



Critical Care Services in the Emergency Department

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Question??

What level of critical care can be billed, if you provide 25 minutes of critical care to a patient who's life is in jeopardy???



Answer



No critical care services are billable because the total time was less than 30 minutes!!!!

Question??

- What place of service can critical care services be billed?



Answer



- Critical care services can be billed in any place of service. (ie: ER, Hospital, Urgent Care, Physician's office)

Critical Care Services

- 99291 Critical Care, evaluation and management of the critically ill or injured patient; first 30- 74 minutes.
- +99292 each additional 30 minutes (list separately in addition to code for primary service)

- The critical care codes 99291 and 99292 are used to report the total duration of time spent by a physician providing critical care services to a critically ill or critically injured patient, even if the time spent by the physician on that date is not continuous.
- For any given period of time spent providing critical care services, the physician must devote his or her full attention to the patient, and therefore, cannot provide services to any other patient during the same time period.
- Time spent with the individual patient should be recorded in the patient's record.
- The time that can be reported as critical care is the time spent engaged in work directly related to the individual patient's care, whether the time was spent at the immediate bedside or elsewhere on the floor or unit.
- Services for a patient who is not critically ill, but happens to be in a critical care unit, are reported using other appropriate evaluation and management codes.

CRITICAL CARE SERVICES (CODES 99291-99292)

A. Use of Critical Care Codes

- Pay for services reported with CPT codes 99291 and 99292 when all the criteria for critical care and critical care services are met. *Critical care is defined as the direct delivery by a physician(s) medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition.*

- *Critical care involves high complexity decision making to assess, manipulate, and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition.*
- *Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic, and/or respiratory failure. Although critical care typically requires interpretation of multiple physiologic parameters and/or application of advanced technology(s), critical care may be provided in life threatening situations when these elements are not present.*
- *Providing medical care to a critically ill, injured, or post-operative patient qualifies as a critical care service only if both the illness or injury and the treatment being provided meet the above requirements.*

Critical Care Continued

- *Critical care is usually, but not always, given in a critical care area such as a coronary care unit, intensive care unit, respiratory care unit, or the emergency department. However, payment may be made for critical care services provided in any location as long as the care provided meets the definition of critical care.*
- *Consult the American Medical Association (AMA) CPT Manual for the applicable codes and guidance for critical care services provided to neonates, infants and children. Critical care services provided in the outpatient setting (e.g., emergency department or office) for neonates and pediatric patients up through 24 months of age, use the hourly critical care codes 99291 and 99292. For all other inpatient neonatal and pediatric critical care, refer to AMA CPT for guidance on the correct use of codes.*

B. Critical Care Services and Medical Necessity

- *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).*
- *As described in Section A, critical care services encompass both treatment of "vital organ failure" and "prevention of further life threatening deterioration of the patient's condition." Therefore, although critical care may be delivered in a moment of crisis or upon being called to the patient's bedside emergently, this is not a requirement for providing critical care service. The treatment and management of the patient's condition, while not necessarily emergent, shall be required, based on the threat of imminent deterioration (i.e., the patient shall be critically ill or injured at the time of the physician's visit).*

Required Documentation

Marking a statement like "I spent ___ minutes in critical care time" is no longer acceptable when it stands alone.

You are now required to state what made the patient critical or unstable.

We also need a time line of what's going on. A list of orders with response to those orders.



99285 and Critical Care

- **I. SUMMARY OF CHANGES:** This transmittal correctly states longstanding payment policy in Section A that hospital emergency department services are not paid for the same date as critical care services when provided by the same physician to the same patient. When a hospital inpatient evaluation and management service (E/M) was furnished on a calendar date at which time the patient does not require critical care and the patient subsequently requires critical care, both the Critical Care Services (CPT codes 99291 and 99292) and the previous E/M service may be paid on the same date of service.
- Physicians and qualified non-physician practitioners are advised to retain supporting documentation for discretionary contractor review should claims be questioned. Appropriate coding was discussed. Inpatient hospital care codes are "per diem" codes.

Medical Necessity

- *Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.*

Services included in Critical Care

- Cardiac output measurements (93561, 93562)
- Chest Xrays (71010, 71015, 71020)
- Pulse Oximetry (94760, 94761, 94762)
- Blood Gases and information data stored in computers (eg ECG's, blood pressures hematologic data [99090])
- Gastric intubation (43752, 91105)
- Temporary transcutaneous pacing (92953)
- Ventilatory management (94002- 94004, 94660, 94662)
- Vascular access procedures (36000, 36410, 36415, 36591, 36600)

Question??

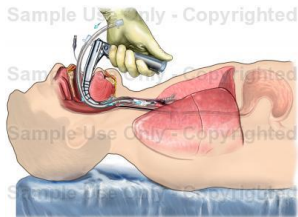
- What services can be coded in addition to critical care services??



Cardiopulmonary Resuscitation 92950



Endo-tracheal Intubation 31500



Conscious Sedation 99143-99145

- Moderate sedation services provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status;
 - 99143 - younger than 5 years of age, 1st 30 minutes
 - 99144 – age 5 years or older, 1st 30 minutes
 - + 99145 – each additional 15 minutes

Conscious Sedation 99148-99150

- Moderate Sedation services provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports;
 - 99148 younger than 5, 1st 30 minutes
 - 99149 age 5 or older, 1st 30 minutes
 - +99150 each additional 15 minutes

RSI verses Sedation

- Rapid Sequence Intubation is not moderate conscious sedation and it is not a billable service.



SVN / Breathing Treatments 94640

- Pressured or non-pressurized inhalation treatment for acute airway obstruction



Infusion Services



96360 to 96376

Physician Rules in a Facility

Physicians cannot charge for infusion and injection services in the facility if the service is not personally performed.




Providing the treatment plan and supervising the staff is included in the patient's E&M service.

Services provided in the physician's office or urgent care allow for infusion services to be billed.

Categories of IV Infusions Therapeutic / Diagnostic / Prophylactic

- **Therapeutic**
–relating to, involving, or used in the treatment of disease or disorders
- **Diagnostic**
–used to identify the nature or cause of an illness, disorder, or problem
- **Prophylactic**
–protecting against infection or disease

Initial IV Administration CPT Codes

CPT Description	CPT Code
IV Infusion Hydration; Initial, 31 Minutes to 1 Hour 	96360
IV Infusion for Therapy, Prophylaxis, Diagnosis up to 1 Hour 	96365
Subcutaneous Infusion for Therapy or Prophylaxis; Initial, up to 1 Hour	96369
IV Push, Single or Initial Substance/Drug 	96374

IV Administration CPT Codes

CPT Description	CPT Code
IV Infusion Hydration: Each Additional Hour	+ 96361
IV Infusion for Therapy: Each Additional Hour	+ 96366
IV Infusion for Therapy: Additional Sequential Infusion, up to 1 Hour	+ 96367
IV Infusion for Therapy: Concurrent Infusion	+ 96368

IV Administration CPT Codes

CPT Description	CPT Code
Intravenous Push; Each Additional Sequential IV Push of a New Sequential/Drug	+96375
Intravenous Push; Each Additional Sequential IV Push of the SAME Substance/Drug Provided in a FACILITY	+96376

Hierarchy

- Infusions = Kings
96365 - 96367
- IV Pushes = Queens
96374 - 96376
- IV Hydrations = Jacks
96360 - 96361



Summary of Critical Care Services



Critical Care Services

- 99291 Critical Care, evaluation and management of the critically ill or injured patient; first 30- 74 minutes.
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Pediatric Critical Care

- 99468 through 99476 are for inpatient neonatal and pediatric critical care.

These codes are billed for inpatient only and can only be billed by one provider per day.

If pediatric critical care services are provided to pediatric patients on an outpatient basis or by another provider other than the one billing the per day services then 99291 and 99292 are coded and billed.

Documentation Requirements

- There are no specific guidelines for documentation of critical care. Except the description of why the patient has *high probability of imminent or life threatening deterioration of their condition which poses a threat to their life.*
- *Total time performing critical care minus the time to perform procedures not included in the critical care services.*

Time Line

- Encourage you providers to provide you with a Critical care time line:
 - 1900 patient arrives in acute respiratory distress becoming extremely tired. Patient is in an apparent life threatening situation.
 - 1905 Patient continued to deteriorate and emergent intubation was performed.
 - 1910 Patient intubated with 8.0 et tube on first attempt. Bilateral lung sounds after tube placement.
 - 1930 patient under moderate sedation to relax patient to allow the ventilator to assist patient.
 - 1940 continue to be at patients bedside. Patient continues to be unstable will speak to the Intensivist for admission to ICU.
 - 1955 patient to ICU. Total critical care time of 35 minutes.

??Questions??



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