Professional Fee Billing Guidance
Critical Care Services: Criteria for Billing

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>99291</td>
<td>Critical care, evaluation and management of the critically ill or critically injured patient, first 30-74 minutes</td>
</tr>
<tr>
<td>99292</td>
<td>Critical care, each additional 30 minutes (List separately in addition to code for primary services)</td>
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Key Points & Requirements

1. **Critical Care – Defined:**
   a. Critical care is defined as urgent medical care that is delivered directly by a physician(s) where the nature of the patient’s condition is critical due to illness or injury. A **critical illness or critical injury** is one that acutely impairs one or more vital organ systems in such a way there is a high probability of imminent or life threatening deterioration in the patient’s condition.
   b. Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic, and/or respiratory failure. Centers for Medicaid and Medicare Services (CMS) adds that in order to qualify as critical care for Medicare patients, “the failure to initiate these interventions on an urgent basis would likely result in sudden, clinically significant or life threatening deterioration in the patient's condition”.
   c. Critical care services must be reasonable and medically necessary.

2. **Billing Criteria:**
   a. **Critical Patient.** The patient must be critically ill or critically injured. The provider must treat the critical illness using “high complexity decision making to assess, manipulate, and support vital systems to treat single or multiple vital organ system failure and/or prevent further life threatening deterioration of the patient’s condition. The care must be medically necessary in the treatment or management of a patient’s imminent deterioration condition. AND
   
   i. Time spent providing services that are separately billable (not bundled into critical care codes) may not be included and counted towards critical care time.
   
   ii. Critical care cannot be billed if less than 30 minutes was spent in a day by a single provider. Use the appropriate level of E/M visit instead, such as 99231 – 99233 or other appropriate E/M code.
   
   iii. Time spent teaching residents may not be included in critical care time – even if the teaching session occurs at bedside.
   b. **Time.** The clinician also must spend **at least 30 minutes** providing critical care. Time spent may be either continuous or intermittent, then aggregated and measured from midnight to midnight each day. Care must be provided at the bedside or on the floor/unit where the patient is housed.

3. **Location:**
   a. Critical care is usually, but not always, limited to areas such as: coronary care unit (CCU), surgical / intensive care unit (ICU); respiratory care unit; emergency department; trauma resuscitation room; neonatal ICU. However, just because care is provided in these locations does **not** automatically mean the care meets the definition of “critical care”. Services provided and the provider’s documentation must meet the criteria for CPT codes for critical care, regardless of where the service is provided.
b. Examples of patients who may not satisfy Medicare’s medical necessity criteria for critical care payment include:
   i. Patients admitted to a critical care unit because no other hospital beds were available; or
   ii. Patients admitted to a critical care unit for close nursing observation and/or frequent monitoring of vital signs, e.g., drug toxicity or overdoses; or
   iii. Patients admitted to a critical care unit because hospital rules require certain treatments to be administered in the critical care unit, e.g., insulin infusions.

4. Other Specific Rules to be aware of.
   a. Only one physician can bill for critical care during any one single period of time. Unlike other E/M services, critical care services reflect one physician’s (or qualified healthcare professional’s) care and management of a critically ill or critically injured patient for the specified reportable period of time.
   b. Only one unit of 99291 (critical care first 30-74 minutes) may be billed per calendar day. If multiple critical care visits are necessary after the first 74 minutes on the same date for the same patient by providers in the same group practice (e.g., physicians, N.P.s, P.A.s), CPT code 99292 should be reported instead.
   c. If the patient is not critically ill or critically injured, provider services may be reported with other appropriate E/M codes, such as subsequent hospital care services (CPT 99231-99233), discharge day management (CPT 99236 - 99239), observation services (CPT 99217 – 99220, 99224 – 99226, 99234 - 99236). In addition to the E/M service, when face-to-face time exceeds the time allotted for E/M services at any level by more than 30 minutes, add-on codes for prolonged services (CPT 99356 – 99357) may be used. This situation occurs when the severity of illness and intensity of care delivered do not rise to the critical care level.
   d. Certain procedure codes are considered to be bundled into the critical care code and are not separately billable. Refer to the list of CPT codes in the AMA CPT book or the FAQs on the Compliance web-site.
   e. If the patient is unable to provide history, social, family, and other required E/M documentation, the physician must document that the information was unobtainable and document medical decision making, as usual. Unobtainable information is treated as a complete history. If the physician does not document the patient’s history, physical examination and medical decision making, the level of E/M cannot be justified.

5. Critical Care – Time Units.
   a. Critical care (99291, first 30-74 minutes) is reported only once per calendar day per provider / same specialty group. CPT code 99292 is billed for time spent (in addition to 99291) for each additional 30 minutes beyond the first 74 minutes.
   b. Example: How to calculate critical care time units:

<table>
<thead>
<tr>
<th>Total Time Duration per Calendar Day</th>
<th>CPT Codes</th>
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<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>99231 – 99233 or other appropriate E/M code</td>
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<tr>
<td>30-74 minutes</td>
<td>99291 (1 unit)</td>
</tr>
<tr>
<td>75-104 minutes</td>
<td>99291 (1 unit) and 99292 (1 unit)</td>
</tr>
<tr>
<td>105 – 134 minutes</td>
<td>99291 (1 unit) and 99292 (2 units)</td>
</tr>
<tr>
<td>135 – 164 minutes</td>
<td>99291 (1 unit) and 99292 (3 units)</td>
</tr>
<tr>
<td>165 minutes or longer</td>
<td>99291 – 99292 as appropriate per above illustrations</td>
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c. Exclude time spent off the unit or floor where the critically ill/injured patient is located. Example: Telephone calls – whether taken at home, in the office, or elsewhere in the hospital – may not be reported as critical care time because the physician is not immediately available to the patient. This time is regarded as pre- and post-service work and is bundled into the evaluation and management service.