Codes: 99471, 99472, 99475, 99476
Basic Description: Per diem initial and subsequent 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

<u>Description</u>

Age:

- 29 days – 5 years (primary critical care provider)
- Use time-based critical care (99291/99292) for patients 6 years of age and older
- Use time-based critical care if you are the secondary critical care provider:
    - Patient was seen in the PICU/NICU as a consult but you provided critical care services as the consultant
    - Patient was transferred to or accepted from the PICU/NICU today
    - Another service or facility will likely bill per diem critical care today

Age breakdown by code:

- 29 days – 24 mos, Initial CC: 99471
- 29 days – 24 mos, Subsequent CC: 99472
- 2 years – 5 years, Initial CC: 99475
- 2 years – 5 years, Susequent CC: 99476

Time:

- These are per diem, not time-based codes
- You do not need to document time spent delivering critical care
- You or another provider from the same service (e.g. another hospitalist or DHM NP) cannot bill time-based critical care on top of the per diem CC bill

Clinical requirements:

- Acutely impaired functioning or failure of at least one vital organ system
- High probability of imminent or life-threatening deterioration if care is not provided

Example diagnoses:

- Acute respiratory failure (e.g., requiring HHFNC)
- acute on chronic respiratory failure (e.g., home ventilator or BiPAP patient with acute need for increased respiratory support)
- acute cardiac failure (e.g., patient on LVAD or milrinone drip)
- acute hepatic failure
- shock
- acute kidney injury
- **NOT** chronic organ failure without acute exacerbation (such as stable home ventilator patient awaiting coordination of discharge / teaching)

Example interventions:

- endotracheal intubation
- ventilator management
- HHFNC management
- BVM ventilation
- CPR
- review of monitor data
- review of blood gasses/radiographs/labs/cultures
- frequent physical examinations at bedside
- counseling caregivers about plan of care
- **NOT** discussions/meetings with the family that are not directly about the plan of care
- **NOT** activities that take place in your office (vs at bedside or on the floor)

Example autotext / dotphrase for attending note

_[***EDIT**: ID statement, reason for hospitalization or event description]

This patient is critically ill due to _[***Dropdown:** acute respiratory failure, status asthmaticus, acute cardiac failure, sepsis, acute hepatic failure, acute kidney injury]. Critical care interventions provided at the bedside or on the inpatient floor include: _[***Dropdown:** ventilator management, heated high flow nasal cannula management, BiPAP/CPAP management, continuous nebulized albuterol, management of cardiac drips, management of LVAD, review of blood gasses, review of radiographs, review of labs and/or cultures, management of enteral/parenteral nutrition, IV antibiotic therapy], continuous vital sign monitoring, close clinical monitoring under the direct supervision of a physician, and counseling caregivers about plan of care.

Plan: _

Example autotext / dotphrase for attestation to resident note

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 _[***Dropdown:** acute respiratory failure, status asthmaticus, acute cardiac failure, sepsis, acute hepatic failure, acute kidney injury]. Critical care interventions provided at the bedside or on the inpatient floor include: _[***Dropdown:** ventilator management, heated high flow nasal cannula management, BiPAP/CPAP management, continuous nebulized albuterol, management of cardiac drips, management of LVAD, review of blood gasses, review of radiographs, review of labs and/or cultures, management of enteral/parenteral nutrition, IV antibiotic therapy], continuous vital sign monitoring, close clinical monitoring under the direct supervision of a physician, and counseling caregivers about plan of care.

Plan: _

Documentation requirements for teaching physician

- That the patient was critically ill during the time the teaching physician saw the patient
- What made the patient critically ill
- The nature of treatment and management provided by the teaching physician
- Documenting critical care services requires more than a standard attestation from the faculty when seeing the patient with a resident or fellow
- Documentation should state: “Patient requires critical care for ___________” or a similar phrase
- Diagnoses must support need for critical care and be as specific as possible