services that are bundled into critical care and not separately reportable on claims for professional services are listed in CPT and displayed in Table 2 below:

Table 2: Services Included in Critical Care Codes 99291 and +99292

CPT Code	Descriptor
36000	Introduction of needle or intracatheter, vein
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
36591	Collection of blood specimen from a completely implantable venous access device
36600	Arterial puncture, withdrawal of blood for diagnosis
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed

CPT Code	Descriptor
71045	Radiologic examination, chest; single view
71046	Radiologic examination, chest; 2 views
92953	Temporary transcutaneous pacing
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	Continuous negative pressure ventilation (CNP), initiation and management
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)

While CPT states that any services not included in its listing may be reported separately from critical care, it is important to check the [National Correct Coding Initiative \(NCCI\)](#) for other edits that include codes 99291 and +99292.

It also important to note that medical direction or medical supervision is not applicable to critical care services.

For complete information on reporting critical care services, please refer to the 2020 edition of CPT as published by the American Medical Association.