

# Critical Care Billing



# 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*

# 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)

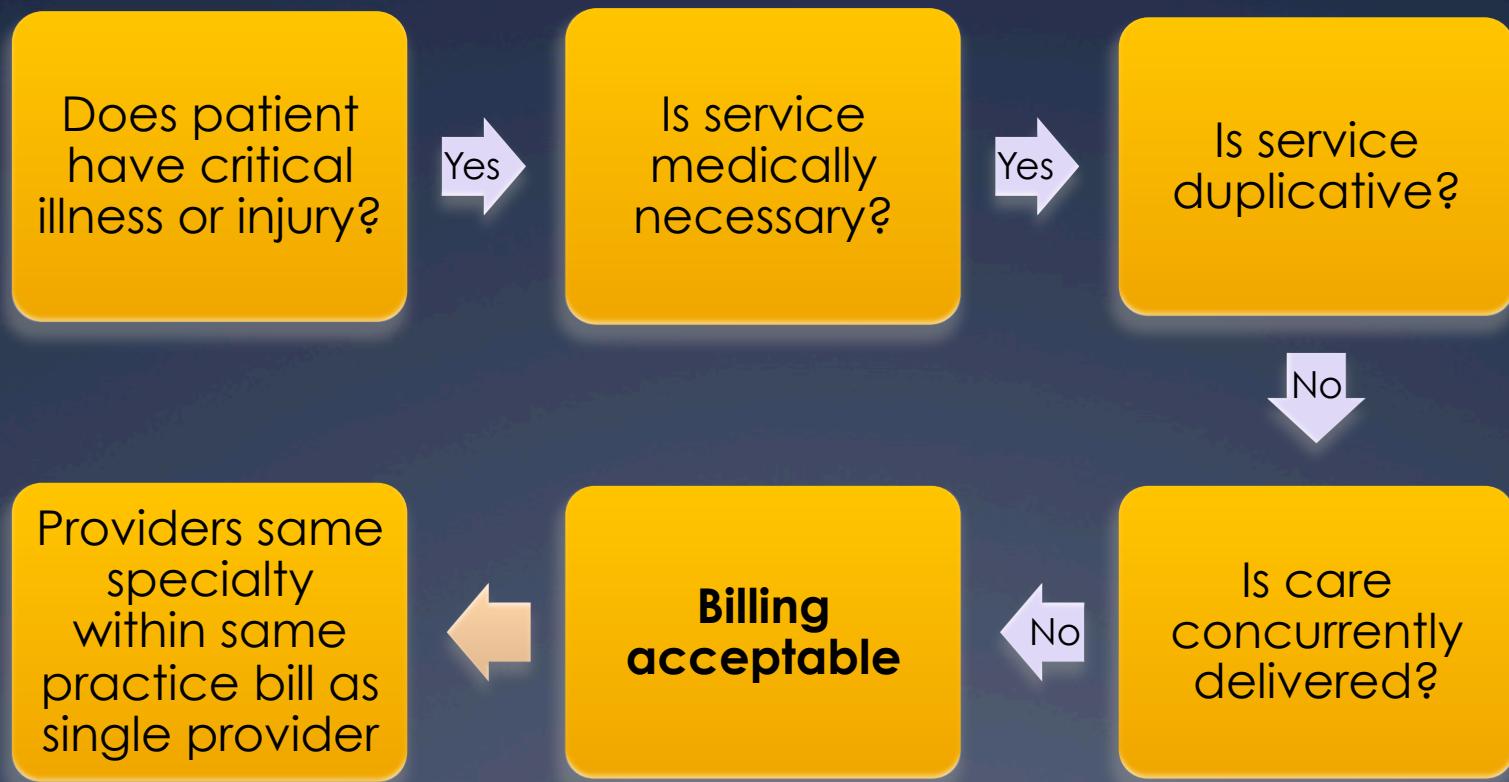
# Billable Procedures + CC Time

- ✧ 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 physicians 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?

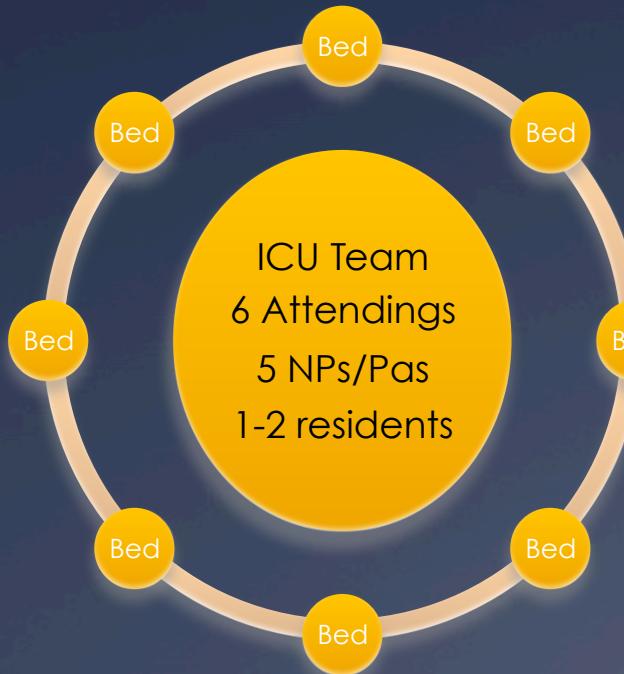
# Duke Neurocritical Care



# Critical Care NP Model

1997

Provide 24h care  
Jointly funded position



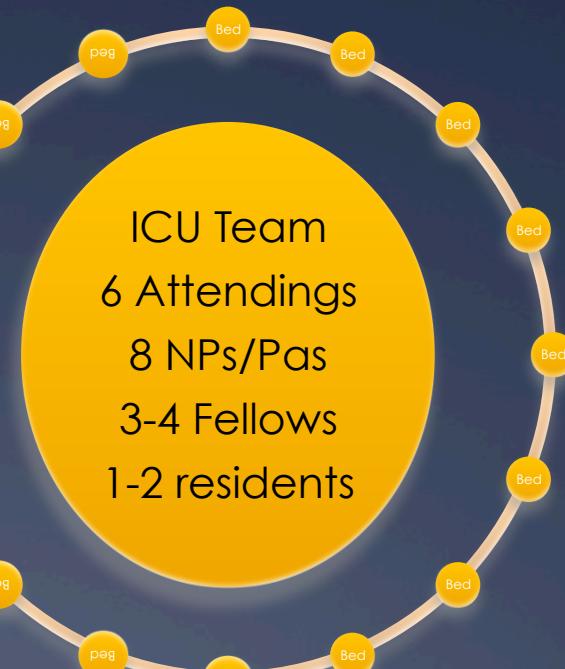
2003

Expanded ICU  
Billing Focus  
(FI: Cigna)



2007

Expanded 2 ICU  
teams



2013 Expand to 24 bed ICU

# 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 4<sup>th</sup> floor (60 beds)
- ✧ Nonbillable (40%)
  - ✧ Provide neurosurgical post op care
  - ✧ Support of ICU physicians
  - ✧ Provide education for fellows, residents, interns, nursing staff, other students, patients and families
  - ✧ Research
  - ✧ Administrative

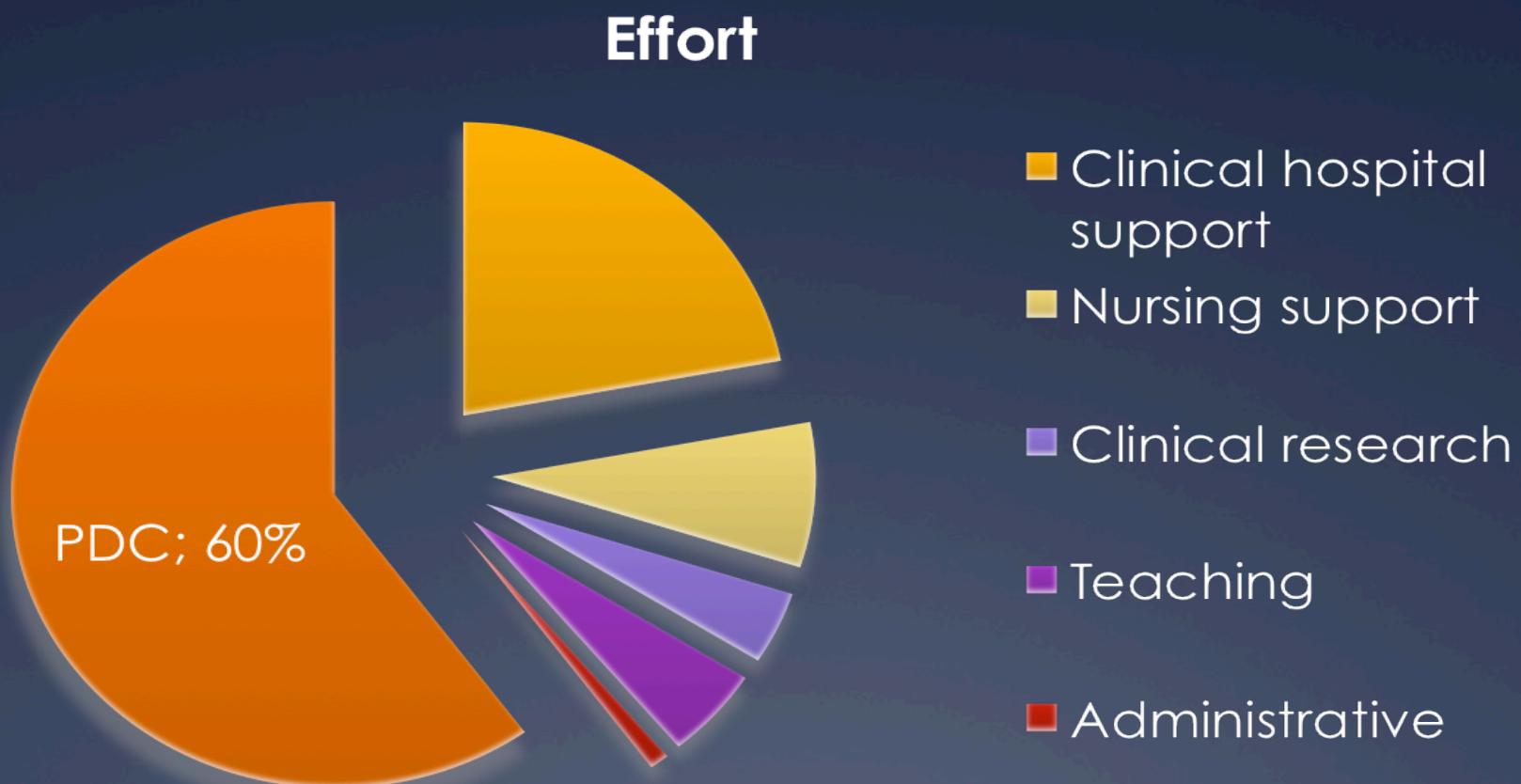
# Effort Support

- ✧ 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



# Critical Care Services

A yellow pyramid divided into three horizontal sections. The top section is white with black text. The middle section is yellow with black text. The bottom section is white with black text. The text in the top section reads: <30 minutes no critical care. The text in the middle section reads: 99292: 30-74 minutes (\$211.12). The text in the bottom section reads: 99291+99292: 75-104 minutes (\$211.12 + \$105.95).

<30 minutes  
no critical  
care

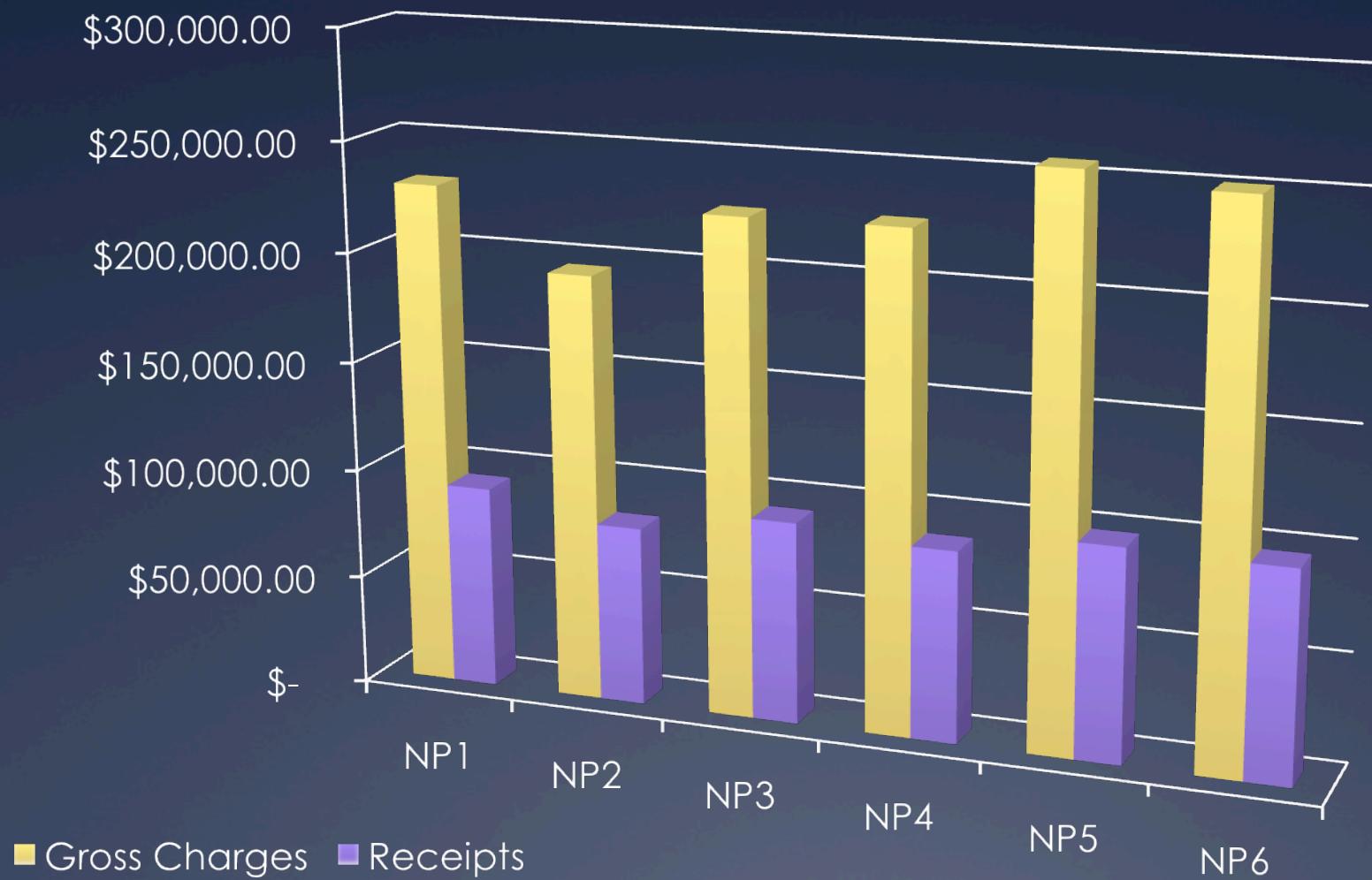
99292:  
30-74 minutes  
(\$211.12)

99291+99292:  
75-104 minutes  
(\$211.12 + \$105.95)

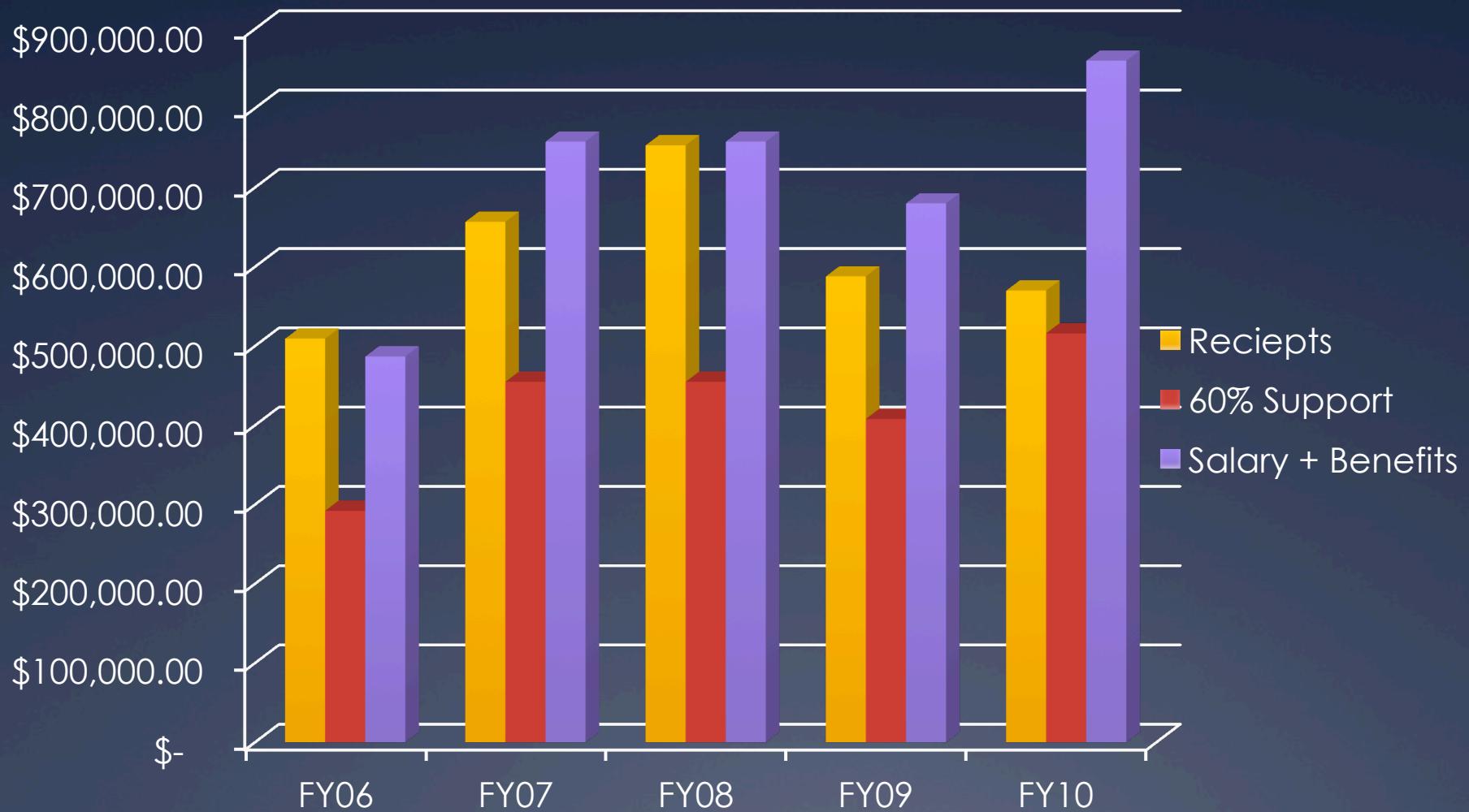
# Our Billing Experience: Procedures for 6 ACNPs

- ❖ 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

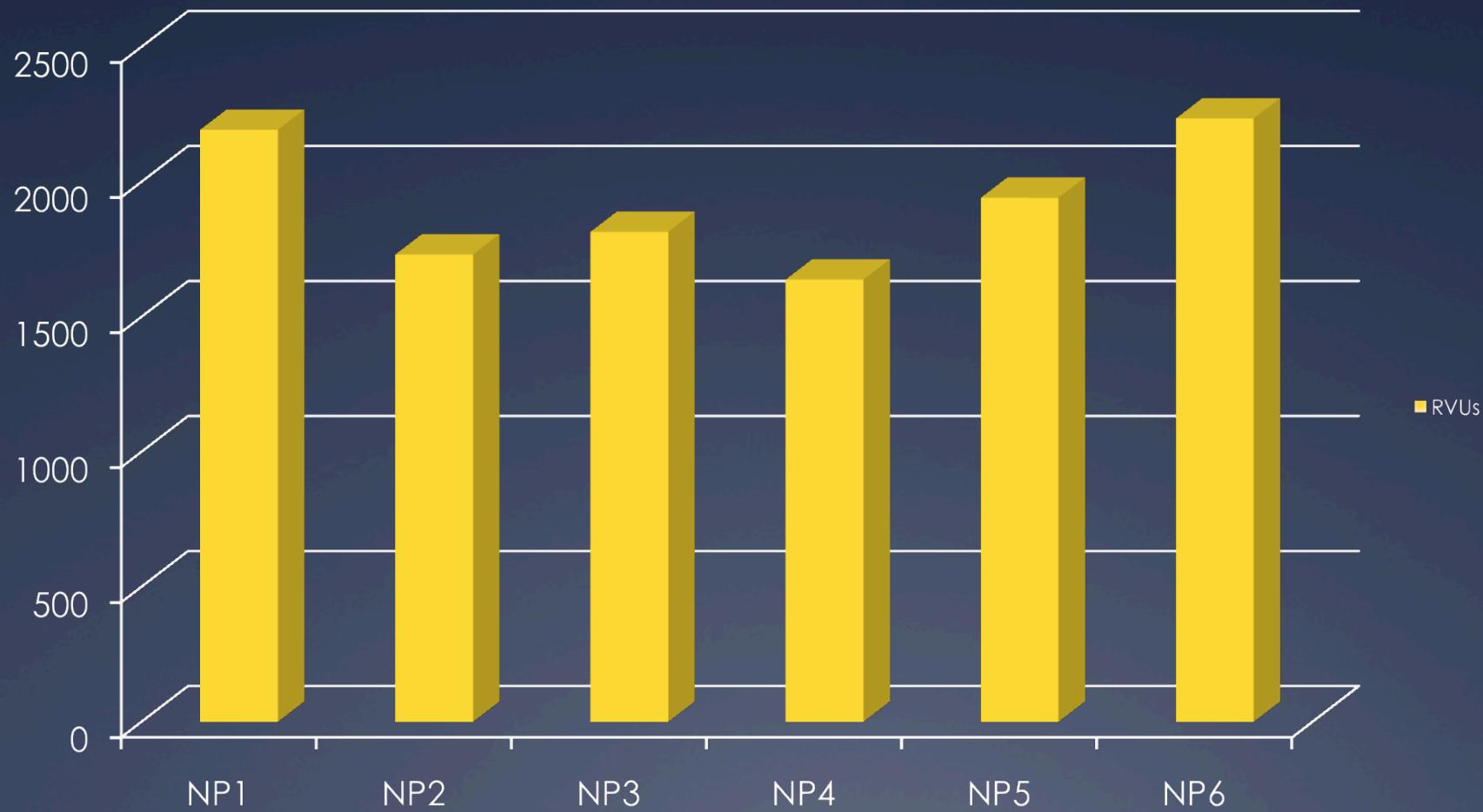


# Example of NP Billing



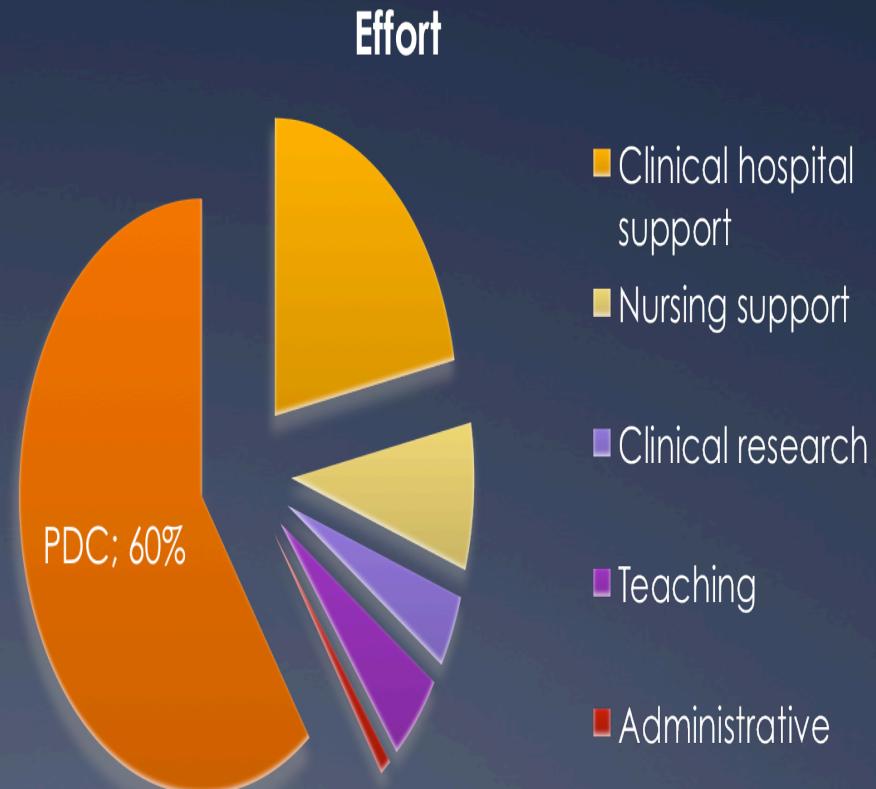
# Productivity

RVUs



# Measuring Productivity and Professional Contributions

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



# Questions