Critical Care Billing and Coding

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Housekeeping 101

- All lines have been placed on Mute
- Handouts
  - Emailed out prior to workshop
  - Print from right-hand side
  - Posted to the website along with the Q&A within 30 days
- Webinar Questions and Answers
  - Keep questions to previous/current slide
  - Answer may be in upcoming slide
  - Address the Q&As to all panelists and not the host directly as I will not be able to see the Q&A until the end of the webinar
  - Call Provider Contact Center with additional questions
- Check out the Upcoming Webinars
- Lets' get started

ACRONYM	DESCRIPTION
ABN	Advanced Beneficiary Notice of Non Coverage
CCI	Correct Coding Initiative
CERT	Comprehensive Error Rate Testing
CR	Change Request
EDISS	Electronic Data Interchange Support Services
IOM	Internet Only Manual
MLN	Medicare Learning Network
MPFS	Medicare Physician Fee Schedule
MSP	Medicare Secondary Payer

Agenda

- Overview
- Critical Care Codes
  - What's included and What's not
  - Medical Necessity
- Critical Care and Other E/M Visits
- Documentation
  - Time is Key
- Billing Examples
- Frequently Asked Questions
- Resources

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Critical Care Overview

Definition

- Critical care is defined as urgent medical care that is delivered directly by a physician(s) where the nature of the patients 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 involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ system and/or to prevent further life threatening deterioration of the patients condition

Critical Care Services and Medical Necessity

- Critical care services must be reasonable and medically necessary. As explained, critical care services encompass both the treatment of “vital organ failure” and “prevention of further life threatening deterioration in the patient’s condition.” Therefore, delivering critical care in a moment of crisis, or upon being called to the patient’s bedside emergently, is not the only requirement for providing critical care service. Treatment and management of a patient’s condition, in the threat of imminent deterioration; while not necessarily emergent, is required.

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 and Concurrent Care

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

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

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, 43753	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

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

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

Chronic Care Vs Critical Care

- A ESRD Hemodialysis patient on a long term monthly management of dialysis dependence. Although its chronic not critical.
- If during such monitoring a critical situation occurs critical care maybe performed and the appended with the modifier 25

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 99291and/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.

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

ER or Critical Care

- 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.
- Level 5 ER visit codes last requirement is similar to a requirement for Critical Care Services: “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 codes maybe be used if the nature of the patients condition meets the critical care definition then only the critical care code (99291) should be billed not both

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 that 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

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

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

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Billing Examples

Two Physicians Same Specialty

- Dr. Brown, a pulmonologist
  - Performs 40 minutes critical care
- Dr. Smith, a pulmonologist same practice
  - Performs 25 minutes of critical care
- Billing
  - 99291 x1 combined time
  - Use either physician's NPI but must be a single physician billing for both codes

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

Non Physician Practitioners (NPP) Billing Critical Care

- Must bill under their own numbers
- Must meet time requirement
- Reimbursement is 85%
- Split shared billing is not allowed

Split Share

- A split/shared E/M service preformed 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

Emergency Room(ER) and Critical care

- A patient arrives in the ER in cardiac arrest. ER Dr. administers 40 mins of critical care.
- A cardiologist is called to the ED and assumes responsibility for the patient, providing 35 mins of critical care services.
- Stabilized patient is moved to CCU, the ED physician provided 40 mins of critical care services and reports only the critical care code (CPT code 99291) and not also emergency department services.
- The cardiologist may report the 35 mins of critical care services (also CPT code 99291) provided in the ED.

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Frequently Asked Questions

Question 1

- **Q1. If one physician bills for an inpatient E/M visit with an AI and then performs critical care later in the day can both services be billed on the same day?**
- A1. Other E/M services performed by the same provider earlier on the same day as critical care, may be billed appending the 25 modifier with careful documentation of the circumstances in the clinical record.

Question 2

- **Q2. If two physicians, same specialty from the same group, provide critical care on the same day should the time be combined or can they both bill?**

- A2. The time must be combined. Non-continuous time for medically necessary critical care services may be aggregated. The first physician seeing the patient must have met criteria for 99291 services.

Question 3

- **Q3. Is the 99291 billing to be completed by the physician who sees the patient first or the physician with the most patient time?**
- A3. The initial physician seeing the patient must have met criteria for 99291 for the time to be considered critical care. The total time of all physicians seeing the patient may be aggregated and billed under any of the performing physicians NPI.

Question 4

- **Q4. If a physician performs 80 minutes of critical care, can we bill a 99291 and a 99292?**
- A4. Yes, The CPT manual, under the “Critical Care Services” section, includes a chart outlining time criteria for billing the critical care codes.

Question 5

- **Q5. If the emergency department (ED) physician provides 70 minutes of critical care and the attending subsequently provides 60 minutes of critical care how do you code for each of the physicians?**

- A5. When a patient requires critical care services upon presentation to a hospital emergency department, the ED physician reports either the critical care codes 99291 – 99292 or the ED outpatient codes, but not both. The second physician depending on the specialty and whether from a separate billing entity, would bill either an initial or subsequent critical care codes.

Question 6

- **Q.6 If a patient receives critical care in the emergency department (ED) and then is admitted by and receives critical care from a different physician group does the modifier 25 need to be add to the ED physician code?**

- A6**. No. The ED physician would bill for his/her critical care service (no modifier).** When the *same* provider performs an E/M code along with critical care, then the use of modifier 25 would be necessary (on the regular E/M code).

Question 7

- Q7. We have been denied an E/M by our cardiologist who after performing a pacemaker placement had to perform critical care. Is a modifier 25 necessary on the 99291?
- A7. In this scenario the modifier 25 would be necessary on the 99291 and the records would clearly need to document why these were services over and above those that are included in pacemaker placement.

Question 8

- **Q8. Is it necessary to document start and stop times or just the overall amount of time spent providing critical care?**
- A8. Documentation of the overall time the physician(s) has spent providing critical care with the patient is acceptable, if the record is sufficient to support both that criteria for critical care are met and the indicated times are credible.

Question 9

- **Q9. Is it correct that any critical care time a non-physician practitioner (NPP) performs has to be billed by the NPP?**
- A9. Physicians and NPPs critical care time cannot be aggregated. Each provider type must bill and document separately the time spent performing critical care. NPPs from the same group, providing services of a single specialty aggregate their critical care time for a day and bill under one of the NPP's NPI.

Question 10

- **Q10. If a teaching physician is performing critical care at the same time in the presence of a resident, is it possible to bill for critical care if that teaching provider is actually doing Critical care work?**
- A10. Only time spent performing critical care activities by the resident and the teaching physician together or the teaching physician alone can be counted toward critical care time.

Question 11

11 When a physician providing critical care is conferring with providers from another clinic would that be included in the critical care time?

A11. Any time a physician is consulting with another physician regarding the care being provided to the critical care patient and it is about decision making, it would be appropriate to include that time in the total time spent.

Question 12

- **Q12. If a nurse performs CPR (non-bundled) for 30 minutes and the entire time spent with the patient is 45 minutes, would you bill a 99291 or just the CPR since the physician did not perform the CPR.**
- A12. Critical care is not an" incident to" service and critical care criteria must be met. 45 minutes minus the 30 minutes of CPR does not meet the time criteria of 30 to 74 minutes. Physician needs to bill E/M

Question 13

- **Q13. What happens if the critical care services extend over the midnight hour into another calendar day?**
- A13. CPT coding principles require that when a time-dependent service is performed continuously and crosses over midnight the time should be accrued for, and reported as occurring, on the pre-midnight date. However, once the service is disrupted (i.e., becomes non-continuous), then that creates the need for a new initial service on the post-midnight date.

Critical Care Summary

- NO split shared services allowed
- Must reflect 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

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Reminders and Resources

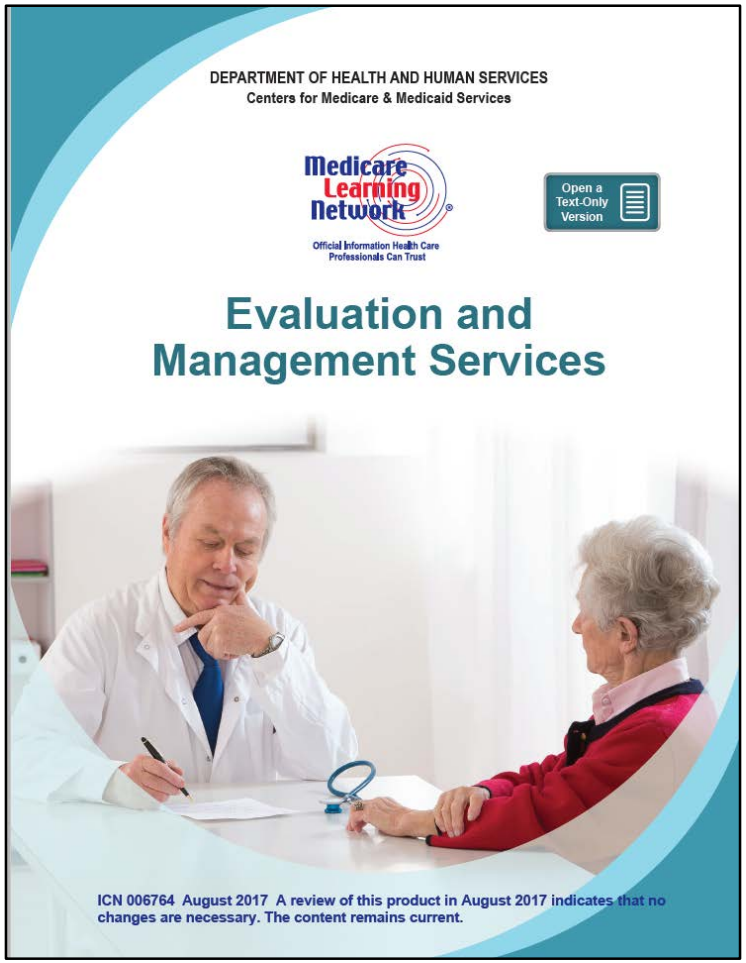
Resources

- Internet Only Manuals (IOM) http://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
- **MLN Matters Number: MM5993**

Medicare Learning Network (MLN)

- Free MLN Products
  - MLN Catalog
  - Web-Based Training (WBT)
  - Preventative Services
  - MLN Provider Compliance
  - MLN Opinion Page
  - MLN Publications
  - MLN Multimedia
  - Fact Sheets
  - Brochures
  - Quick Reference Charts
- **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html**

Evaluation and Management



- 90 page guide
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf
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Thank you for attending today