



# CRITICAL CARE BILLING SCENARIOS

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October 12, 2021

1. Recall the definition of critical care for professional billing purposes
2. List documentation requirements for critical care billing and apply them to an example critical care billing case
3. Identify critical care diagnoses and interventions specific to your subspecialty that could be added to a template / dotphrase for critical care documentation.

Time-based  
Critical Care

Time-based Code	Time	Age
99291	First Hour = 30-74 min	>=6 years Any age (secondary provider)
99292	Each additional 30 minutes	>=6 years Any age (secondary provider)

Per Diem  
Critical Care

Per Diem Code	Status	Age
99471	Initial	29 days – 24 mos
99472	Subsequent	29 days – 24 mos
99475	Initial	2 years – 5 years
99476	Subsequent	2 years – 5 years

# Critical Care, Defined

“The direct delivery by a physician(s) or other qualified health care professional of **medical care for a critically ill or critically injured patient**. A critical illness or injury **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.”

Source: AMA CPT 2017

### List of HCPCS Codes

Code	Description
99222	Initial hospital care
99223	Initial hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99291	Critical care first hour

### List of HCPCS Codes

Code	Description
99291	Critical care first hour
99471	Ped critical care initial
99472	Ped critical care subsq
99475	Ped crit care age 2-5 init
99476	Ped crit care age 2-5 subsq

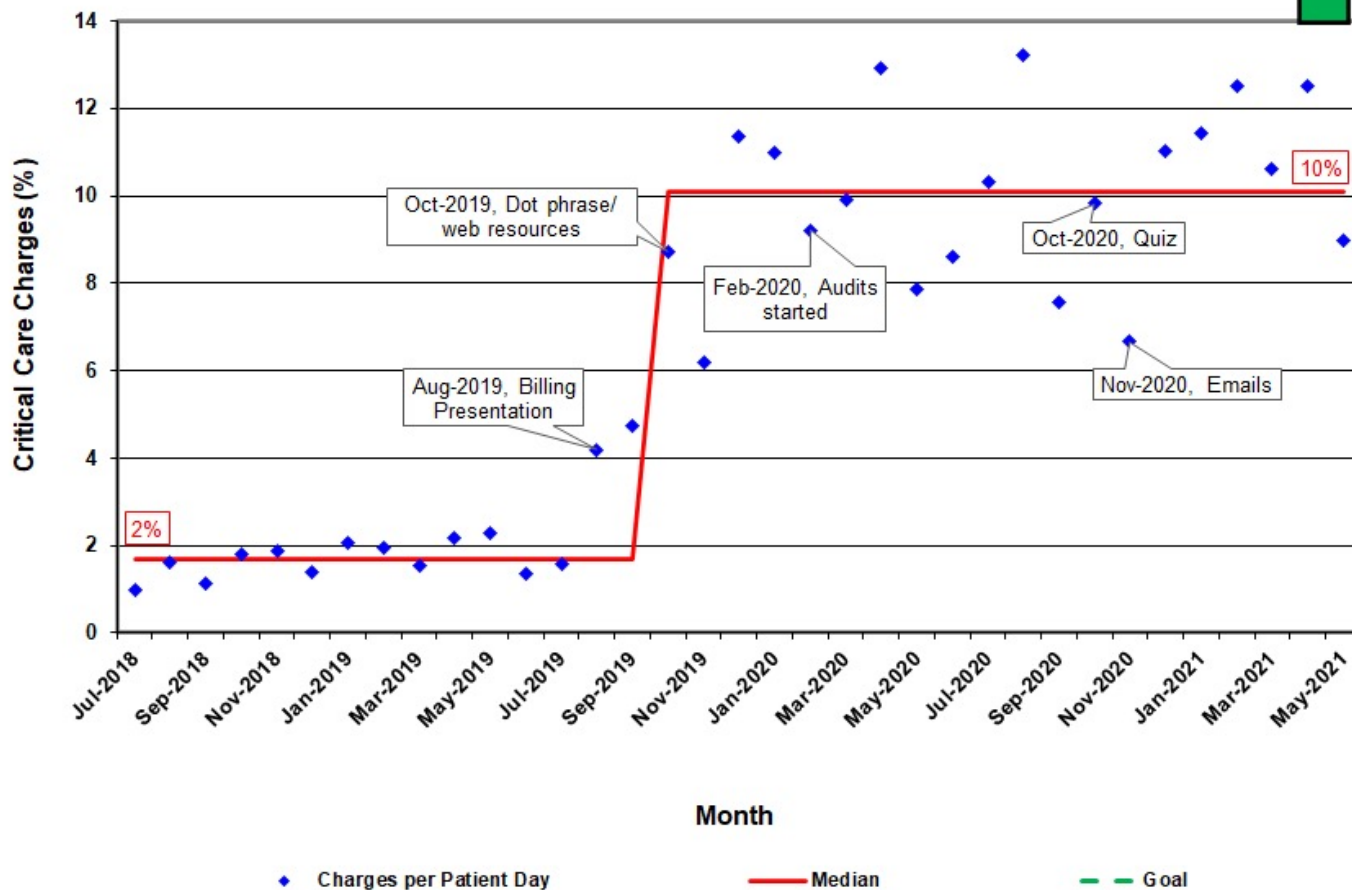
## RVUs

HCPCS CODE	MODIFIER	PROC STAT	PCTC	NOT USED FOR MEDICARE	WORK RVU
99222		A	0		2.61
99223		A	0		3.86
99232		A	0		1.39
99233		A	0		2.00
99291		A	0		4.50

HCPCS CODE	MODIFIER	PROC STAT	PCTC	NOT USED FOR MEDICARE	WORK RVU
99291		A	0		4.50
99471		A	0		15.98
99472		A	0		7.99
99475		A	0		11.25
99476		A	0		6.75

- Does not require that the patient be in an ICU
- Is not automatically appropriate if the patient is in an ICU
- Does not require that the physician be an intensivist
- May be performed by an organ-based subspecialist
- May be performed by an NP or PA

## % Critical Care Charges in DHM



# Critical Care Documentation Requirements

- Statement that the patient is **critically ill**
- Identify **failing organ system**
- Identify critical care **interventions** provided
  - In person, on floor or at bedside
- Document exact **time** spent (minutes)
- Brief description of HPI/event and plan of care



## Case Example: Identify System Failures

6-month-old female with biliary atresia s/p Kasai, intussusception s/p surgical correction transferred to CHLA (Hospitalist H) to evaluate for liver transplant.

- ESLD with PELD score of 35
- Febrile and tachycardic
- Being initiated on treatment for concern of spontaneous peritonitis versus central line infection with Zosyn
- Progressive protein-calorie malnutrition, plan to initiate TPN to optimize her nutritional status.

# Case Example: Identify System Failures

6-month-old female with biliary atresia s/p Kasai, intussusception s/p surgical correction transferred to CHLA (Hospitalist H) to evaluate for liver transplant.

Acute Liver Failure

- ESL **Sepsis** score of 35
- Febrile and tachycardic
- Being initiated on treatment for concern of spontaneous peritonitis versus central line infection with Zosyn
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## Case Example: Identify Interventions

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# Case Example: Identify Interventions

6-month-old female with biliary atresia s/p Kasai, s/p surgical correction transferred to (at H) to evaluate for liver transplant.

Reviewing monitor data

Reviewing blood culture results

IV antibiotics

- Febrile and tachycardic

Reviewing labs, Ordering TPN

- Being initiated on treatment for concern of spontaneous versus central line infection with Zosyn

- Progressive protein-calorie malnutrition, plan to initiate TPN to optimize her nutritional status.

Counseling caregivers about the plan of care

A 6 week old girl presents in sepsis due to a suspected bacterial infection.

- You perform a lumbar puncture.
- You also determine that she is critically ill.

How should you bill for her care for the day?

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How should you bill for her care for the day?

99471 Initial Critical Care (Per Diem) Ages 29 days - 24 months

You cannot bill a procedure code together with per diem CC

A 12 month old boy was admitted yesterday for bronchiolitis and started on 1 L O2 by NC, and a standard initial visit was billed.

- Today, he decompensated and was placed on HHFNC.
- You determine that he meets critical care criteria.

How should you bill for his care today?

A 12 month old boy was admitted yesterday for bronchiolitis and started on 1 L O2 by NC, and a standard initial visit was billed.

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99471 Initial Critical Care (Per Diem) Ages 29 days - 24 months

This was the initial critical care encounter (HD doesn't count)



# Per Diem Critical Care Billing Requirements

- Age 29 days to 5 years
- You are the primary service (Team 6)
- No transfer to or from ICU
- No one else billed per diem
- Document time!!!

## Per Diem Pearl:

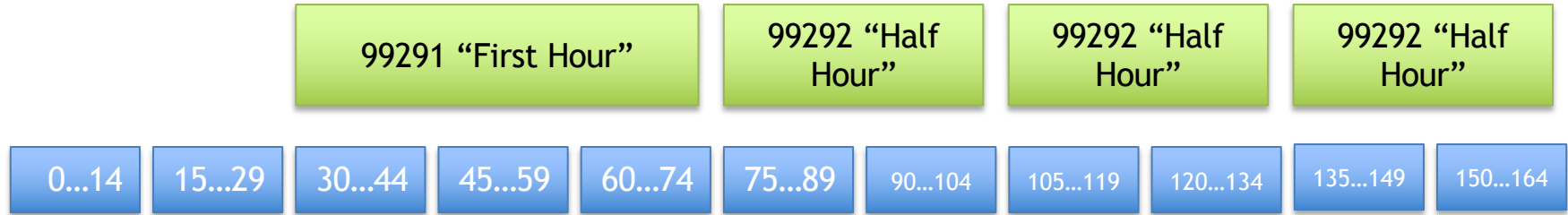
Initial visit = 1st time patient has received CC during this hospitalization

An 8-year-old boy is admitted for status asthmaticus.

- You call an RRT and give continuous albuterol nebs on the floor for 1 hour
- You determine that he is critically ill
- You spent 70 minutes providing care today

How should you bill for his care?

# Calculating Time-based Care



In order to bill for a quantity of time, you must spend at least **half** that amount of time providing care

An 8-year-old boy is admitted for status asthmaticus.

- You call an RRT and give continuous albuterol nebs on the floor for 1 hour
- You determine that he is critically ill
- You spent 70 minutes providing care today

How should you bill for his care?

99291 Critical Care (First Hour)

You must spend at least 75 minutes to charge 99291+99292

This is a subsequent critical care visit for a 4-year-old trach/vent dependent girl with acute on chronic respiratory failure.

- Pulmonology also saw the patient and billed a 99291
- You spent 65 minutes providing care at the bedside

How should you bill for your care today?

This is a subsequent critical care visit for a 4-year-old trach/vent dependent girl with acute on chronic respiratory failure.

- Pulmonology also saw the patient and billed a 99291
- You spent 65 minutes providing care at the bedside

How should you bill for your care today?

99476 Subsequent Critical Care (Per Diem) Ages 2 - 5 years

You can bill per diem even if a subspecialty bills time-based CC

# Neonatal Intensive Care, Defined

CPT Code 99477: Initial hospital care, per day, for evaluation and management of a neonate aged 28 days or younger, who requires **intensive observation**, **frequent interventions** and other intensive services.

# CPT Codes: Neonatal Intensive Care

Code	Status	Age	Weight
99477	Initial	</= 28 days	Any
99478	Subsequent	Any	< 1500 gm
99479	Subsequent	Any	1500 – 2500 gm
99480	Subsequent	Any	2501 – 5000 gm



- 5-day-old male term neonate admitted for jaundice and indirect hyperbilirubinemia
  - Total bilirubin level at admission 21
  - ABO incompatibility, positive DAT
  - Weight 3.4 kg, down 14% from birthweight, struggling with both breast and bottle feeding
  - Interventions include phototherapy, IV fluids, strict monitoring of I's and O's, and frequent bilirubin checks.

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99477 Initial Neonatal Intensive Care

# Cerner Dotphrase for Documentation

## Attending Attestation

Selected Visit

Tahoma ▾

9 ▾



**B**

*I*

U

A ▾



Hospital Medicine Attending Attestation

Date of Service: [\_\*\*\*EDIT]

I have personally seen and examined the patient today. I have reviewed the resident's note and agree with the documented history and physical examination as being identical to my own (except as updated or modified below). I also agree with the resident's documented plan, which I formulated together with the house staff on rounds today (except as updated or modified below).

[\_\*\*\*EDIT: ID statement, supporting historical events and exam findings]

This patient is critically ill due to ▾. Critical care interventions provided at the bedside or on the inpatient floor include: ▾, continuous vital sign monitoring, close clinical monitoring under the direct supervision of a physician, and counseling caregivers about plan of care.

Plan: \_

Critical care time spent: [\_\*\*\*EDIT: type exact number, not ">30"] minutes

Christman (Attending) MD, Grant JUL 09, 2021 06:26

Save

# Billing Information Web Page + Link in KIDS

PowerChart Organizer for Christman (Attending) MD,Grant

Task Edit View Patient Chart Links Notifications Patient List Help

Message Center Physician Handoff Patient List Scheduling Rounding List eCoach Resource Directory Organizer Ambulatory Organizer CURES DB On Call **Hospitalist Billing**

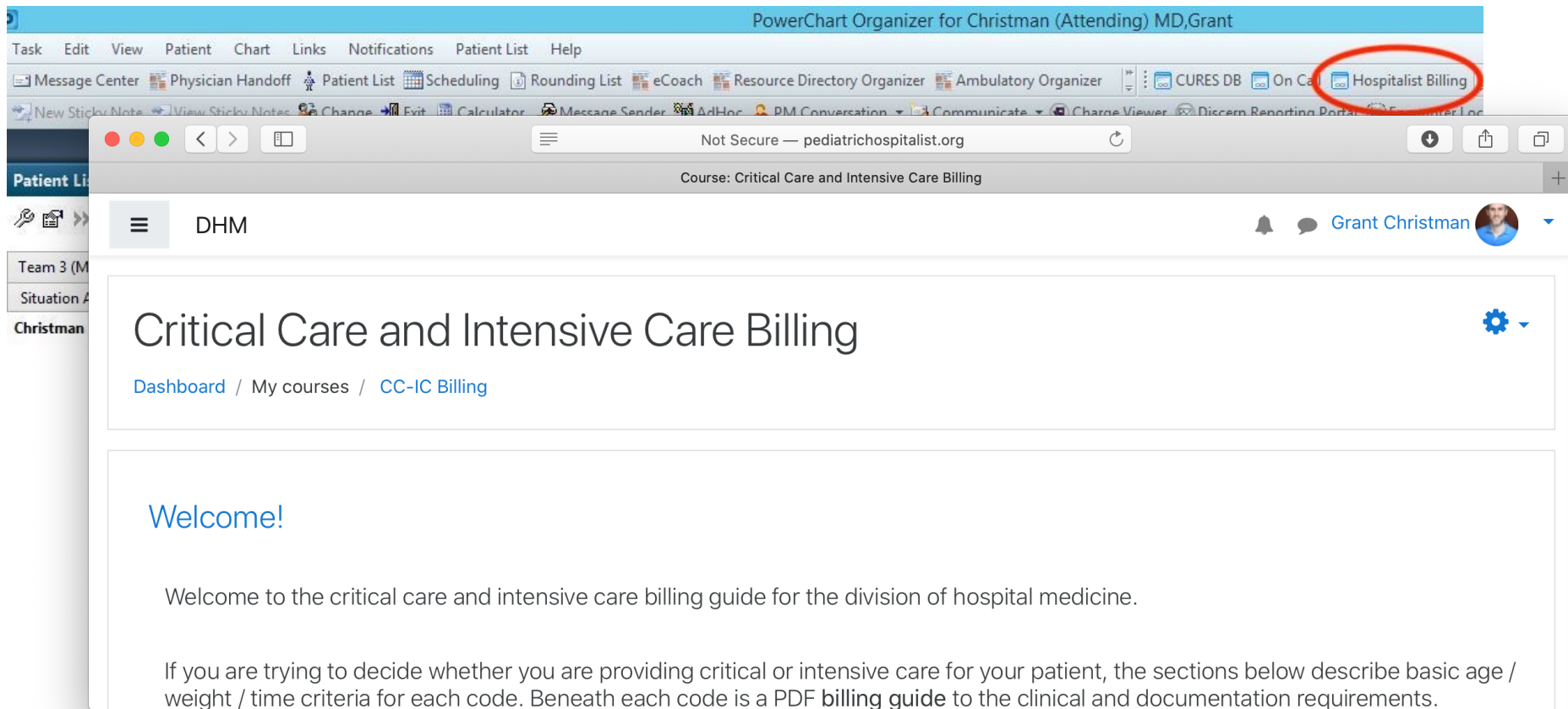
New Sticky Note View Sticky Notes Change Exit Calculator Message Sender AdHoc PM Conversation Communicate Charge Viewer Discern Reporting Portal Encounter Log

**Patient List**

Team 3 (M.Keefer) Team 4 (M.Keefer) Team 5 (M.Keefer) Team 6 (M.Keefer) Team 7 (M. Keefer) CVAcute 4East2 4West2 5East2 5West2 6East2 6West2 Duq4 Duq5 Duq6R PICU2

Situation Awareness (K. Ostrom) Oncology (M.Keefer)

<b>Christman</b>	Hospitalist R (S. Wu)	Discharged	Hospitalist L (S.Wu)	Hospitalist A (S. Wu)	Hospitalist S (S. Wu)	Hospitalist C (S. Wu)	Hospitalist H (S.Wu)	Hospitalist X (S. Wu)	Hospitalist Y (S. Wu)	Ho
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Not Secure — pediatrichospitalist.org

Course: Critical Care and Intensive Care Billing

DHM

Grant Christman

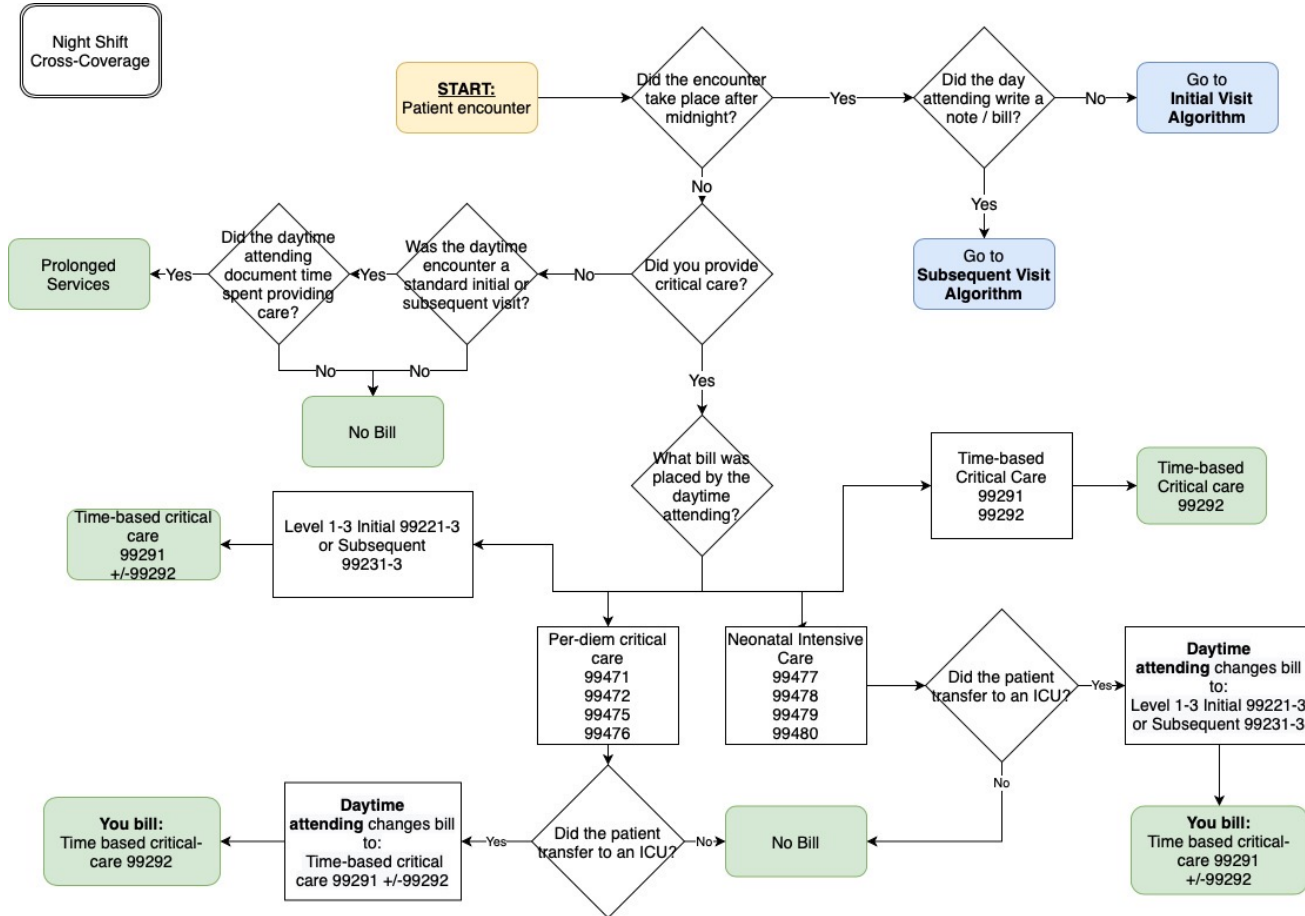
## Critical Care and Intensive Care Billing

[Dashboard](#) / [My courses](#) / [CC-IC Billing](#)

### Welcome!

Welcome to the critical care and intensive care billing guide for the division of hospital medicine.

If you are trying to decide whether you are providing critical or intensive care for your patient, the sections below describe basic age / weight / time criteria for each code. Beneath each code is a PDF **billing guide** to the clinical and documentation requirements.



# Critical Care Billing Pitfalls

- Inadequate documentation (e.g., no time, < 30 min)
- Contradictory documentation (NAEON, “stable,” copy/paste)
- Billing for unsupervised trainee actions, teaching time
- Just rounding once
- Double billing for standard care and critical care without adequate documentation
- Not distinguishing subspecialty and primary service roles

# Critical Care Billing Myths

- Physicians will “get in trouble”
- We will not collect on our charges
- We will lose money
- Billing by other services impacts the PICU
  - Only PDCC is exclusive to one service per day
  - KIDS has a failsafe to prevent double PDCC billing and preserve the PICU’s charge



Thank you!