

# Critical Care Care Billing for the Pediatric Hospitalist

*Documenting and Billing for WHAT we do regardless of  
WHERE we do it*

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# Objectives

- **DEFINE** intensive care and critical care services in the “billing context”
- **UNDERSTAND** implications for DHM
- **IDENTIFY** opportunities for critical care / intensive care billing
- **REVIEW** the critical care / intensive care billing codes available for DHM
- **PRESENT** documentation pearls for critical care billing

# Goals of Daily Documentation

- Provide an update of the patient's clinical status
- Justify need for ongoing **inpatient** care
- Recount extended care needs

3 year old admitted for pneumonia, stable on antibiotics.

vs.

3 year old male admitted for management of acute respiratory failure with hypoxia secondary to presumed strep pneumoniae community acquired pneumonia. Remains on supplemental oxygen and is at risk for worsening respiratory status.

Intensive Care and Critical Care services can only be billed if the patient is in the ICU setting or will soon transfer to the ICU setting.

All patients hospitalized in an ICU meet criteria for critical care billing.

**FALSE**

# Critical Care, Defined

AMA CPT 2017: “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.”

# 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.

Medicare

Medicaid/CHIP

Medicare-Medicaid  
CoordinationPrivate  
InsuranceInnovation  
CenterRegulations &  
GuidanceResearch, Statistics,  
Data & SystemsOutreach &  
Education

OVERVIEW

PHYSICIAN FEE SCHEDULE SEARCH

DOCUMENTATION FILES


Tool Help 

## Physician Fee Schedule Search

### Search Criteria

Begin your search below by selecting search criteria. Additional search criteria will appear depending on which selections you choose. Once your selections are complete, you will be asked to submit your criteria. All search criteria options displayed on this page are required.

Please select a year (see 'Notes for Selected Year' box for details):

2019 

#### Type of Information:

- Pricing Information
- Payment Policy Indicators
- Relative Value Units
- Geographic Practice Cost Index
- All

#### Select Healthcare Common Procedure Coding System (HCPCS) Criteria:

- Single HCPCS Code
- List of HCPCS Codes
- Range of HCPCS Codes

#### Select Medicare Administrative Contractor (MAC) Option:

- National Payment Amount
- Specific MAC
- Specific Locality
- All MACs

Pricing by Single HCPCS Code for All

### NOTES FOR SELECTED YEAR

**2019:** The Medicare Physician Fee Schedule update factor for 2019 is 0.25% and the conversion factor is 36.0391.

### PFS UPDATE STATUS

Data last updated: 07/05/2019



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### RVUs by List of HCPCS Codes

Enter values for:

HCPCS Code 1:   
HCPCS Code 2:   
HCPCS Code 3:   
HCPCS Code 4:   
HCPCS Code 5:

### Modifier:

All Modifiers

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# Physician Fee Schedule Search

## Search Results [5 Record(s)]

**Selected Criteria:**

Year:  HCPCS:

Type of Info.:  Modifier:

HCPCS Criteria:  [Update Results](#)

### 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

[Print Results](#)
[Download Results !\[\]\(72e6b3f30b0cbaf3bcf8f61204947e9a\_img.jpg\)](#)
[Email Results](#)

For your convenience, search results can be printed, downloaded or emailed.

1 View Items Per Page:  [Go](#)

HCPCS CODE	MODIFIER	PROC STAT	PCTC	NOT USED FOR MEDICARE	WORK RVU	NA FLAG FOR TRANS NON-FAC PE RVU	TRANSITIONED NON-FAC PE RVU	NA FLAG FOR FULLY IMP NON-FAC PE RVU	FULLY IMPLEMENTED NON-FAC PE RVU	NA FLAG FOR TRANS FACILITY PE RVU	TRAN FACIL RVU
99222		A	0		2.61	NA	1.04	NA	1.04		1.04
99223		A	0		3.86	NA	1.56	NA	1.56		1.56
99232		A	0		1.39	NA	0.56	NA	0.56		0.56
99233		A	0		2.00	NA	0.79	NA	0.79		0.79
99291		A	0		4.50		2.93		2.93		1.39

## 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

Print Results

Download Results 

Email Results

For your convenience, search results can be printed, downloaded or emailed.

1

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HCPCS CODE	MODIFIER	PROC STAT	PCTC	NOT USED FOR MEDICARE	WORK RVU	NA FLAG FOR TRANS NON-FAC PE RVU	TRANSITIONED NON-FAC PE RVU	NA FLAG FOR FULLY IMP NON-FAC PE RVU	FULLY IMPLEMENTED NON-FAC PE RVU	NA FLAG FOR TRANS FACILITY PE RVU	TRAN FACIL RVU
99291		A	0		4.50		2.93		2.93		1.39
99471		A	0		15.98	NA	5.51	NA	5.51		5.51
99472		A	0		7.99	NA	2.93	NA	2.93		2.93
99475		A	0		11.25	NA	3.88	NA	3.88		3.88
99476		A	0		6.75	NA	2.55	NA	2.55		2.55

## Cardiovascular diagnoses and symptoms

- Acute myocardial infarction
- Arrhythmias, unspecified
- Arterial embolisms/thrombosis
- Atrial fibrillation
- Bradycardia
- Cardiac arrest
- Cardiac complications postop
- Shock, cardiogenic
- Shock, circulatory
- Shock, not otherwise classified

## Renal diagnoses and symptoms

- End-stage renal disease
- Transplant failure/rejection, kidney
- Post-op anuria/oliguria/renal failure

## Infections

- Fever, unspecified
- Line infection
- Postop wound infection
- Pressure ulcer stage one
- Pressure ulcer stage two
- Pressure ulcer stage three
- Pressure ulcer stage four
- Pressure ulcer, unstageable
- Shock, septic
- Sepsis
- Severe sepsis

## Gastrointestinal

- Gastrointestinal bleed
- Hepatic failure, acute
- Nontraumatic compartment syndrome; abdomen
- Transplant failure with rejection; liver
- Traumatic compartment syndrome; abdomen

## Hematologic

- Anemia
- Heparin-induced thrombocytopenia
- Neutropenia
- Primary thrombocytopenia, unspecified

## Respiratory

- Acute respiratory failure, not otherwise specified (NOS)
- Bronchospasm
- Chronic obstructive pulmonary disease
- Empyema, without mention of fistula
- Pleural effusion
- Pneumonia NOS
- Pneumonia due to aspiration
- Pneumothorax, postop
- Pneumothorax, spontaneous
- Pulmonary insufficiency following surgery
- Pulmonary fibrosis

### **Hospitalist X**

Acute respiratory failure  
secondary to bronchiolitis  
warranting high flow  
nasal cannula

Status Asthmaticus

Sepsis requiring fluid  
resuscitation



**Hospitalist S**  
**Hospitalist Y**



### **Hospitalist L**

Pulmonary Hemorrhage

Acute on chronic  
respiratory failure  
(warranting changes to  
home vent settings)

### **Hospitalist C**

LVAD patients with acute  
changes (i.e new fibrin  
deposit, change in  
anticoagulation regimen)

Acute respiratory failure

Decompensated failure

New thrombus

Pericarditis

### **Hospitalist H**

GI Bleed

End Stage Liver Disease  
with altered mentation

Intestinal Rehab patients  
with line sepsis

### **Hospitalist A**

Shunt failure with acute  
change in clinical status

Intracranial Bleed

# Not Appropriate for Critical Care Billing?

- Home ventilators with no acute change in ventilator settings
- A downgrade of medical care or interventions  
→ titrating HFNC, discontinuation of Neuro checks AND the patient's no longer meets "critical care" status
- Underlying dysautonomia with baseline vital sign derangements

# The Rules

## Newborn Critical Care Per Diem

99477  
99478  
99479  
99480

Patient is 28 days OR less

Critical Care Provided for  
the Entire Day

Filed by ONE provider  
ONCE per day

## Pediatric Critical Care Per Diem

99471  
99472  
99475  
99476

Patient is < 6 YEARS OLD

Critical Care Provided for  
the Entire Day

Filed by ONE provider  
ONCE per day

## Critical Care Time Based

99291  
99292

Any age

Inputted by multiple  
providers from multiple  
specialties over the course  
of a day

Time **MUST** be  
documented

# The Rules

**Per Diem:** Only **ONE** practitioner may submit a critical care per diem charge **each day**.

**Time Based:** if Hospitalist L is managing a patient from 0100 – 0400 and the intensivist manages the patient for the rest of the day, **BOTH** may bill for **critical care TIME**.

# DOCUMENTATION BASICS

- **State** that the patient requires intensive care or critical care services
- **Name** the failing organ system
- **Name** the tasks completed related to the patients care (i.e. serials exams, interpretation of lab results, change in ventilator settings, initiation or change in drip rate)
- **Document** the amount of time providing critical care services for the day



# TERMS and PHRASES to AVOID

**OBSERVATION** (substitute: *monitoring*)

DELAY OF CARE

SUBJECTIVE TERMS → “I feel/think that” versus  
“the patient’s clinical picture appears consistent  
with / the origin of the patient’s symptoms is  
unclear at this time”

Patient is acutely ill and requires **intensive monitoring** secondary to acute \*\*\* failure due to \*\*\* (underlying diagnosis). **Interventions required** today include \*\*\* in addition to close clinical assessment under the direct supervision of a physician.

I spent \*\*\* minutes providing services for the patient.

- Chest Radiograph Interpretation
- Blood Gas Monitoring
- Frequent Neuro Checks
- IV Antibiotics
- Volume Resuscitation
- IV Antibiotics
- Continuous Medication Infusion (heparin, octreotide, protonix)
- LVAD Circuit Monitoring
- Administration of blood products
- EKG Interpretation
- Non-Invasive Ventilatory Support

# Attending Attestation Statement

I personally saw and examined patient \*\*\*. I discussed and confirmed elements of the history. I performed an independent physical exam and reviewed the resident physician's documentation of the full history, exam, assessment and plan. Plan of care was discussed with resident \*\*\* in detail.

Patient is hospitalized for \*\*\* and is critically ill requiring critical care due to \*\*\* failure. Interventions required today include \*\*\*

Pertinent exam findings: \*\*\*


Plan of care: \*\*\*

I spent \*\*\* providing critical care services for the patient.

11 year old male with end stage liver disease 2/2 to autoimmune hepatitis, PELD of 14, status 1A for liver transplant, admitted for management of altered mentation and hematemesis. Interventions on the day of service include PRBC and FFP infusions, NS bolus x 1, q2h neuro checks, q6h hgb checks, administration of lactulose. His octreotide gtt was increased from 1mcg/kg/hr to 2mcg/kg/hr. You spent 85 minutes providing care for this patient today.

Does the patient have a failing organ system that is being addressed in an **ACUTE** manner?

Is he eligible for a per diem or a time based billing code?



- 99222 → Initial hospital care, moderate severity
- 99223 → Initial hospital care, high severity
- 99471 → Initial critical care, 29 days – 24 months
- 99475 → Initial critical care, 2 years – 5 years
- 99291 → Critical care, first 30-74 minutes
- 99292 → Critical care, each additional 30 minutes

10 month female with heart failure secondary to dilated cardiomyopathy, left ventricular device placed 27 days ago with 2 new fibrin deposits, one darker than the other present in the LVAD circuit. Additional concerns include underfilling of the circuit. The patient remains on a bilvalrudin gtt. IV steroids and additional volume was administered over the course of the day. Subsequent evaluation demonstrates improvement of the fibrin deposits.

Does the patient have a failing organ system that is being addressed in an **ACUTE** manner?

Is she eligible for a per diem or a time based billing code?



99232 → Subsequent hospital care, moderate severity

99233 → Subsequent hospital care, high severity

99472 → Subsequent critical care, 29 days – 24 months

99476 → Subsequent critical care, 2 years – 5 years

99291 → Critical care, first 30-74 minutes

99292 → Critical care, each additional 30 minutes

6 day old male term neonate admitted for management of hyperbilirubinemia in the setting of ABO incompatibility and weight loss. Total bilirubin level at admission 21. ABO incompatibility with a positive DAT. Weight down 14% and the newborn is struggling with both breast and bottle feeding. 2 wet diapers a day. Interventions include intensive phototherapy, IV fluids, strict monitoring of I's and O's and frequent bilirubin checks.

Does the patient meet criteria for **INTENSIVE CARE**?

Is he eligible for a per diem or a time based billing code?



99222 → Initial hospital care, moderate severity

99223 → Initial hospital care, high severity

99477 → Initial hospital, neonatal intensive services

99471 → Initial critical care, 29 days – 24 months

99475 → Initial critical care, 2 years – 5 years

99291 → Critical care, first 30-74 minutes

# Implementation Plan / Metrics

## Implementation:

- Incorporate critical care billing codes in KIDS Hospitalist charge profile
- Division wide education
- Individual /small group education
- SMART phrases

## Metrics:

- Total number and % increase of critical care charges
- Total and % change of denials