



Critical Care Billing and Coding

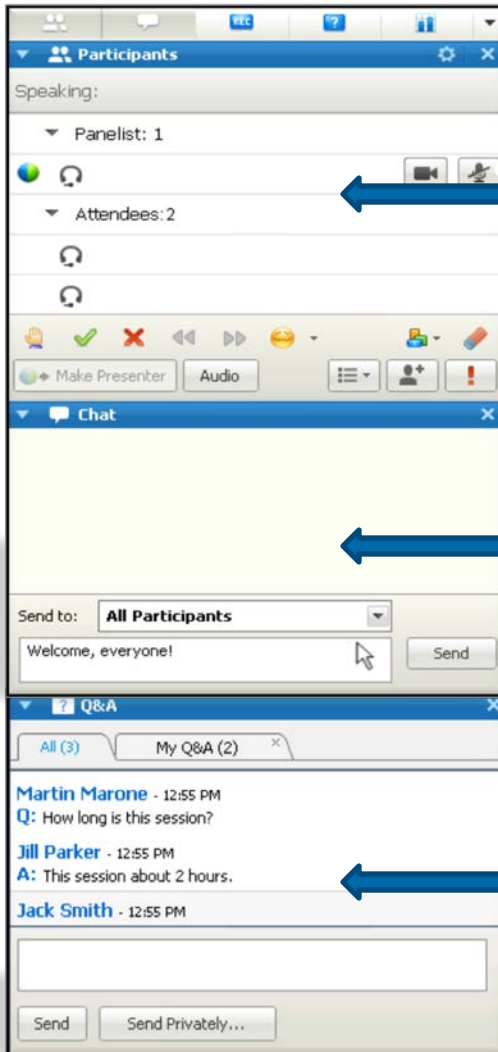
Date: February 2015

Presented by: Part B Provider Outreach
& Education (POE)

Workshop Protocol

- Cannot register with WebEx using mobile device
 - Must use desktop or laptop
- When entering/throughout workshop – all lines muted
- Presentation emailed 3 days before webinar
 - Adobe PDF format (with printing instructions)
- Throughout workshop
 - Questions **pertinent** to workshop slide addressed
 - Address Q & A to “all panelists”; **not** to host directly
 - All other questions, call Part B Provider Contact Center
- Workshop conclusion
 - Asking questions aloud? Use “raise/lower hand” feature
 - MUTE phones – never place on HOLD

Using WebEx During Workshop



Participants

You have the option to ask a question at the end of the workshop. Use the raise/lower hand feature. Once your question is answered, you will need to lower the hand.

Chat

If you are not the person that registered for this workshop, enter your name, facility & city/state in this section. This helps track attendance for both you and Noridian.

Q&A

If you have a question during the workshop, type your question in the box and send to all panelists, not the host. We will respond to questions in the order they are submitted. Keep questions to topic and previous slides discussed today.

Continuing Education Unit (CEU)

- When registering, add additional attendees
 - First and last names
- Attend entire workshop
 - Optional to stay for Q/A
- Take short polling survey
 - **After** closing out of webinar
- CEU emailed 3 days after presentation
 - Earn between .5 and 1.5 CEUs
 - No password or index number needed
 - All providers use CEU certificate
 - Certificate of Attendance no longer available

Agenda

- Overview
- How to Bill Critical Care Code
- Critical Care and Other E/M
- Documentation
- Billing Examples
- Resources

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Helpful Acronyms

CMS	Centers for Medicare and Medicaid Services
CERT	Comprehensive Error Rate Testing
E/M	Evaluation and Management
IOM	Internet Only Manual
LCD	Local Coverage Determination
MR	Medical Review
NCCI	National Correct Coding Initiative

Definition

- Critical care is defined as urgent medical care that is delivered directly by a physician(s) where the nature of the patient's condition is critical due to illness or injury
- A critical illness or injury is one that acutely impairs one or more vital organ systems in such a way there is a high probability of imminent or life threatening deterioration in the patient's condition

Critical Care Criteria

- The clinician also must spend at least 30 minutes providing critical care.
- Once the requirements for critical care management and the time spent engaged in care are met, any additional care time is then divided into blocks.
- Time spent may be either continuous or intermittent, then aggregated and measured from midnight to midnight each day.

Critical Care Criteria (2)

- The provider must treat the critical illness using “high complexity decision making to assess, manipulate, and support vital systems to treat single or multiple vital organ system failure and/or prevent further life threatening deterioration of the patient’s condition.”
- The care requires the personal attention of the provider. Care must be provided at the bedside or on the floor/unit where the patient is housed
- The care must be medically necessary in the treatment or management of a patient’s imminent deterioration condition

Critical Care Criteria

- Does not meet criteria:
 - Patient admitted to a critical care unit due to hospital rules regarding certain treatments (e.g. infusions) to be administered in the critical care unit
 - Daily management of patient on ventilator therapy

Critical Care Locations

- Critical care is usually but not limited to areas as:
 - Coronary care unit
 - Intensive care unit
 - Respiratory care unit
 - Emergency Department
- As long as the nature of the patient(s) condition for care meets definition of critical care, Medicare payment may be made for any location

Critical Care Time

- Time physician spent evaluating, providing care and managing critically ill/injured patient
 - Requires full attention from physician
 - No services may be provided to any other patient(s) concurrently during same time period

Critical Care Time

- Time based
 - May be continuous, intermittent and aggregated
 - Physicians of same specialty within same group practice may bill and are paid as though they were a single physician
 - Only one physician may bill for critical care during any one single period of time, even if more than one physician is providing care

Critical Care Family Discussions

- Includes pre and post service work
 - Routine daily updates or reports to family members are considered part of this service
- Time with family members may be counted towards critical care if:
 - Patient is unable to participate in giving a history or making treatment decisions and
 - Discussion is necessary for determining treatment decisions
- All other family discussions no matter how lengthy may not be counted towards critical care

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Critical Care Codes

Critical Care 99291 – 99292

- Time-based service codes provided on an hourly or fraction of an hour basis.
- Time counted towards critical care service may be continuous clock time or intermittent and aggregated in time increment
- Documentation for each date and encounter must accurately state the appropriateness and include the total time spent providing critical care

Critical Care 99291 – 99292

- Services that are separately payable and not bundled into critical care may not be included and counted toward critical care time
- Critical care can not be billed if less than 30 minutes was spent in a day by a single provider/or group (use the appropriate level of E/M.)

CPT-99291

- 99291 is reported for the first 30-74 minutes
- Only once per calendar day per provider/same specialty group
- Less than 30 minutes should be reported with the appropriate E/M codes.

CPT-99292

- Each additional 30 minutes beyond the first 74
- Reportable for the final 15 minutes on any given date
- Can be aggregated time met by a single physician or same group practice of the same specialty or covering provider

Critical Care Codes

Total Duration	Codes
Less than 30 minutes	99232 or 99233 or other appropriate E/M code
30 > 74 minutes	99291 (1 unit)
75 > 104 minutes	99291 (1 unit) and 99292 (1 unit)
105 > 134 minutes	99291 (1 unit) and 99292 (2 units)
135 > 164 minutes	99291 (1 unit) and 99292 (3 units)
165 > 194 minutes	99291 (1 unit) and 99292 (4 units)
194 minutes or longer	99291 – 99292 as appropriate per above illustrations

Separately Billable

- Medically necessary procedure codes may be billed separately
- Other procedure codes not bundled into critical care services
- Separate non critical care E/Ms

Inappropriate Time Counted

- Procedures not bundled into critical care
- Time not involved should not be counted towards critical care time
- Medical records should reflect time involved of the separately billable procedures
- Teaching sessions with residents – even if bedside

Bundled Services

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



Critical Care and E/M Visits

Emergency Room (ER) and Critical Care

- A patient arrives in the ER in cardiac distress and is treated by the ER physician
- If an appropriate ER code exists and the standard of care can reasonably be provided within those codes, the 99282- 99285 should be utilized by the ER physician. However, if the nature of the patients condition meets the critical care definition then only the critical care code (99291) should be billed not both
- A cardiologist is called to the ER and assumes responsibility for the patient, and provides critical care services may also bill a 99291
- The patient stabilizes and is transferred to the CCU

Hospital Visit and Critical Care Same Day

- A physician saw an ill patient in the hospital early in the day
- Later in the afternoon, an NPP from their group performs critical care on the same patient
 - Billing appropriate level E/M under MD's NPI
 - Billing 99291 with modifier 25 under the NPP's NPI

Critical Care Global Periods

- Preoperative critical care may be paid in addition to global fee if...
 - Patient is critically ill and requires full attention of physician; and
 - Service is unrelated to specific anatomic injury or general surgical procedure performed
 - Modifier 25 with 99291 and/or 99292
- Postoperative critical care may be paid in addition to global fee if...
 - Documentation supports that critical care was unrelated to specific anatomic surgery performed
 - Modifier 24 with 99291 and/or 99292
- Time spent performing the pre, intra and/or post procedure work shall be excluded from the time spent providing critical care.

Critical Care and Concurrent Care

- May be paid if:
 - Meets critical care criteria
 - Medically necessary
 - Not duplicative
 - Generally of a different specialty
 - Example Cardiologist vs. Endocrinologist

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Documentation

Documentation

- The critical and unstable nature of the patient's condition should be accurately documented to support the medical necessity of the extended 1 to1 services
- Complexity of medical decision making
- Aggregation of time spent by the billing provider if applicable
- Patient assessment
- Family discussions- substance of discussion
- Total time spent– **Key Component**

Documentation (2)

- It is important to note that the documentation must match the complexity of medical decision making as well as the time spent in critical care exclusive of time spent during invasive diagnostic or therapeutic procedures such as intubation, bronchoscopy, cardioversion, tube thoracostomy, or central venous catheter insertion.

Review Findings of Documentation Failures

- Level of service– Documentation did not support the level of service of Critical Care
- Signatures – Lacking, illegible, invalid, most notable when the medical record is in the electronic format
- No medical necessity- Documentation failed to support the medical necessity of the services rendered per the IOM 100-4 CH12 30.6.12 and the E&M Guides.

Documentation Failure (2)

- Missing or insufficient documentation
- Total amount of critical care time not documented in the patient's medical record for each date of service.

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Billing Examples

Emergency Room Physician and Specialty Physician

- Dr. Phillips a ED physician
 - Performs 40 minutes of critical care on a patient that arrives in the emergency room in cardiac arrest .
 - Dr. Lewis – a cardiologists is called in assumes care and provides 35 minutes of critical care stabilizes the patient and patient is moved to the ICU

Billing- Dr. Phillips bills 99291

- Dr. Lewis bills 99291

Example

- 70 year old female is admitted for right lower lobe pneumococcal pneumonia with a history of COPD becomes hypoxic and hypotensive 2 days after admission.

Two Physicians Same Specialty

- Dr. Brown, a pulmonologist
 - Performs 40 minutes critical care in the AM
- Dr. Smith, a pulmonologist same practice
 - Performs 25 minutes of critical care later in the day
- Billing
 - 99291 x1 combined time
 - Since it is under the 74 minutes
 - Use either physician's NPI but must be a single physician billing for both codes

Example

- A 68 year old male is admitted for an acute anterior wall myocardial infarction continues to have symptomatic ventricular tachycardia that is marginally responsive to antiarrhythmic therapy.

Two Physicians Same Specialty (2)

- Dr. Brown, a cardiologist
 - Performs 35 minutes of critical care
- Dr. Smith, a cardiologist in same practice
 - Performs 30 minutes of critical care
- Billing
 - 99291 is billed under either Physicians NPI
 - 99292 can not be billed as the threshold of 74 minutes has not been met.

Two Physicians Different Specialty

- Dr. Brown a pulmonologist
 - Performs 45 minutes of critical care
- Dr. Jones a cardiologist same practice
 - Performs 40 minutes of critical care
 - Dr. Brown bills a 99291
 - Dr. Jones could bill a 99291 or 99292
 - As long as the services are not duplicative
 - Not a covering or staffing physician

Two Physicians Same Specialty Different Practice

- Dr. Brown a pulmonologist
 - Performs 40 minutes of critical care
- Dr. Rex a pulmonologist different practice
 - Performs 50 minutes of critical care
- Billing
 - Dr. Brown bills 99291
 - Dr. Rex bills 99291

Split Share

- A split/shared E/M service performed by a physician and a qualified NPP of the same group practice **cannot be reported as a critical care service.**
- Critical care does not qualify for split share billing
- Critical care codes shall reflect the evaluation, treatment and management of a patient by an individual physician or NPP and shall not be representative of a combined service between a physician and a qualified NPP.

Split Share (2)

- When time requirements for both 99291 and 99292 and critical care criteria are met for a medically necessary visit by a qualified NPP, the service shall be billed using their appropriate individual NPI number

Example MD and NPP (2)

- Dr. Brown, a cardiologist
 - Performs 40 minutes of critical care
- NPP same group
 - Performs 35 minutes of critical care
- Billing
 - 99291 under the MD's NPI
 - 99291 under the NPP's NPI
- Note: Staff coverage or follow up after the first hour a NPP may bill the 99292

When Its Not Critical Care

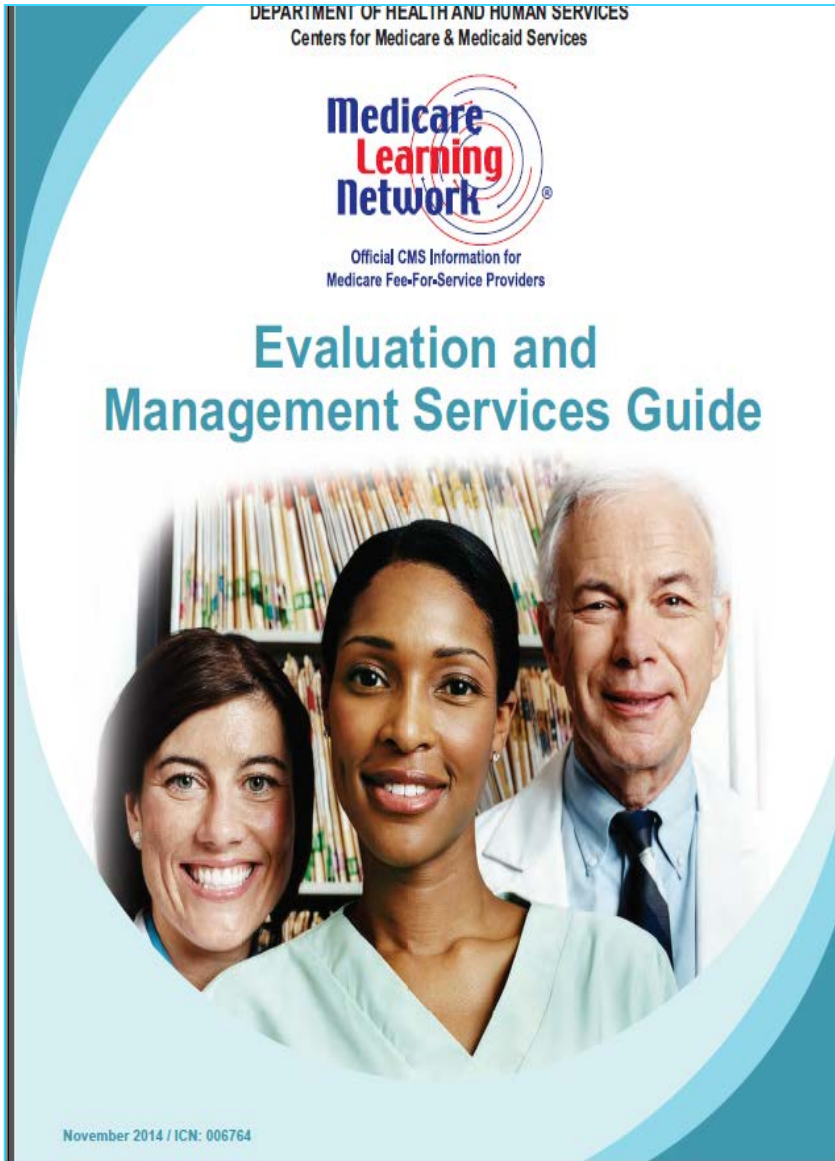
- The provision of care to a critically ill patient is not automatically a critical care service just because the patient is critically ill or injured.
- To this point, each physician providing critical care services to a patient during the critical care episode of an illness or injury must be managing one or more of the critical illness(es) or injury(ies) in whole, or in part

Example of Non Critical Care

- A dermatologist evaluating and treating a rash on an ICU patient who is maintained on a ventilator and nitroglycerine infusion that are being managed by an intensivist
- The proper E/M should be billed

Critical Care Summary

- NO split shared services allowed
- Reflective of the care by a single provider
- Only one provider can bill for any single time period
- Documentation of focused time spent on the patient.
- Can be continuous or intermittent and aggregate time increments over a given calendar date
- Must meet time minute requirements
- Critical care is based on patient condition, not patient location



- **E/M Guide – 89 pages**
- **November 2014**
- **1995/1997 guidelines**

MEDICAL RECORD DOCUMENTATION	3
General Principles of Evaluation and Management Documentation	3
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Resources

- Internet Only Manuals (IOM)
www.cms.gov/Manuals/IOM/list.asp
- Benefit Policy Manual
 - IOM 100-02, Chapter 15, Section 30. E
- Claims Processing Manual
 - IOM 100-04, Chapter 4, Section, 160.1
 - IOM 100-04, Chapter 12, Section, 30.6.9 and 30.6.12
 - Change Request -5993 Critical Care Visits and Neonatal Intensive Care Codes.

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What Questions Do You Have?

Thank You!