HIGHMARK.

Reimbursement Policy

Title: Critical Care with Home Discharge

Policy Number: RP-081

Version Number: 2026.09.28

Medicare Advantage:	PA, WV, DE, NY	Version Effective:	September 28, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	May 16, 2025
Claim Type:	UB04	History Versions:	Click Here → History

Disclosure: *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

Description:

Critical care services are reported when a member with potentially life-threatening conditions receives services with attention beyond standard Emergency Department Evaluation and Management (E/M) codes. This policy addresses the reimbursement and circumstances surrounding the appropriate reporting of critical care services when the patient is discharged to home on the same day.

Reimbursement Guidelines:

Critical illness or injury is defined by the American Medical Association (AMA) Common Procedural Terminology (CPT) and the Centers for Medicare and Medicaid Services (CMS) as a condition that acutely impairs one or more vital organ systems in such a way that there is a high probability of imminent or life-threatening deterioration in the patient's condition. Based on the definition of critical illness (a requirement to submit critical care codes), it is unlikely to meet the definition of critical illness and then be well enough to not be admitted and be discharged to home. While it is possible to be critically ill and choose not to be admitted and potentially expire at home, these cases generally utilize a hospice discharge status code.

According to CMS, critical care services (99291, 99292) must be medically necessary and reasonable. Services provided that do not meet critical care services or services provided for a patient who is not critically ill or injured in accordance with the above definitions and criteria but who happens to be in a critical care, intensive care, or other specialized care unit should be reported using another appropriate E/M code (e.g., subsequent hospital care, CPT codes 99231, 99232, or 99233).

Critical care services submitted with revenue code 045X and a discharge status code of 01 (to home or self-care) on the same day are not reimbursable. If billed, the claim line reporting 99291 or 99292 will be denied with no member liability.

Coding:

N/A

Definitions:

Term	Definition
Discharge Status Code 01	Discharge to Home or Self-Care (Routine Discharge)
Critical Illness or Critical Injury	A condition that acutely impairs one or more vital organ systems in such a way that there is a high probability of imminent or life-threatening deterioration in the patient's condition.

References:

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.
- CMS, Manual System and Claims Processing; Change Request 8688, Transmittal 2997.
- CMS, National Correct Coding Initiative (NCCI) publications
- Current Procedure Terminology Manual (CPT®) Evaluation and Management (E/M) Service Code Section

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT
- RP-034: Prolonged Detention or Critical Care
- RP-035: Correct Coding Guidelines
- RP-037: Emergency Evaluation and Management Coding Guidelines

- RP-057: Evaluation and Management Services

Policy Update History:

5 / 2025	Implementation
9 / 2026	Moved policy to new template with no changes in direction

Highmark Reimbursement Policy Bulletin

Bulletin Number:	RP-081		
Subject:	Critical Care with Home Discharge		
Effective Date:	May 16, 2025	**End Date:**	
Issue Date:	May 16, 2025	**Revised Date:**	
Date Reviewed:			
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☐				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

Critical care services are reported when a member with potentially life-threatening conditions receives services with attention beyond standard Emergency Department Evaluation and Management (E/M) codes. This policy addresses the circumstances surrounding the appropriate reporting of critical care services when discharged to home in the same day for reimbursement.

Critical illness or injury is defined by the American Medical Association (AMA) Common Procedural Terminology (CPT) and the Centers for Medicare and Medicaid Services (CMS) as a condition that acutely impairs one or more vital organ systems in such a way that there is a high probability of imminent or life-threatening deterioration in the patient's condition. Based on the definition of critical illness (a requirement to submit critical care codes), it is unlikely to meet the definition of critical illness and then be well enough to not be admitted and be discharged to home. While it is possible to be critically ill and choose to not be admitted and potentially expire at home, these cases generally utilize a hospice discharge status code.

According to CMS, critical care services must be medically necessary and reasonable. Services provided that do not meet critical care services or services provided for a patient who is not critically ill or injured in accordance with the above definitions and criteria but who happens to be in a critical care, intensive care, or other specialized care unit should be reported using another appropriate E/M code (e.g., subsequent hospital care, CPT codes 99231 - 99233).

REIMBURSEMENT GUIDELINES:

Critical care services submitted with revenue code 045X and a discharge status code of 01 (to home or self-care) on the same day are not reimbursable. If billed, the claim will be denied with no member liability.

Applicable Critical Care CPT Codes: 99291 99292

DEFINITIONS:

Term	Definition
Discharge Status Code 01	Discharge to Home or Self-Care (Routine Discharge)
Critical Illness or Critical Injury	A condition that acutely impairs one or more vital organ systems in such a way that there is a high probability of imminent or life-threatening deterioration in the patient's condition.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT
- RP-034: Prolonged Detention or Critical Care
- RP-035: Correct Coding Guidelines
- RP-037: Emergency Evaluation and Management Coding Guidelines
- RP-057: Evaluation and Management Services

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current version of AMA CPT Manual, Evaluation and Management (E/M) Service Code Section.

REFERENCES:

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.
- Centers for Medicare and Medicaid Services (CMS), Manual System and Claims Processing; Change Request 8688, Transmittal 2997.
- Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiative (NCCI) publications.

POLICY UPDATE HISTORY INFORMATION:

5 / 2025	Implementation