

Commercial Reimbursement Policy

Subject: **Critical Care to Home – Facility**

Policy Number: **C-25004**

Policy Section: **Facilities**

Last Approval Date: **11/12/2025**

Effective Date: **04/01/2026**

Policy

The health plan does not allow reimbursement of outpatient claims billed for critical care services performed in an emergency room when the member is discharged (01) home unless provider, state, federal, contracts and/or requirements indicate otherwise.

Critical Care services are reimbursable when an impairment to one or more vital organ systems has an increased risk of rapid or imminent health deterioration, and the member is admitted or transferred for continued monitoring.

Critical care services are considered nonreimbursable when they are provided in the Emergency room and then discharged home as they are no longer receiving continued monitoring.

Critical Care is considered non reimbursable when:

- CPT code 99291 is billed with revenue code 045X on the same line, with discharge status of 'home' (01).
- CPT code 99291 is billed with revenue code 045X on the same line, and CPT codes 99281 - 99285 or G0380 - G0384 billed on any other line with discharge status of 'home' (01).

Related Coding

Code	Description	Comments
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	Non-reimbursable when billed with emergency room E/M code or revenue code (045X) and discharge status of home (01)
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	Non-reimbursable

Definitions

Critical Care	Critical care performed by a physician(s) and/or other qualified healthcare professional (QHP) for a critically ill/injured patient in which there is acute impairment of one or more vital organ systems, such that there is a probability of imminent or life-threatening deterioration of the patient's condition.
General Reimbursement Policy Definitions	

Related Policies and Materials

Trauma Activation - Facility

References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> Centers for Medicare and Medicaid Services (CMS) Optum EncoderPro 2025

Policy History

11/12/2025	Initial approval 11/12/2025 and effective 04/01/2026
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Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup

and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving, and we reserve the right to review and update these policies periodically.

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