CBR202110: Critical Care Evaluation and Management (E/M) Services
Guidance and Considerations

Caution

As you perform your internal compliance reviews, keep the following in mind:
Current Procedural Terminology® (CPT®) codes 99291 and 99292 are vulnerable to improper payments, primarily as the result of insufficient documentation and incorrect coding.

Source: *2020 Medicare Fee-for-Service Supplemental Improper Payment Data*. U.S. Department of Health and Human Services. CMS.gov.

Review

Review encounter documentation and choose your code carefully, according to the service provided to the patient and the services documented for the encounter. Remember, if it was not documented, it was not done!

Implement: Critical Care E/M Services

Help reduce the possibility of improper payments by selecting the proper CPT® code, based on the coding guidelines. The following coding guidelines are from the *CPT® 2021 Professional Edition*:

Critical Care E/M Services
"Codes 99291, 99292 are used to report the total duration of time spent in provision of critical care services to a critically ill or critically injured patient, even if the time spent providing care on that date is not continuous. For any given period of time spent providing critical care services, the individual must devote his or her full attention the patient, and, therefore, cannot provide services to any other patient during the same period of time."

Source: *CPT® 2021 Professional Edition*. American Medical Association.

Implement: Critical Care E/M Services, Continued

Critical Care E/M Services, Continued

"Time spent with the individual patient should be recorded in the patient's record. The time that can be reported as critical care is the time spent engaged in work directly related to the individual patient's care whether that time was spent at the immediate bedside or elsewhere on the floor or unit. For example, time spent on the unit or at the nursing station on the floor reviewing test results or imaging studies, discussing the critically ill patient's care with other medical staff or documenting critical services in the medical records would be reported as critical care, even though it does not occur at the bedside. Also, when the patient is unable or lacks capacity to participate in discussions, time spent on the floor or unit with family members or surrogate decision makers obtaining a medical history, reviewing the patient's condition or prognosis, or discussing treatment or limitation(s) of treatment may be reported as critical care, provided that the conversation bears directly on the management of the patient."

"Time spent 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 since the dividual is not immediately available to the patient. Time spent in activities that do not directly contribute to the treatment of the patient may not be reported as critical care, even if they are performed in the critical care unit (eg, participation in administrative meetings or telephone calls to discuss other patients). Time spent performing separately reportable procedures or services should not be included int eh reported as critical care time."

Source: *CPT® 2021 Professional Edition*. American Medical Association.