Critical Care Evaluation & Management Services

Critical Care Evaluation and Management (E/M) Codes

99291 is used to report the first 30-74 minutes of critical care on a given date. It should be used only once per date.

99292 is used to report additional block(s) of time of up to 30 minutes each beyond the first 74 minutes of critical care.

example: critical care time of 35 minutes, report 99291 x 1 only

critical care time of 115 minutes report 99291 x 1, and 99292 x 2

Critical care time of less than 30 minutes is not reported using the critical care codes. Such service should be reported using the appropriate E/M code.

Critical Care Visits Key Documentation Requirements

- The patient’s condition must meet the definition of a critical illness or injury described above.

- The total critical care time delivered must be documented and must be a minimum of 30 minutes, exclusive of separately reportable procedure time(s).

- Clinical reassessments and documentation must support the amount of critical care time aggregated and should include a description of all of the physician's interval assessments of the patient's condition, any "impairments of organ systems" based on all relevant data available to the physician (i.e. symptoms, signs and diagnostic data), the rationale and timing of interventions and the patient's response to treatment.

- It is recommended the physician note that "time involved in the performance of separately reportable procedures was not counted toward critical care time". Failure to do so might result in the critical care time being reduced by payors to account for any concurrent separately billable services.

Key Performance and Documentation Requirements for use of the critical care service codes with regard to Medicare's Teaching Physician Criteria:
• Time spent alone by the resident (i.e., performing critical care activities in the absence of the teaching physician) cannot be counted toward critical care time. Only time spent performing critical care activities by the resident and the teaching physician together or the teaching physician alone can be counted toward critical care time.

• The teaching physician may tie into the resident’s documentation and may refer to the resident’s documentation for specific patient history, physical findings and medical assessment. However, the teaching physician must still document a statement of the total time the teaching physician personally spent providing critical care, that the patient was critically ill when the teaching physician saw the patient, what made the patient critically ill, and the nature of the treatment and management provided by the teaching physician.

CMS as an example of acceptable documentation:

"Patient developed hypotension and hypoxia; I spent 45 minutes while the patient was in this condition, providing fluids and oxygen. I reviewed the resident’s documentation and I agree with the resident’s assessment and plan of care."

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