



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)

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)

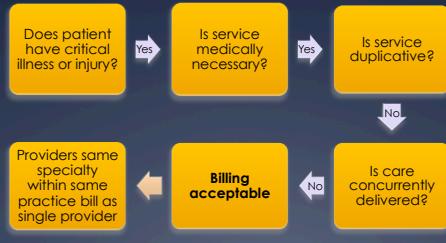
Billable Procedures + CC Time

- ◊ CPR (CPT 92950)
- ◊ Endotracheal intubation (CPT 31500)
- ◊ Central line placement (CPT 36555, 36556)
- ◊ Intraosseous placement (CPT 36680)
- ◊ Tube thoracostomy (CPT 32551)
- ◊ Temporary transvenous pacemaker (CPT 33210)
- ◊ Electrocardiogram – routine 21 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

Medicare Qualifications for NPs

- ◊ [American Academy of Nurse Practitioners](#)
- ◊ [American Nurses Credentialing Center](#)
- ◊ [National Certification Corporation](#)
- ◊ [National Certification Board of Pediatric Nurse Practitioners and Nurses](#)
- ◊ [Oncology Nursing Certification Corporation](#)
- ◊ [Critical Care Certification Corporation](#)

NPs Employed by Hospitals

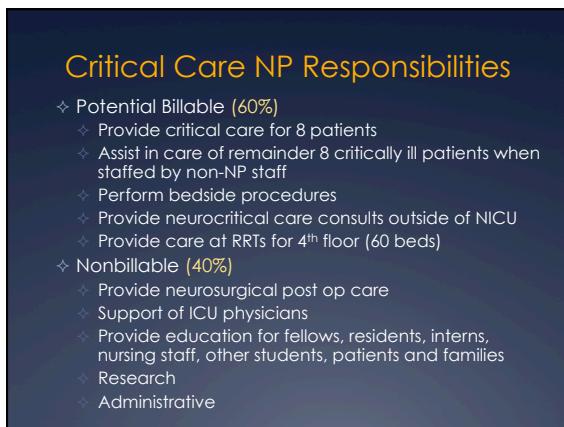
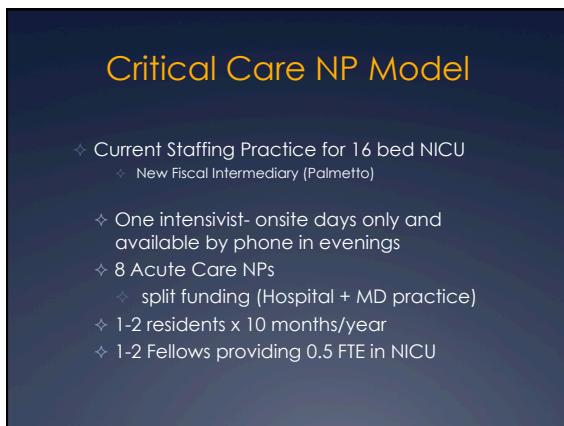
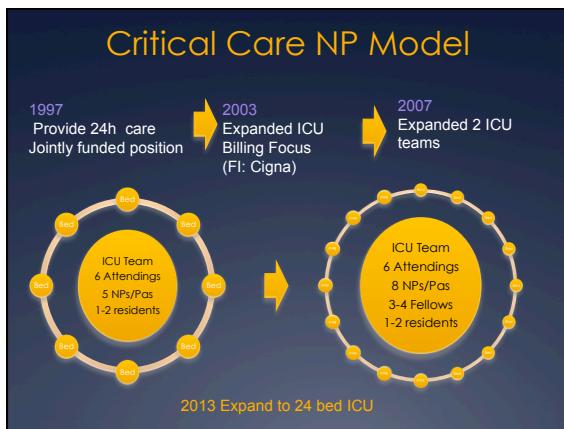
- ❖ Is the NP on the hospital's cost report?
- ❖ If yes, does the hospital receive any reimbursement from Medicare under the cost report?
- ❖ If yes, the hospital may not bill the NP's physician services to Medicare under part B. (considers payment already received if listed on cost report and receives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

Other questions to ask

- ❖ Are services provided medical functions?
- ❖ Are the services authorized by the state's scope of practice for NPs?

Duke Neurocritical Care





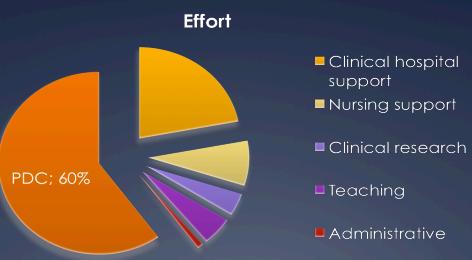
Effort Support

- ❖ 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 | _____ | % |

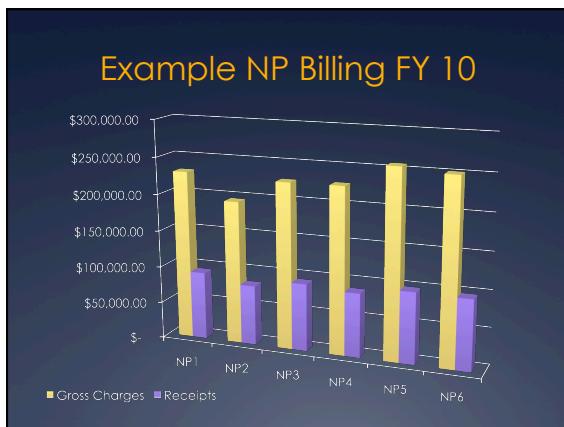
Effort Survey Example

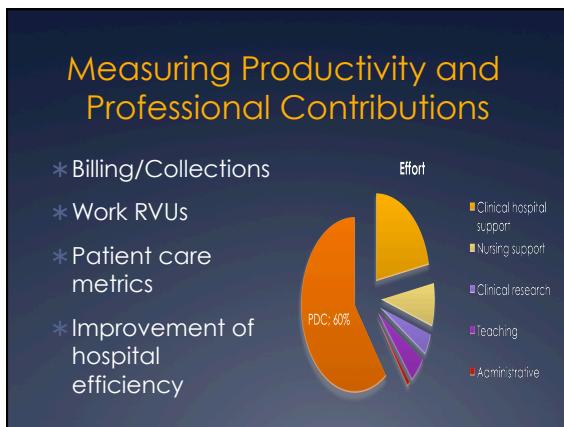
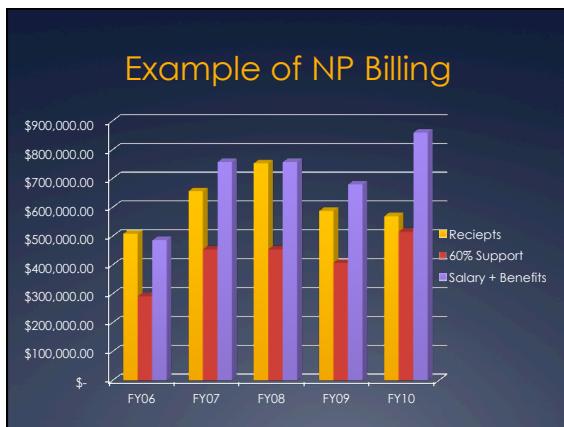




Our Billing Experience: Procedures for 6 ACNPs

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





Questions
