



Objectives

- ❖ Recognize Medicare requirements for NPs/PAs
- ❖ Identify common barriers for billing critical care or inpatient services
- ❖ Describe a model of billing for a neurocritical care practice

Definition of Critical Care

- ❖ Critical illness or injury

"An illness or injury that 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 services

The direct delivery of medical care for a critically ill or critically injured patient.

Must be medically necessary and reasonable

CMS Transmittal 1548, July 2008

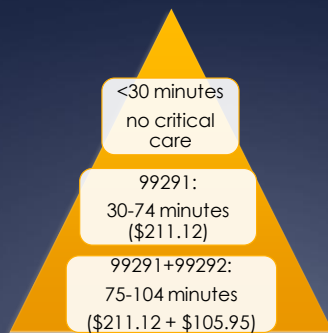
Critical Care Services

- ❖ Decision making of high complexity to assess, manipulate, and support vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition.
- ❖ Examples of vital organ system failure:
 - ❖ Central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic and respiratory failure

Requirements for Billing Critical Care

- ❖ Both the illness or injury and treatment criteria must be met
- ❖ Must devote full attention and be immediately available to patient
- ❖ Critical care time must exceed 30 minutes
- ❖ Documentation must reflect amount of critical care time aggregated
(Does not include resident or fellow time)

Critical Care Services



Bundled Non-Billable Procedures

- ❖ Interpretation of cardiac output (CPT 93561, 93562)
- ❖ Pulse oximetry (CPT 94760, 94761, 94762)
- ❖ Chest x-rays, professional component (CPT 71010, 71015, 71020)
- ❖ Blood gases, and lab data stored (CPT 99090)
- ❖ Gastric intubation (CPT 43752, 91105)
- ❖ Transcutaneous pacing (CPT 92953)
- ❖ Ventilator management (CPT 94002-94004, 94660, 94662)
- ❖ Accessing vascular lines (CPT 36000, 36410, 36415, 36591, 36600)

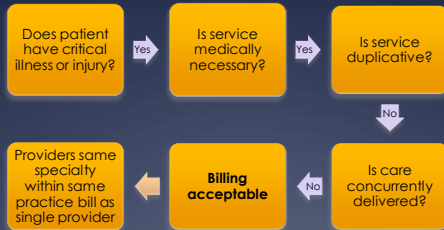
Billable Procedures + CC Time

- ❖ Endotracheal intubation (CPT 31500) **\$105**
- ❖ Central line placement (CPT 36556) **\$118**
- ❖ Arterial line placement (CPT 36620) **\$50**
- ❖ Spinal puncture lumbar (CPT 66270, 66272) **\$75-80**
- ❖ CPR (CPT 92950)
- ❖ Intraosseous placement (CPT 36680)
- ❖ Tube thoracostomy (CPT 32551)
- ❖ Temporary transvenous pacemaker (CPT 33210)
- ❖ Electrocardiogram – routine 12 lead (CPT 93010)

Billing EM and CC Same Day

- ❖ E/M and critical care can be reported on same calendar day
- ❖ Some payers require adding -25 modifier to the non-critical care EM service
- ❖ Not allowable to bill Medicare patient 99291 and EM code **in the ED** by same provider on same calendar day

Billing Multiple Providers Same Day



Barriers of Billing for NPs

- ❖ Third party payors generally only pay for one physician service (described by a specific CPT code) per patient per specialty per day.
- ❖ NPs often perform nonbillable aspects of physicians services
- ❖ Hospital administrators, NPs, PAs, MDs are often unfamiliar with billing processes.
- ❖ State laws are sometimes vague

Medicare Requirements for NPs

- ❖ Meets Medicare qualification requirements
- ❖ The practice accepts Medicare's payment
- ❖ Services performed are "physician services"
- ❖ Services performed in collaboration with MD
- ❖ No facility or other provider charges or is paid for the services provided

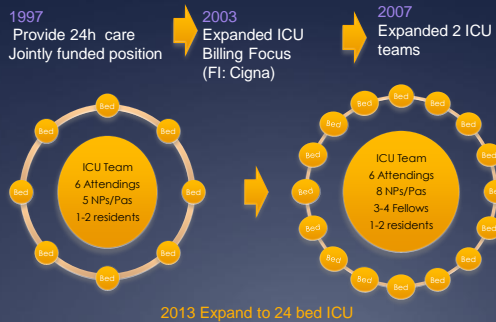
NPs Employed by Hospitals

- ❖ Is the NP on the hospital's cost report?
- ❖ If yes, does the hospital receive any reimbursement from Medicare under the cost report?
- ❖ If yes, the hospital may not bill the NP's physicians services to Medicare under part B. (considers payment already received if listed on cost report and receives payment under the cost report)

Duke Neurocritical Care



Critical Care NP Model



Critical Care NP Model

- ❖ Current Staffing Practice for 16 bed NICU
 - ❖ New Fiscal Intermediary (Palmetto)
- ❖ One intensivist- onsite days only and available by phone in evenings
- ❖ 8 Acute Care NPs
 - ❖ split funding (Hospital + MD practice)
- ❖ 1-2 residents x 10 months/year
- ❖ 1-2 Fellows providing 0.5 FTE in NICU

Critical Care NP Responsibilities

- ❖ Potential Billable (60%)
 - ❖ Provide critical care for 8 patients
 - ❖ Assist in care of remainder 8 critically ill patients when staffed by non-NP staff
 - ❖ Perform bedside procedures
 - ❖ Provide neurocritical care consults outside of NICU
 - ❖ Provide care at RRTs for 4th floor (60 beds)
- ❖ Nonbillable (40%)
 - ❖ Provide neurosurgical post op care
 - ❖ Support of ICU attending physicians
 - ❖ Provide education for fellows, residents, interns, nursing staff, other students, patients and families
 - ❖ Research
 - ❖ Administrative

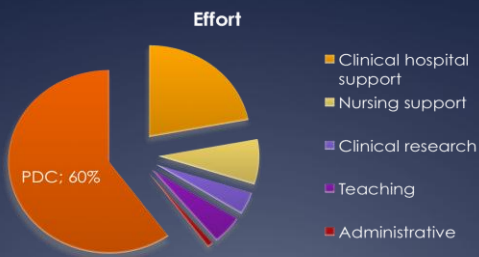
Effort Support

- ❖ Represents a good faith estimate of duties performed
- ❖ Includes primary position reflecting job description
- ❖ Actual effort of regularly scheduled hours
- ❖ Must equal 100% of time

Effort Survey

1. Support of Hospital Initiatives
 - ✧ Clinical Support- Medical Coverage _____%
 - ✧ Nursing Support _____%
 - ✧ Clinical Research _____%
 - ✧ Teaching _____%
 - ✧ Administrative _____%
2. Support Private Diagnostic Clinic _____%
3. Support School of Medicine/ Nursing _____%
4. Outreach _____%
- Total _____%

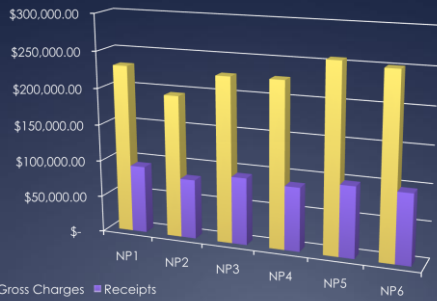
Effort Survey Example



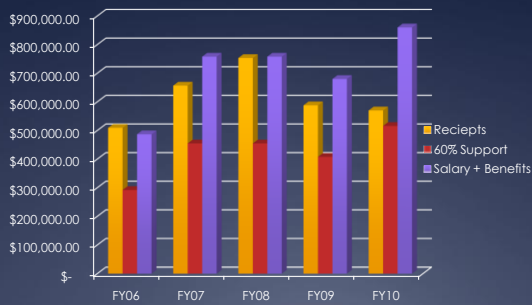
Our Billing Experience: Procedures for 6 ACNPs

- ✧ Arterial line insertion: 289
 - ✧ Total : \$22,000
- ✧ Insertion non-tunnel Central CVC: 98
 - ✧ Total: ~ \$20,000
- ✧ Lumbar Punctures: 25
 - ✧ Total: ~ \$ 5,000.00

Example NP Billing FY 10

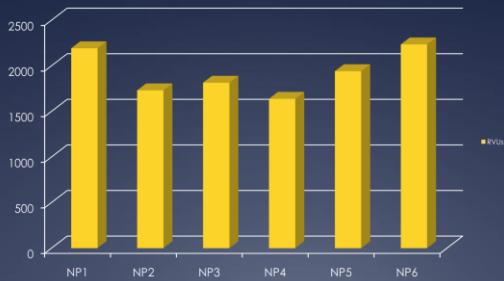


Example of NP Billing



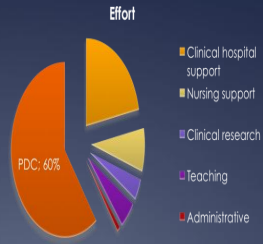
Productivity

RVUs



Measuring Productivity and Professional Contributions

- * Billing/Collections
- * Work RVUs
- * Patient care metrics
- * Improvement of hospital efficiency



Questions
