Critical Care

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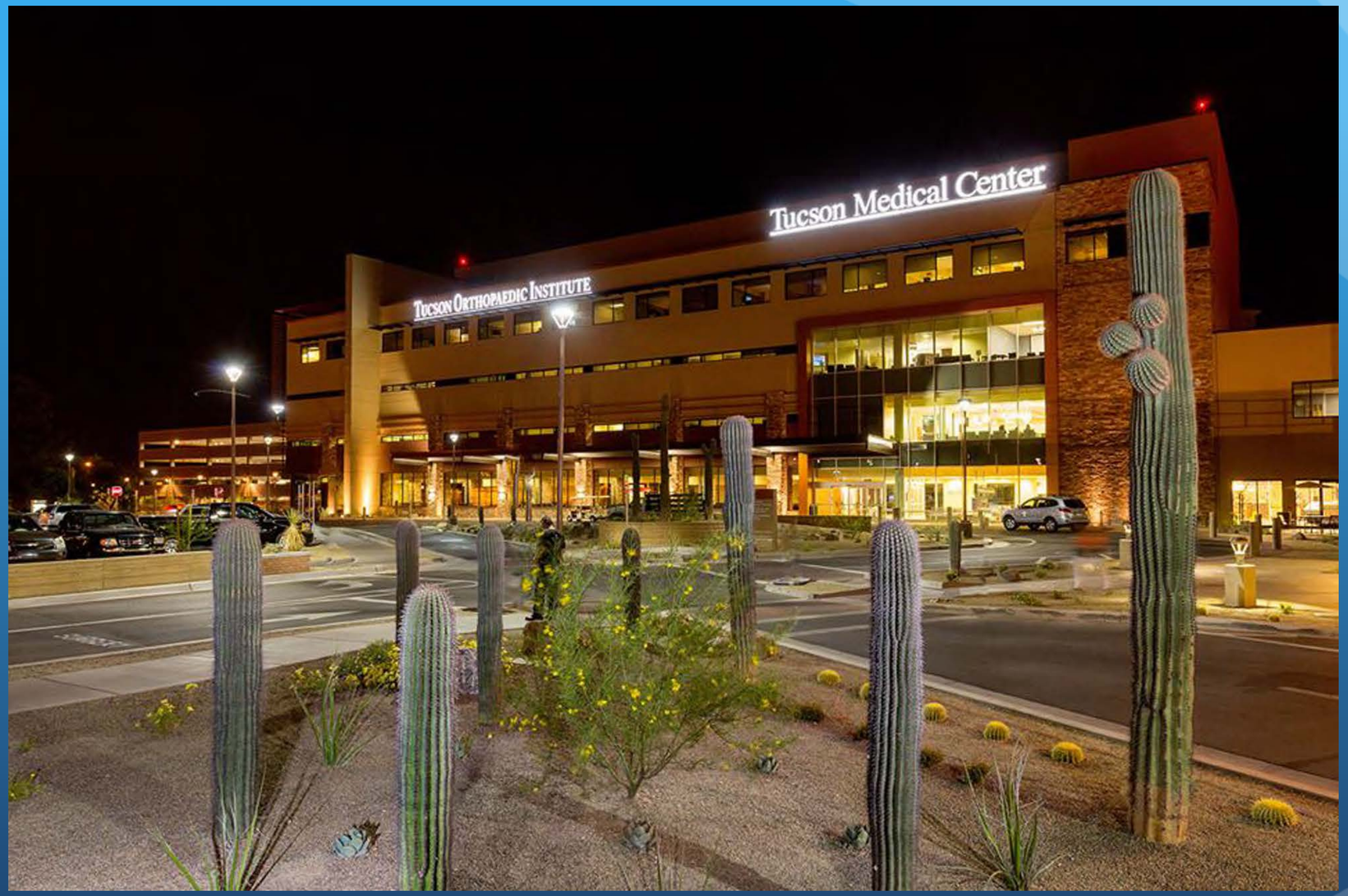
Dr. Parker is Chief Coding Officer for HCFS of TeamHealth and President of Team Parker, a coding, compliance and revenue cycle consulting group. All content and opinions are my own.


Tucson Medical Center
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Classic Critical Care

EMS calls for 75 yo veteran, hx/o CHF, CAD, HTN, DM, called EMS after SOB all night.

On EMS arrival, patient gasping for air, clinically in CHF, saturations mid-70s, blue. Place him on 100% oxygen and transport to ED.

On arrival, patient BMI 40, saturating mid-80s on 100% oxygen. Confused and combative.

Quick ABCs, IVs, respiratory at bedside.
Team quickly sets up and performs RSI.

Critical Care Definition

CPT & CMS Definition

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.

It involves 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

CPT & CMS Definition

- Examples of vital organ systems include, but not limited to:
  - ✓ CNS failure
  - ✓ Circulatory failure
  - ✓ Shock
  - ✓ Renal, hepatic, metabolic, and/or respiratory failure

Provider Education: KISS

To meet CC requirements, answer YES to all 3 questions:

1. Is at least one vital organ system acutely impaired?
2. Is there a high probability of imminent, life-threatening deterioration?
3. Did you intervene to prevent further deterioration of the patient's condition?

***In addition to YES, the physician/APP must request CC and time requirement greater than 30 minutes must be met.*

*“Butt Out of Seat” cases**

**Dr. Jay Edelberg*

Critical Care Time

Nuts and bolts

Critical Care Time - CPT

Total Duration of Critical Care	Appropriate CPT Codes
Less than 30 minutes	Appropriate 99281-99285
30-74 minutes	99291 X 1
75-104 minutes	99291 X 1 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 & 99292 as above illustration

*CMS 99292 is met when the full 30-minute threshold is met, e.g., 104 minutes for first 99292

Critical Care Time

- CC time defined as
  - At the *bedside*
  - *On the unit* and immediately available to patient
  - Full attention: *cannot provide services to any other patient during that period of time*
  - May be *aggregated* - doesn't need to be continuous
  - Reviewing test results or imaging studies
  - Discussing patient's care with other medical staff
  - Documenting in the record

Critical Care Time

- CC time defined as (con't):
  - Time spent with other decision makers when patient is unable to make decisions
  - Time to perform bundled procedures such as gastric intubation, temporary transcutaneous pacing, ventilator management, peripheral vascular access (see appendix)
- Time spent on separately billed procedures does NOT count

Critical Care Documentation

- Accurate time statement always required
  - Physician/APP identifies
  - Exact number of CC minutes, 30 or more
  - Statement includes that critical care time is exclusive of separately billed procedures
- ED Course should establish medical necessity
  - Should support high complexity MDM
  - Include diagnostic and therapeutic interventions performed and/or considered even if no positive response
  - Serial assessments

Critical Care Case Examples – Quick Hits

Critical Care Examples

- Stroke syndromes
  - Consider CC
    - Abnormal vital signs requiring treatment
    - Any airway issues
    - Stroke Alerts
      - Start/consider TPA/TNK (< 4.5 hrs) or
      - Thrombectomy (large vessel occlusion (LVO) up to 24 hrs)
    - Rapid assessment and transfer for definitive treatment at a stroke center
    - Example dx: intraventricular hemorrhage, intracranial hemorrhage (ICH), subarachnoid hemorrhage (SAH), non-ischemic and ischemic stroke
  - Probably not CC
    - Stable patient with completed stroke

Critical Care Examples

- Chest pain
  - Consider CC
    - EKG compatible with ischemia
    - Enzyme changes
    - Arrhythmias requiring treatment
    - Hypotension
    - Pain requiring ongoing IV NTG
    - Use of IV, heparin, thrombolytics
    - Immediate dispo to cath lab or ICU
    - Example Dx: acute MI/STEMI, non-ST elevation MI, unstable angina
  - Probably not CC
    - EKG normal and given ASA per protocol
    - Repeat EKG, enzymes normal
    - SL or topical NTG only
    - Dispo home

Critical Care Examples

- Arrhythmias
  - Consider CC
    - If symptomatic (eg syncope, altered mental status/neuro signs, chest pain, dyspnea; not simply palpitations) or significant co-morbidities such as ingestion
    - Treated with electricity, IV drips or multiple doses/drugs
    - Example dx: afib/aflutter with RVR, afib with WPW, Vtach, PSVT
  - Probably not CC
    - PAT converted in field
    - Post spontaneous conversion in stable patient
    - Asymptomatic AF with single bolus of diltiazem

Critical Care Examples

- Dyspnea
  - Consider CC
    - Bi-PAP/CPAP
    - High flow oxygen, continuous nebs and ICU admit
    - Altered mental status
    - Impending respiratory failure documented
    - Intubation performed or considered
    - CHF (usually with pulmonary edema or severe dyspnea) with nitro drip, lasix/bumex, Bi-PAP/CPAP
    - Status asthmaticus (hour long NEB, frequent NEB, steroids, magnesium SO4, ketamine, Bi-Pap/CPAP, frequent assessment)
  - Probably not CC
    - 2-4 nebs or continuous nebs plus steroids and clear
    - Dispo home

Critical Care Examples

- Abdominal pain
  - Consider CC
    - Immediate dispo to OR (eg AAA, perforated viscus)
    - Hemodynamic instability (low blood pressure, elevated HR, fever)
    - Peritonitis
    - ICU admit (bowel ischemia, sepsis)
  - Probably not CC
    - Appy/diverticulitis: routine and admitted to floor
    - Perforated appy or diverticulitis admitted to floor

Critical Care Examples

- Sepsis
  - Consider CC
    - Sepsis bundle management
      - Sepsis alert
      - Lactate levels and repeat levels
      - 30 ml/kg IV fluid boluses early
      - Antibiotics early
      - Common procedures: central line, US for hydration status
      - ICU admit
    - Immunocompromised patient
      - Transplants/cancer patients
    - Most infectious disease admits to ICU
      - Pneumonia, encephalitis, meningitis, endocarditis

Critical Care Examples

- Pediatrics
  - Consider CC
    - Lethargic/Altered Mental Status
    - Respiratory distress, grunting, retracting
    - Status asthmaticus, SVT, congenital heart disease, status epilepticus, non-accidental trauma
    - Interventions such as IO, HFNC, intubation
    - Immediate transfer to pediatric hospital with or without labs
  - Probably not CC
    - History of lethargy, AMS, not eating, severe fever, but running around department, drinking/eating, playing

In closing…

We’re almost there!

Provider Education: KISS

To meet CC requirements, answer YES to all 3 questions:

1. Is at least one vital organ system acutely impaired?
2. Is there a high probability of imminent, life-threatening deterioration?
3. Did you intervene to prevent further deterioration of the patient's condition?

***In addition to YES, the physician/APP must request CC and time requirement greater than 30 minutes must be met.*

Butt out of seat!

Critical Care Documentation

- Accurate time statement always required
  - Physician/APP designates, document exact number of critical care minutes, exclusive of separately billed procedures
- ED Course should establish medical necessity
  - Support high complexity MDM
  - Include diagnostic and therapeutic interventions performed and/or considered
  - Serial assessments

Still unsure?

- Ask yourself two questions:
  1. Was patient admitted (based on medical necessity) to ICU or immediate dispo to OR?
     - If yes: strongly consider CC
     - If no: is it *really* CC?
     - If no (and you think it *is* CC): consider a Medical Necessity note
  2. Will the patient die or deteriorate (soon) if you don't do something (quickly)?
     - If yes: document CC time
     - If no: is it *really* CC?
     - If no (and you think it *is* CC) : consider a Medical Necessity note

Questions

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