Critical Care Coding in the ED.

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What is Critical Care?

- 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 due to a critical illness or injury.

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Critical Care Documentation

Three distinct criteria that must be documented in the ED chart.

- ✓Critical Condition
- ✓ Critical Intervention
- ✓ Time

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Critical Care Documentation

Critical Condition

- A critical illness or injury acutely impairs one or more vital organ systems.
- High probability of imminent or life-threatening deterioration .

Some degree of subjectivity for "high probability of deterioration"

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Critical Care Documentation

Critical Condition

- 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.
  - Medicare Claims Processing Manual Chapter 12 - 30.6.12.B

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Common Critical Conditions

- Respiratory failure or circulatory failure.
- Organ system which has failed or is failing.
- Significantly abnormal vital signs.
- Shock.
- Acidosis.
- Need for interventions such as central venous access, thoracostomy, transfusion of blood, cardioversion/defibrillation, "ACLS" type IV medications.
- Trauma patients with serious injuries.
- Patients requiring ICU admission.

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Critical Care Documentation

Critical Intervention

- It is necessary to have done something for the patient.
- Interventions that withdrawal of or failure to initiate would likely result in sudden clinically significant or life-threatening deterioration.
- Heroic life-saving measures are easier to identify.

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Critical Care Documentation

- CPT allows complex decision-making and patient management to satisfy this requirement.
  - *"direct patient/provider involvement with highly complex decision making in order to evaluate, control, and support vital systems functions to treat one or more vital organ system failures and/or to avoid further decline of the patient's condition."*
  - *"critical care services necessitate the interpretation of many physiologic parameters and/or other applications of advanced technology; however, critical care may be provided in emergent situations where these elements are not available."*

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Critical Care Documentation

Time

- The physicians total time spent performing critical care must be clearly documented.

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Critical Care Time

- 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 that time was spent at the immediate bedside or elsewhere on the floor or unit.

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Critical Care Time

- Time spent on the unit or at the nursing station on the floor reviewing test results or imaging studies, discussing the critically ill patient's care with other medical staff or documenting critical care services in the medical record would be reported as critical care, even though it does not occur at the bedside.

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Critical Care Time

- Time involved with family members or other surrogate decision makers may be counted toward critical care time when :
  - The patient is unable or incompetent to participate in giving a history and/or making treatment decisions, and
  - The discussion is necessary for determining treatment decisions.

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Critical Care Time

- Time spent in activities that occur outside of the ED may not be included because the physician is not immediately available to the patient.
  - Also applies if the patient is not immediately available to the physician, i.e. Pt is in another dept or prior to arrival in the ED.

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Critical Care Time

- Time counted towards critical care services may be continuous or intermittent and aggregated in time increments
- e.g., 50 minutes of continuous clock time or (5) 10 minute blocks of time spread over a given calendar date

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Critical Care Time

- Per CPT - Time spent performing separately reportable procedures or services should not be included in the time reported as critical care time.
- Per CMS - Time involved performing procedures that are not bundled into critical care (i.e., billed and paid separately) may not be included and counted toward critical care time.

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Critical Care Time

- Per CMS - The physician's progress note(s) in the medical record should document that time involved in the performance of separately billable procedures was not counted toward critical care time.
- **What to do with charts with no exclusion statement??**

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Documenting Critical Care Time

- *"Critical Care: 30-74 minutes spent engaged in work directly related to patient care, exclusive of procedure time."*
- *Per CMS,* the physician's progress note(s) shall document the total time that critical care services were provided.

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Counting of Units of Critical Care

Total Duration of Critical Care	**Codes**
30-74 minutes (30 minutes - 1 hr. 14 min.)	99291 X 1
75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	99291 X 1 AND 99292 X 1
105-134 minutes (1 hr. 45 min. - 2 hr. 14 min.)	99291 X 1 AND 99292 X 2
135-164 minutes (2 hr. 15 min. - 2 hr. 44 min.)	99291 X 1 AND 99292 X 3

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Critical Care Time

- Payment should not be restricted to a fixed number of hours, a fixed number of physicians
- Documentation may be requested for any claim to determine medical necessity.
- Examples of critical care billing that may require further review could include:
  - claims from several physicians submitting multiple units of critical care for a single patient,
  - **submitting claims for more than 12 hours of critical care time by a physician for one or more patients** on the same given calendar date.

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Procedures Included in 99291

- The interpretation of cardiac output measurements (CPT 93561, 93562);
- Chest x-rays, professional component (CPT 71010, 71015, 71020);
- Blood draw for specimen (CPT 36415);
- Blood gases, and information data stored in computers (e.g., ECGs, blood pressures, hematologic data-CPT 99090);
- Gastric intubation (CPT 43752, 91105);
- Pulse oximetry (CPT 94760, 94761, 94762);
- Temporary transcutaneous pacing (CPT 92953);
- Ventilator management (CPT 94002 – 94004, 94660, 94662); and
- Vascular access procedures (CPT 36000, 36410, 36415, 36591, 36600).

No other procedure codes are bundled into the critical care services.

Therefore, other medically necessary procedure codes may be billed separately.

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Procedures Not Included in 99291

- All other procedures may be billed separately:
  - ET intubation,
  - central line placement,
  - EKG interpretation,
  - cardioversion,
  - tube thoracostomy,
  - laceration repair,
  - fracture care,
  - lumbar puncture,
  - CPR,
  - etc…

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CPR - CPT Assistant July 2012

- Question: May a physician report CPT code 92950 for chest compressions performed by another member of the clinical team when the physician manages the cardiopulmonary resuscitation?

- Answer: Yes. If the physician manages the cardiopulmonary resuscitation (and is present face to face), then the physician may report code 92950, Cardiopulmonary resuscitation (eg, in cardiac arrest). **It is not required that the physician performs the actual chest compressions and/or mouth to-mouth resuscitation or bagging in order to report code 92950.** It is also appropriate for a physician to report code 92950 with codes 99291 and 99292 (for the critical care services) when cardiopulmonary resuscitation and critical care services are performed on the same day by the same physician. Both services should be clearly documented in the medical record.

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EKGs with Critical Care

From a insurance denial letter:

- *"…in the CPT 2019 book on pg. 24, it states that EKG's are included in the critical care code therefore xxx will not process any additional payment for these claims"*

- CPT DOES NOT SAY THAT!!!

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Included in 99291

'The following services are included in reporting critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (CPT 93561, 93562) chest x-rays (CPT 71010, 71015, 71020) blood gases blood draw for specimen (HCPCS G0001) Information data stored in computers (e.g., ECGs, blood pressures, hematologic data (CPT 99090)) gastric intubation (CPT 91105)pulse oximetry (CPT 94760, 94762) Temporary transvenous pacing (CPT 92953) ventilator management (CPT 94656, 94657, 94660, 94662) vascular access procedures (CPT 36000, 36410, 36600).

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Included in 99291 – Chest x-rays (CPT 71010, 71015, 71020)

- **71010 Radiologic examination, chest; single view, frontal**
- **71015 Radiologic examination, chest; stereo, frontal**
- **71020 Radiologic examination, chest, 2 views, frontal and lateral;**
- 71021 Radiologic examination, chest, 2 views, frontal and lateral; w/ apical lordotic procedure
- 71022 Radiologic examination, chest, 2 views, frontal and lateral; w/ oblique projections
- 71023 Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy
- 71030 Radiologic examination, chest, complete, minimum of 4 views;
- 71034 Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy
- 71035 Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)

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Included in 99291

- "Information data stored in computers (e.g., ECGs, blood pressures, hematologic data (CPT 99090))“
- Means you cannot repot CPT code 99090 which is "Analysis of information data stored in computers (eg, ECGs,blood pressures, hematologic data)".
- 93010 is not listed as included.
- It should be coded in addition to 99291.

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EKGs with Critical Care

CMS guidelines agree.

Carriers Manual, Chapter XV, 15508 – D

- *Do not pay for the following codes when they are provided on the same day by the same physician as the critical care codes: 36000, 36410, 36415, 36600, 71010, 71015, 71020, 91105, 92953, 93561, 93562, 94656, 94657, 94660, 94662, 94760, 94762, 99090, and G0001.*

Payment for these procedure codes is bundled into critical care codes 99291 and 99292.

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Critical Care & NPPs (PA/NP)

- Critical care services may be provided and reported for payment by qualified NPPs when the services meet the definition and requirements of critical care services.
  - must be within the scope of practice and licensure requirements for the State.

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Critical Care & NPPs (PA/NP)

- Critical care cannot be reported as a split/shared service.
- Documented critical care time shall reflect the evaluation, treatment and management of a patient by an individual physician or NPP.
- Shall not be representative of a combined service between a physician and NPP.

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Critical Care & Residents

- Critical care time documented in the chart must be the attending physician's total attention time.
- Time spent by the resident, in the absence of the attending physician, cannot be included in the critical care time.

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Critical Care & Residents

- Time spent teaching may not be counted towards critical care time.
- Only time spent by the resident and attending physician together with the patient or the attending physician alone with the patient can be counted toward critical care time.

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Critical Care & Residents

- A combination of the attending physician's documentation and the resident's documentation may support critical care services.
- The attending physician documentation may tie into the resident's note to support the critical illness/injury

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Critical Care & Residents

The attending physician documentation must provide substantive information including:

1. the time the teaching physician spent providing critical care,
2. that the patient was critically ill during the time the teaching physician saw the patient,
3. what made the patient critically ill, and
4. the nature of the treatment and management provided by the teaching physician.

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Critical Care & Residents

- CMS example of acceptable TP documentation for E&M involving resident.
  - "I saw the patient with the resident and agree with the resident's findings and plan."
- CMS example of unacceptable TP documentation for critical care involving Resident.
  - "I came and saw (the patient) and agree with (the resident)".

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Critical Care & Residents

CMS example of acceptable TP documentation for critical care involving Resident.

- "Patient developed hypotension and hypoxia; I spent 45 minutes while the patient was in this condition, providing fluids, pressor drugs, and oxygen. I reviewed the resident's documentation and I agree with the resident's assessment and plan of care."

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Critical Care Documentation

- There are no numerical requirements for the usual E&M components (HPI, ROS, Exam etc).
- Omit them at your own risk
  - Medicolegal issues related to missing elements.
  - Needed to help support the critical condition.

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Critical Care w/discharge

- Be aware that an auditor will likely be skeptical of critical care for a discharged patient.
- The ED chart should make it clear that the patient was critical and there was an intervention which changed the course of their illness
- These cases should be the exception rather than the rule.

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Critical Care w/discharge

- Clinical scenarios for critical patients that are discharged include:
  - Overdose,
  - Anaphylaxis,
  - Angioedema,
  - Asthma/Respiratory Distress
- Patients with imminent deterioration due to an airway or breathing issue that are reversible if treated aggressively.

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