

Acute Care Surgery Coding for Reimbursement: Procedures

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Critical Care Procedures

- Procedures performed on critically ill patients are separately payable if they are:
 - appropriately documented in the patient’s medical record and
 - not part of the procedures considered to be included in the 99291 and 99292 charges (see Table 2).
 - CPT codes for commonly performed ICU procedures, which are separately billable, are listed in Table 1:

Table 1. Procedures that <i>can</i> be billed on the same day as 99291 & 99292 charges				
Procedure	CPT code	Total RVUs	Work RVUs	Global Days
Central venous catheter insertion	36555 (patients <5 years old)	2.46	1.93	0
	36556 (patients ≥5 years old)	2.45	1.75	0
Arterial catheter insertion	36140	2.62	1.76	0
Chest tube insertion	32551	4.53	3.04	0
Percutaneous endoscopic gastrostomy tube placement (there is no CPT code for routine nasogastric intubation)	43246	5.86	3.56	0
Endotracheal intubation (emergency procedure; there is no CPT code for elective intubation)	31500	4.07	3.00	0
Tracheostomy (elective)	31600	8.91	5.56	0
Tracheostomy (emergency, transtracheal)	31603	9.31	6.00	0
Cricothyrotomy	31605	9.61	6.45	0
Abdominal paracentesis without imaging guidance	49082	2.12	1.24	0

Abdominal paracentesis with imaging guidance	49083	3.11	2.0	0
Thoracentesis without imaging guidance	32554	2.58	1.82	0
Thoracentesis with imaging guidance	32555	3.22	2.27	0

- The procedures in Table 1 all have a surgical global period, which purportedly includes a certain degree of E&M service *related to the procedure only*.
- Most critically ill patients have other conditions that warrant E&M services beyond the above procedures.
- A modifier is required in order to justify payment for an E&M service (99291 or 99292) provided on the same day as a billable procedure if:
 - The E&M service is performed during the surgical global period for the procedure
 - Because the surgical global period for the procedures in Table 1 is “0” (zero) days, a “same day” modifier (i.e., “25”) is required to enable billing for the E&M service.
 - Surgical critical care patients are often in the postoperative global surgical period from other surgical procedures (i.e., laparotomies, thoracotomies, wound explorations, etc.)
 - If you or one of your colleagues in the same specialty and the same group performed the procedure, you will need to add a “24” modifier to your E&M charge (or “25” modifier if the E&M service is performed on the same day as the procedure).
- There are also several procedures that would otherwise be separately billable for other E&M codes, but if 99291/99292 codes are billed (for critical care E&M services), the procedures listed in Table 2 cannot be billed with 99291 or 99292
 - The procedures listed in Table 2 are considered to be included in the payment for the 99291/99292 critical care E&M services, and therefore billing for them in addition to billing for 99291 would constitute “double-dipping”.
 - The procedures in Table 2 can be billed by another attending who staffed them separately as long as the procedural attending has a separate Specialty Code or is from a different practice group than the critical care attending.
 - Note that 99291 generates 4.5 wRVUs (7.75 total RVUs)
 - The cumulative valuation of the procedures listed in Table 2 provides 9.31 wRVUs (and 17.24 total RVUs), ranging from 0 wRVUs (and 0 total RVUs) to 1.99 wRVUs (2.63 total RVUs) each.
 - Note that if your E&M service provided to your ICU patient does not meet the requirements for 99291 or 99292 (because the patient is not critically ill or you did not spend at least 30 minutes with the patient) then you can bill for the procedures in Table 2 if you perform them on the same day as your E&M service; merely apply a “25” (same day) modifier to the E&M CPT code charge.

Table 2. Procedures that *cannot* be billed on the same day that 99291 & 99292 charges are being billed

Description	CPT Code(s)
Interpretation of blood gases	82800, 82810, 82803, 82805
Interpretation chest films	71010, 71015, 71020
Measurement of cardiac output	93561-93562
Interpretation other computer stored information	99090
Pulse oximetry	94760-94762
Gastric intubation	43752-43753
Transcutaneous pacing, temporary	92953
Venous access, arterial puncture (i.e., percutaneous, non-cutdown vascular access procedures)	36000, 36410, 36415, 36591, 36600
Ventilation assistance and management, includes CPAP, continuous negative pressure (CNP) ventilation	94002-94004, 94660, 94662