Date:

Insurance Carrier Claims Review Department address or

Insurance Carrier Medical Director and address

Dear:

RE: Claim #:

I am writing regarding the aforementioned claim and (Insurance Carrier Name)’s denial of coverage for hourly critical care codes (CPT codes 99291-99292).

If a patient qualifies for critical care and is cared for by a physician on more than one date of service, code 99291 (critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) is reported for the first 30-74 minutes of critical care provided on each date of service.

CPT guidelines clearly indicate that code 99291 is reported for “the first 30-74 minutes of critical care on a given date. It should be used only once per date even if the time spent by the physician is not continuous on that date.” (CPT 2017(professional edition), American Medical Association, page 25).

Therefore, it would not be appropriate to require a physician to report 99292 (critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes) for the first hour of critical care provided on any date of service. In fact, code 99292 is only to be reported as an add-on code to 99291 if critical care continues beyond the first 74 minutes on a given date of service. Finally, it should be noted that the reporting of 99291 on a subsequent date of service does not require the appending of any modifier.

Enclosed is a copy of the original claim that was submitted with a request that you process reimbursement as indicated on the claim. I look forward to receiving your response.

If you have any questions, please feel free to contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,