Critical Care CPT Coding Guidance

Critical care is the direct delivery of medical care for a patient with life-threatening organ system failure. Direct care is provided to a critically ill or injured patient with acute impairment of one or more vital organ systems. There is a high risk of imminent or life-threatening deterioration, and high-complexity clinical decisions are required to manage organ failure or prevent further serious decline, necessitating full attention.

CPT Code	Time Required	Description
99291	First 30 – 74 minutes	Initial critical care
99292	Each additional 30 minutes	Add-on code for extended time

Time Thresholds:

Total Time Spent	Code to Bill
< 30 min	Not billable as critical care
30 – 74 min	99291
75 – 104 min	99291 + 99292 (x1)
105 – 134 min	99291 + 99292 (x2)
135 – 164 min	99291 + 99292 (x3)

What Counts Toward Critical Care Time

- Face-to-face time with patient
- Reviewing labs, imaging, and data
- Documentation (if directly related)
- Communicating with consultants
- Family discussions (ONLY if patient lacks decision-making capacity)
- Care coordination directly related to critical illness

Documentation Requirements

1. Statement of Critical Illness
Example:
“Patient is critically ill with {xxx} and at high risk of imminent deterioration. My management of serious infection reduces the risk of deterioration.”

2. Organ System Failure(s)

- Respiratory failure
- Septic shock

- Renal failure
- Cardiogenic shock

3. Interventions & Management

- Management of severe sepsis or septic shock
- Urgent evaluation and treatment of life-threatening infection
- Hemodynamic assessment and stabilization recommendations
- Management of acute respiratory failure due to severe infection
- Selection, escalation, or de-escalation of broad-spectrum IV antimicrobials
- Continuous reassessment to prevent further life-threatening deterioration

4. Total Time

Example:
"Total critical care time: 65 minutes (excluding procedures)."

Split/Shared Services

- Critical care is billed by the provider who performs substantive portion
- Time determines billing provider
- APP + Physician time can be combined (if same group/specialty)

Multiple Providers

- Same specialty/group → Combine time
- Different specialties → Can both bill, if:
  - Managing different organ systems
  - Documenting distinct services

Same-Day E/M Services

- Do NOT bill E/M (99221–99223, etc.) with critical care unless**:**
  - Care is separate and distinct
  - Occurs before patient becomes critical

Reference List

1. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual, Chapter 12, §30.6.12: Critical Care Services. Updated 2025.
2. American Medical Association. CPT® 2025 Professional Edition. Chicago, IL: AMA; 2025.
3. Centers for Medicare & Medicaid Services. Critical Care Services Fact Sheet. 2025.
4. CGS Medicare. Critical Care Billing and Coding Guidelines. Updated 2024.
5. UC Davis Health. Critical Care Coding and Documentation Guidance.