CMS FAQs on Critical Care Coding under OPPS

CMS
12/27/2007

Feedback
Do the **critical care** Correct Coding Initiative (CCI) edits apply to hospitals?

Answer
No, The edits for services excluded when **critical care** is billed apply to physician services. CMS has removed the **critical care** edits from the CCI edits used within the Outpatient Code Editor (OCE). Note that all CCI edits will be incorporated in the OCE with the exception of anesthesiology, evaluation & management (E&M), mental health, and dermabond. Exclusion of CCI edits for **critical care** or other services under the OPPS does not imply that reporting the affected code pairs under the OPPS is appropriate. Hospitals should follow the CPT code descriptors and guidance, and utilize any additional CMS guidance, in reporting services.

Feedback
When Correct Coding Initiative (CCI) edits for **critical care** and other services do not apply under the Outpatient Prospective Payment System (OPPS), is it appropriate for a hospital to report a pair of codes for which a CCI edit exists for physician payment?

Answer
Not necessarily. Exclusion of CCI edits for **critical care** or other services under the OPPS does not imply that reporting the affected code pairs under the OPPS is appropriate. Hospitals should follow the CPT code descriptors and guidance, and utilize any additional CMS guidance, in reporting services

CMS FAQs 12/19/2007

Feedback
What services are included in CPT code 99291 (**critical care**, first 30-74 minutes) and should therefore not be billed separately?

Answer
Hospitals must follow the CPT instructions related to CPT code 99291. Any services that CPT indicates are included in the reporting of CPT code 99291 should not be billed separately by the hospital.

1/9/2008 updated

Feedback
Under the Outpatient Prospective Payment System (OPPS), how do you determine the length of time that the hospital provided **critical care** services?

Answer
Under the OPPS, the time that can be reported as **critical care** is the time spent by a physician and/or hospital staff engaged in active face-to-face **critical care** of a critically ill or critically injured patient. If the physician and hospital staff or multiple hospital staff members are simultaneously engaged in this active face-to-face **care**, the time involved can only be counted once.

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Updated 1/9/2008

Feedback

Under the Outpatient Prospective Payment System (OPPS), how does CMS pay for **critical care** services?

Answer

When a minimum of 30 minutes of **critical care** services are provided in a hospital outpatient setting, the hospital must report CPT code 99291, **Critical care** evaluation and management of the critically ill or critically injured patient; first 30-74 minutes. We provide packaged payment for CPT code 99292, **Critical care**, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes, for those periods of **critical care** services extending beyond 74 minutes, so hospitals do not have the ongoing administrative burden of precisely reporting the time for the complete period of **critical care** services provided. When at least 30 minutes of **critical care** is provided, the hospital will bill CPT code 99291 (and 99292, if appropriate), and receive payment for APC 0617, **Critical Care**. As the CPT guidelines indicate, hospitals that provide less than 30 minutes of **critical care** should bill for a visit, typically an emergency department visit, at a level consistent with their own internal guidelines.

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