**PURPOSE:**

This policy provides direction on The Plan’s reimbursement of prolonged detention, critical care and ventilator management services. Prolonged detention or critical care is a specific service which requires the continuous presence of the doctor in the immediate vicinity of the patient while providing a service which only he or she can provide. Ventilator management is a form of critical care not to be distinguished from other forms of prolonged detention or critical care for other conditions.

**REIMBURSEMENT GUIDELINES:**

**Prolonged Detention or Critical Care**

The terminology for critical care codes 99291 and 99292 specifies the codes and number of services billed for these services rendered by a physician must be reported using the actual amount of time spent with the patient.

Critical care of less than 30 minutes total duration on a given date should be reported with the appropriate E&M code.

Code 99291 is used to report the first 30-74 minutes of critical care on any given date. It should be used only once per date, even if the time spent by the physician is not continuous on that date. Reimbursement may be made for 99291 when billed by different physicians in the same group practice, regardless of the physician’s specialty.
Code 99292 is used to report each additional 30 minutes beyond the first 74 minutes. It also may be used to report the final 15-30 minutes of critical care on a given date.

Critical care services of less than 15 minutes beyond the first 74 minutes or less than 15 minutes beyond the final 30 minutes are not separately reported.

The service codes listed below are considered part of critical care services (codes 99291 and 99292) when performed on the same day, by the same critical care physician. When any of the services below are reported in addition to critical care, reimbursement for the service(s) is included in the reimbursement for the critical care codes 99291 and 99292.

Applicable Codes:

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</table>

**Note:** Modifier 25 may be reported with medical care (e.g. visits, consults) to identify it as significant and separately identifiable from the other service(s) provided on the same day. When modifier 25 is reported, the patient’s records must clearly document a separately identifiable medical care service was rendered.

**Transportation of Critically Ill Patients**

In cases involving either maternal or neonatal retrieval, the physician's attendance, while he or she personally renders care to the patient, should be reimbursed as prolonged detention or critical care.

Additionally, when it is medically necessary to transport a critically ill patient (inpatient or OP emergent) from one hospital to another more specialized hospital, the physician's attendance while he personally renders care to the patient will be reimbursed as prolonged detention or critical care.

Applicable Codes: 99291 99292 99466 99467 94760 94761 94762

**Note:** Payment may be made for 99291 when billed by different physicians in the same group practice, regardless of the physician's specialty. When modifier 25 is reported, the patient’s records must clearly document that a separately identifiable medical care service was rendered.

**Ventilator Management**

Ventilator Management is applicable to patients of all ages, as well as neonates who are on respirators. Claims reporting only ventilator management will be reimbursed for those codes.

Applicable Codes: 94002 94003 94004 94660 94662
However, when critical care, pediatric critical care, pediatric critical care transport, neonatal critical care, or subsequent intensive care and ventilator management are reported on the same day by the same provider, the ventilator management service is included in the payment for the critical care and neonatal intensive care, with reimbursement being made for the critical care or neonatal intensive care, only.

**Note:** Modifiers 59, XE, XP, XS and XU may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifiers 59, XE, XP, XS and XU are reported, the patient’s records must support its use in accordance with CPT guidelines.

Applicable Codes:

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99291  99292  99466  99467  99468  99469  99471  99472  99475  
99476  99466  99477  99478  99479  99480
```

**RELATED HIGHMARK POLICIES:**

Refer to the following Medical Policies for additional information:

- Medical Policy Z-34: Status of Patient vs. Place of Service

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-009: Modifiers 25, 59, XE, XP, XS and XU