Critical Care Codes: Current Issues
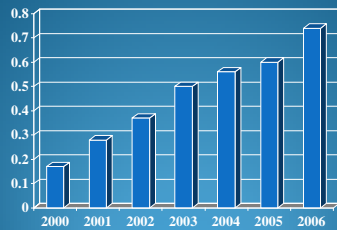
Nancy Munro RN, MN, CCRN, ACNP-BC

I WANT YOU...

Who is watching?

Insurance Companies
Centers for Medicare and Medicaid (CMS)

99291 Billing - % Billed by NPPs

0.8						
0.7						
0.6						
0.5						
0.4						
0.3						
0.2						
0.1						
0						
2000	2001	2002	2003	2004	2005	2006

Reimbursement Structure

CMS

↓

Regional Payors

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Hospital Systems

Critical Care Billing

- There are two codes used:
  * 99291 First 30-74 minutes
  * 99292 Additional 30 minutes

- **TIME DEPENDENT**

- Must document
  * What you see ("instability" of the patient)
  * What you do (complexity of medical decision making)
  * Time it took you to do it

Components of CC Billing

- *Clinical Criterion (what did you see)*
  - ...impairs one or more vital organ systems such that there is a ***high probability of sudden clinically significant or life threatening deterioration*** in the patient condition

Components of CC Billing

- *Treatment Criterion (what did you do)*

  - Critical care services *require direct personal management by the physician or non-physician provider (NPP)*
  - They are high complexity decision making to assess , manipulate, and support vital system function(s) to treat ...vital organ system failure and / or to *prevent* further life threatening deterioration of the patient's condition

Hospital Care (1995)

	Subsequent Hospital Care (2 of 3 components)						
	Interval History			Exam	Medical Decision Making (2/3)		
	HPI	ROS	P/F/S		# Dx	Amt Data	Risk
99231 (15)	1-3			1 area/systems	1-2	0-2	Low
99232 (25)	1-3	1		2-7 (2-4) organ systems	3	3	Moderate
99233 (35)	4+	2-9		2-7 (5-7+) organ systems	4+	4+	High

Codes Used for Correctly Reporting Critical Care Time

Less than 30 minutes	99232-3 (or other appropriate E/M code)
30-74 minutes	99291 x 1
75-104 minutes	99291 x1 and 99292 x 1
105-134 minutes	99291 x 1 and 99292 x 2
135-164 minutes	99291 x 1 and 99292 x 3
165-194 minutes	99291 x 1 and 99292 x 4
194 minutes or longer	99291 x 1 and 99292 x 5 or additional 99292's as appropriate

CMS Transmittal 1548 (2008)

- "However if a physician or a qualified NPP provides "staff coverage" or "follow up" for each other after the first hour of critical care services was provided on the same calendar day by the previous group clinician (physician or qualified NPP), the subsequent visits provided by covering physician or qualified NPP in the group shall be billed using CPT critical care add on code 99292. The appropriate NPI number shall be reported on the claim"

The person who does the work

Bills for the work

Recommendations

- Know your billing patterns
- Know your regional payor and their interpretations of CMS rules
- Know your compliance department
- Talk to your state nurse practitioner organization

References

- Sample, G (ed) (2010). Coding and billing for critical care: A practice tool. Chicago, Ill: Society of Critical Care Medicine
- Centers for Medicare and Medicaid Services: http://www.cms.hhs.gov www.cms.hhs.gov/providers/enrollment/forms/cms855r .pdf
- E/M documentation guidelines : www.hcfa.gov/medlearn/emdoc.htm