



Critical Care Documentation and Billing

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Agenda

Critical Care Documentation

- ED Services with Trauma Activation
- Defining Critical Care
- ED Levels
- “Critical” Documentation
- Bundled Services and Separately Billable Services



ED Services with Trauma Activation

Trauma activation requirements



To determine whether trauma activation occurs, providers are to follow the National Uniform Billing Committee (NUBC) guidelines related to the reporting of the trauma revenue codes in the 68x series.



Can only be used by trauma centers / hospitals designated by the state or as



Different subcategory revenue codes are reported by designated Level 1-5 hospital trauma centers (code 6899)



Only patients for whom there has been prehospital notification based on triage information from prehospital caregivers



Must meet field triage criteria, or delivered by inter-hospital transfers, and given the appropriate team response



When revenue code series 68x, trauma response, is billed in association with services other than critical care, payment for trauma activation is bundled into the other services provided on that day

Trauma activation facts

What to chart

- ✓ Prearrival notice from a medical third party (time of provider notification and arrival at facility)
- ✓ Reason / criteria for activation



This documentation may be needed to dispute charges with payers and to track resource utilization.



The trauma activation fee levels should not differ on the basis of whether the patient was admitted or not. The trauma activation charge is for the level of response a patient received regardless of whether the patient is admitted, is discharged, died, or is transferred.



Likelihood of full reimbursement:

- Most likely: PRIVATE payers
- Less likely: "self-pay", HMO's, CMMS

Are Trauma Activation Fees included in your ED level of service?



Trauma patients require hospitals to expend higher level of resources. Emergency department (ED) level of services does not cover this additional cost burden

The Uniform Billing (UB) revenue code 68x, provides trauma designated hospitals the opportunity to bill for these costs



The ED level of services will be billed according to a point system or using the ACEP (American College of Emergency Physicians) method of assigning acuity, and the trauma activation component will be billed under the new revenue code 68x.

Trauma Activation Fees and ED level of service

1

For use by trauma center / hospitals, licensed or designated by the state or local government authority, authorized as a trauma center, or as verified by the American College of Surgeons and as a facility with a trauma activation team.

2

Revenue Category 068X is used for patients for whom trauma activation occurred. A trauma team activation / response is a Notification of key hospital personnel in response to triage information from pre-hospital caregivers in advance of the patient's arrival.

3

Revenue Category 068X is for reporting trauma activation costs only. It is an activation fee and not a replacement or a substitute for the emergency room visit fee; if trauma activation occurs, there will normally be both a 045X and 068X revenue code reported.

4

Revenue Category 068X is not limited to admitted patients.

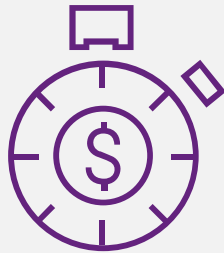
5

Revenue Category 068X must be used in conjunction with FL 14 Type of Admission / Visit code 5 Trauma Center; however FL 14 Code 5 can be used alone. Only patients for whom there has been pre-hospital notification, who meet either local, state or American College of Surgeons field triage criteria, or are delivered by inter-hospital transfers

Critical Care services with Trauma Activation

At least 30 minutes of Critical Care

When trauma activation occurs allowing a charge under 68x and the hospital provides **at least 30 minutes** of critical care (CPT code 99291), the hospital may also bill one unit of HCPCS code G0390.



Less than 30 minutes of Critical Care

Hospitals that provide less than 30 minutes of critical care when trauma activation occurs under revenue code 68x, **may report a charge under 68x, but they may not report HCPCS code G0390.** In this case, payment for the trauma response is packaged into payment for the other services provided to the patient in the encounter, including the visit

- This means you can put a line item on your claim for trauma activation under rev code 68X, but there will not be a CPT / HCPCS code attached.
- PPS hospitals, even if a charge is attached to rev code 68X, they will not receive an APC (Ambulatory Payment Classification) payment for this service....it is rolled up into the EM service. You will (depending on payer / contract) receive payment for that line item from your other commercial payers.
- For CAHs, they are not paid on an APC, so the line item charge under 68X will receive payment on a reasonable cost



What is Critical Care?

Critical Care

The time that can be reported as critical care is the time spent by a physician and / or hospital staff engaged in active face-to-face critical care of a critically ill or critically injured patient. If the physician and hospital staff or multiple hospital staff members are simultaneously engaged in this active face-to-face care, the time involved can only be counted once. (ACEP)

Facility vs Provider Critical Care

There are differences in how facility and professional services are determined; codes assigned by the ED facility coder may not match those assigned by the ED physician coder

ED facility evaluation and management (E/M) levels are assigned using CPT® ED services codes 99281-99285 and, in some instances, critical care codes 99291-99292. There is no direct correlation between the facility E/M level and the professional / physician level of service



Levels of Service

The physician or other qualified healthcare professional level of service is determined by the following:

1. Straight Forward Complexity (99281 / G0380):

The presented problem(s) are self-limited or minor conditions with no medications or home treatment required.

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:

- ① A problem focused history
- ② A problem focused examination
- ③ Straightforward medical decision making



Counseling and / or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and / or family's needs. **Usually, the presenting problem(s) are self-limited or minor.**

2. Low Complexity (99282 / G0381):

The presented problem(s) are of low to moderate severity. Over the counter (OTC) medications or treatment, simple dressing changes; patient demonstrates understanding quickly and easily.

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:

- ① An **expanded** problem focused history
- ② An **expanded** problem focused examination
- ③ Medical decision making of **low complexity**



Counseling and / or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and / or family's needs. **Usually, the presenting problem(s) are of low to moderate severity.**

3. Moderate Complexity (99283 / G0382):

The presented problem(s) are of moderate severity.

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:

- ① An **expanded** problem focused history
- ② An **expanded** problem focused examination
- ③ Medical decision making of **moderate complexity**



Counseling and / or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and / or family's needs. **Usually, the presenting problem(s) are of moderate severity.**

4. Moderate-High Complexity (99284 / G0383):

Usually, the presented problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:

- ① A **detailed** history
- ② A **detailed** examination
- ③ Medical decision making of **moderate complexity**



Counseling and / or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and / or family's needs.

5. High Complexity (99285 / G0384):

The presented problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

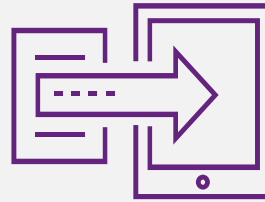
Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:

- ① A **comprehensive** history
- ② A **comprehensive** examination
- ③ Medical decision making of **high complexity**



Counseling and / or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and / or family's needs. **Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.**

Advanced Life Support (99288)



**Physician direction of Emergency Medical Systems (EMS)
emergency care, advanced life support.**

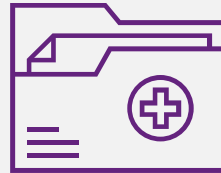
Critical Care (99291)



The assignment of the Critical Care code 99291 likewise follows the same instructions applicable to the six E&M codes listed above. There is a 30-minute time requirement for facility billing of critical care.

The administration and monitoring of IV vasoactive medications (such as adenosine, dopamine, labetalol, metoprolol, nitroglycerin, norepinephrine, sodium nitroprusside, etc.) are indicative of critical care.

Instructions for ED Facility CPT® Coding / Healthcare Common Procedure Coding System (HCPCS)



The appropriate facility code / APC level is determined by the interventions (of nursing and ancillary ED staff) as listed in the middle column marked "Possible Interventions".

Whether only a single "Possible Intervention" listed at a given facility code level is present or if multiple or all "Possible Interventions" assigned to that facility code level are present-the facility code / APC level is still the same.

The facility code level assigned is always the highest level at which a minimum of one "Possible Intervention" is found.

Facility Charge Assignment Table

Level	Possible Interventions	Potential Symptoms / Examples which support the Interventions
Level 1: CPT 99281 Type A: APC 609 Type B: APC 626 HCPCS: G0380	<ul style="list-style-type: none">• Initial Assessment• No medication or treatments• Rx refill only, asymptomatic• Note for Work or School• Wound recheck• Booster or follow up immunization, no acute injury• Dressing changes (uncomplicated)• Suture removal (uncomplicated)• Discussion of Discharge Instructions (Straightforward)	<ul style="list-style-type: none">• Insect bite (uncomplicated)• Read Tb test

Facility Charge Assignment Table

Level	Possible Interventions	Potential Symptoms / Examples which support the Interventions
Level II: CPT 99282 Type A: APC 613 Type B: APC 627 HCPCS: G0381	<p>Could include interventions from previous levels, plus any of:</p> <ul style="list-style-type: none"> • Tests by ED Staff (Urine dip, stool hem occult, • Accucheck or Dextrostix) • Visual Acuity (Snellen) • Obtain clean catch urine • Apply ace wrap or sling • Prep or assist w / procedures such as: minor laceration repair, I&D of simple abscess, etc. • Discussion of Discharge Instructions (Simple) 	<ul style="list-style-type: none"> • Localized skin rash • Lesion • sunburn • Minor viral infection • Eye discharge- painless • Ear Pain • Urinary frequency without fever • Simple trauma (with no X-rays)

Facility Charge Assignment Table

Level	Possible Interventions	Potential Symptoms / Examples which support the Interventions
Level III: CPT 99283 Type A: APC 614 Type B: APC 628 HCPCS: G0382	<p>Could include interventions from previous levels, plus any of:</p> <ul style="list-style-type: none"> • Receipt of EMS / Ambulance patient • Heparin / saline lock • Nebulizer treatment • Preparation for lab tests described in CPT (80048-87999 codes) Preparation for Electrocardiogram (EKG) • Preparation for plain X-rays of only 1 area (hand, shoulder, pelvis, etc.) • Prescription medications administered PO • Foley catheters; In and Out caths • C-Spine precautions • Fluorescein stain • Emesis / Incontinence care • Prep or assist w / procedures such as: joint aspiration • injection, simple fracture care etc. • Mental Health-anxious, simple treatment • Routine psych medical clearance • Limited social worker intervention • Post-mortem care • Direct Admit via ED • Discussion of Discharge Instructions (Moderate Complexity) 	<ul style="list-style-type: none"> • Minor trauma (with potential complicating factors) • Medical conditions requiring prescription drug management • Fever which responds to antipyretics • Headache - History of, no serial exam • Head injury - without neurologic symptoms • Eye pain • Mild dyspnea -not requiring oxygen

Facility Charge Assignment Table

Level	Possible Interventions	Potential Symptoms / Examples which support the Interventions
Level IV: CPT 99284 Type A: APC 615 Type B: APC 629 HCPCS: G0383	<p>Could include interventions from previous levels, plus any of:</p> <ul style="list-style-type: none"> • Preparation for 2 diagnostic tests: (Labs, EKG, X-ray) • Prep for plain X-ray (multiple body areas): • C-spine and foot, shoulder and pelvis • Prep for special imaging study (CT, MRI, Ultrasound, VQ scans) • Cardiac Monitoring • (2) Nebulizer treatments • Port-a-cath venous access • Administration and Monitoring of infusions or parenteral medications (IV, IM, IO, SC) NG / PEG • Tube Placement / Replacement • Multiple reassessments • Prep or assist w / procedures such as: eye irrigation with • Morgan lens, bladder irrigation with 3-way foley, pelvic exam, etc. • Sexual Assault Exam w / out specimen collection • Psychotic patient; not suicidal • Discussion of Discharge Instructions (Complex) 	<ul style="list-style-type: none"> • Blunt / penetrating trauma- with limited diagnostic testing Headache with nausea / vomiting • Dehydration requiring treatment • Vomiting requiring treatment • Dyspnea requiring oxygen • Respiratory illness relieved with (2) nebulizer treatments • Chest Pain--with limited diagnostic testing • Abdominal Pain - with limited diagnostic testing • Non-menstrual vaginal bleeding • Neurologic symptoms - with limited diagnostic testing

Facility Charge Assignment Table

Level	Possible Interventions	Potential Symptoms / Examples which support the Interventions
Level V: CPT 99285 Type A: APC 616 Type B: APC 630 HCPCS: G0384	<p>Could include interventions from previous levels, plus any of:</p> <ul style="list-style-type: none"> • Requires frequent monitoring of multiple vital signs (i.e. O2 sat, BP, cardiac rhythm, respiratory rate) • Preparation for ≥ 3 diagnostic tests: (Labs, EKG, X-ray) • Prep for special imaging study (CT, MRI, Ultrasound, VQ scan) combined with multiple tests or parenteral medication or oral or IV contrast • Administration of Blood Transfusion / Blood Products • Oxygen via face mask or NRB • Multiple Nebulizer Treatments: (3) or more (if nebulizer is continuous, each 20 minute period is considered treatment) • Moderate Sedation • Prep or assist with procedures such as: central line insertion, gastric lavage, LP, paracentesis, etc. • Cooling or heating blanket • Extended Social Worker intervention • Sexual Assault Exam w / specimen collection by ED staff • Coordination of hospital admission / transfer or change in living situation or site • Physical / Chemical Restraints; Suicide Watch • Critical Care less than 30 minutes 	<ul style="list-style-type: none"> • Blunt / penetrating trauma requiring multiple diagnostic tests • Systemic multi-system medical emergency requiring multiple diagnostics • Severe infections requiring IV / IM antibiotics • Uncontrolled DM • Severe burns • Hypothermia • New-onset altered mental status • Headache (severe): CT and / or LP • Chest Pain--multiple diagnostic tests / treatments • Respiratory illness-- relieved by (3) or more nebulizer treatments • Abdominal Pain-- multiple diagnostic tests / treatments • Major musculoskeletal injury • Acute peripheral vascular compromise of extremities • Neurologic symptoms - multiple diagnostic tests / treatments • Toxic ingestions • Mental health problem - suicidal / homicidal



Keys to Critical Care Documentation and Billing

Critical Care (CPT 99291 Type A: APC 617)

Critical Care can be coded based upon either the provision of any of the listed possible interventions or by satisfying the Critical Care definition. A minimum of 30 minutes of care must be provided. Critical Care involves decision-making of high complexity to assess, manipulate, and support impairments of “one or more vital organ systems such that there is a high probability of imminent or life-threatening deterioration in the patient’s condition.” This includes, but is not limited to, “the treatment or prevention of further deterioration of central nervous system failure, shock-like conditions, renal, hepatic, metabolic or respiratory failure, post-operative complications or overwhelming infection.” Under Outpatient Prospective Payment System (OPPS), the time that can be reported as Critical Care is the time spent by a physician and / or hospital staff engaged in active face-to-face critical care of a critically ill or critically injured patient. *If the physician and hospital staff or multiple hospital staff members are simultaneously engaged in this active face-to-face care, the time involved can only be counted once.*

Critical Care Possible interventions:

Could include interventions from previous levels, plus any or all of:

- Multiple parenteral medications requiring constant monitoring
- Provision of any of the following:
- Major Trauma care / multiple surgical consultants
- Chest tube insertion
- Major burn care
- Treatment of active chest pain in acute coronary syndrome (ACS)
- Administration of IV vasoactive meds (see guidelines)
- Cardiopulmonary Resuscitation (CPR)
- Defibrillation / Cardioversion Pericardiocentesis
- Administration of ACLS Drugs in cardiac arrest
- Therapeutic hypothermia
- Bi-PAP / CPAP
- Endotracheal intubation
- Cricothyrotomy
- Ventilator management
- Arterial line placement
- Control of major hemorrhage
- Pacemaker insertion through a Central Line
- Delivery of baby

Critical Care Potential Symptoms / Examples which support the Interventions

- Multiple Trauma
- Head Injury with loss of consciousness
- Burns threatening to life or limb
- Coma of all etiologies (except hypoglycemic)
- Shock of all types: septic, cardiogenic, spinal, hypovolemic, anaphylactic
- Drug Overdose impairing vital functions
- Life-threatening hyper / hypothermia
- Thyroid Storm or Addisonian Crisis
- Cerebral hemorrhage of any type
- New-onset paralysis
- Non-hemorrhagic strokes with vital function impairment Status epilepticus
- Acute Myocardial Infarction
- Cardiac Arrhythmia requiring emergency treatment
- Aortic Dissection
- Cardiac Tamponade
- Aneurysm; thoracic or abdominal -- leaking or ruptured
- Tension Pneumothorax
- Acute respiratory failure, pulmonary edema, status asthmaticus
- Pulmonary Embolus
- Embolus of fat or amniotic fluid
- Acute renal failure
- Acute hepatic failure Diabetic Ketoacidosis Lactic Acidosis
- DIC or other bleeding diatheses - hemophilia, ITP, TTP, leukemia, aplastic anemia
- Major Envenomation by poisonous reptiles



Additional Indications of Critical Care

Critical Care Vital Signs and Lab Values

Abnormal VITAL SIGNS to consider for CCT:

- O2 Sat (pulse ox) ≤ 90
- Respirations (adult / child) ≥ 30
- Respirations (adult / child) < 5
- Respirations (adult / child),
intercostal retractions, nasal flaring,
Cheyne-Stokes or tachypnea
- Temperature (adult) $> \sim 104^{\circ}\text{F}$
- Temperature (adult) $< \sim 95^{\circ}$
- Heart rate / pulse (adult) > 120
- Heart rate / pulse (adult) < 40
- Systolic BP (adult) $> \sim 200$ or $< \sim 90$
- Diastolic BP (adult) $> \sim 110$ or $< \sim 40$
- Glasgow Coma Score (GCS) ≤ 13

Critical Care Vital Signs and Lab Values (cont.)

Electrolyte Imbalance

- Sodium (Na) < 120 or > 150
- Potassium (K) < 2 or > 5.5
- Calcium (Ca) < 6 or > 13 mg / dl
- Magnesium < 1.5 or > 5 meq / L
- Bicarbonate (CO₂) < 10 or > 40 mEq / L
- Platelet count < 20,000

Other Labs

- ABGs
 - pCO₂ < 30 or > 50 mm Hg
 - pO₂ < 60 mm Hg
 - O₂ Sat (pulse ox) < or = 90%
 - pH < 7.3 or > 7.5
- Hemoglobin (Hbg) < or = 9
- Troponin above normal
- CK MB > than or = 5%
- WBC < 2K or > 20K / μ l

Back to HCPCS: Critical Care (CPT 99292)



As above in additional 30-minute increments. Record the TOTAL critical care time. The first 30-74 minutes' equal code 99291. If used, additional 30-minute increments (beyond the first 74 minutes) are coded 99292. Medicare does not pay for code 99292 because it is considered packaged into 99291; however, the services should be reported as appropriate.

Critical care with Trauma Team Activation (APC 618 / G0390)



In addition to 99291, designated trauma centers may report the Trauma Team Activation code G0390 when a trauma team was activated and all other trauma activation criteria are met.



Critical Care Documentation

What's needed for nurse documentation?



- ✓ Time of notification from EMS
- ✓ What was reported by EMS
- ✓ Full names of providers contacted and time of contact
- ✓ Activation of trauma team
- ✓ Documentation of Critical Results
 - Date, time and name of person receiving the critical result
 - Date, time and name of provider given the results
- ✓ Measures taken to correct the critical results, if any
- ✓ Patient's response to treatment

Telehealth / Tele-ER documentation



- ✓ Key Documentation Elements:
- ✓ Where telehealth unit was used
- ✓ Time telehealth was connected and by whom
- ✓ Name and specialty of physician
- ✓ Time physician evaluation started
- ✓ If orders were received from telehealth physician
- ✓ Time telehealth visit disconnected / concluded
- ✓ Any follow-up recommendations from telehealth physician
- ✓ Date / Time of appointments and name of physician



Bundled Services and Separately Billable

Critical care bundled services

Description
Interpretation of cardiac output measurements
Pulse oximetry
Chest x-rays, Professional component
Blood gases, and information data stored in computers - e.g., ECGs, blood pressures, hematologic data
Gastric intubation
Transcutaneous pacing
Ventilator management
Peripheral vascular access procedures

Services documented separately (not a complete list)

Endotracheal Intubation
Splinting*
Central vascular / venous access
IO placement
Transvenous pacing*
Chest tube placement*

CPR
Electrical cardioversion*
Bronchoscopy*
Laceration Repair*
Radiology Interpretations and Report
IV infusions / injections
Bladder catheterization

*Remember to Document Moderate Sedation Time

Subtracting time for separately reportable / non-bundled procedures

Example of standard times used for calculations

CPT Code	Descriptor	Professional Time (MIN.)	Facility Time (MIN.)
31500	Endotracheal Intubation	1	1
31603	Transtacheal Tracheostomy	1	1
31605	Cricothyroid	1	11
3200 32421	Puncture thoracentesis	1	3
32422	Thoracentesis w / tube insertion	5	5
32551	Thoracostomy / Chest Tube insertion	5	5
33010	Pericardiocentesis	3	4
33210	Temporary transvenous pacing	5	5
36555-36556	Placement of non-tunneled centrally inserted central venous catheter	1	2
36680	Intraosseous infusion	2	2
51702-51703	Bladder catheterization	N / A	2 (if not bundled with another procedure)
92950	CPR	Total time compressions are being performed or total time between CPR start and CPR stop time	Same as professional
93010	12 Lead ECG	1	1
70000 seriesm Echo cardiograms and duplex scans	Radiology interpretations and Report (includes xrays andultrasounds)	1	N / A
96360-96368	IV Infusions	N / A	5 (each separate infusion)
96372-96376	Injections	N / A	1



Questions

References and Resources

American College of Emergency Physicians (ACEP);
[ED Facility Level Coding Guidelines](#)

American Academy of Professional Coders (AAPC); Cassano, Holly J.;
[Ten Commandments of Critical Care in the ER](#)

American Academy of Professional Coders (AAPC); Verhovshek, John;
[Visit the Facility Side of ED Coding](#)



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