Molina Payment Policy
Critical Care Codes when Discharging Home
Policy Number: 38

Affected CPT codes: 99291, 99292

Background:
Critical care codes (99291, 99292) represent services provided to critically ill patients in intensive care units and the emergency department. Critical illness (or injury) is defined by AMA/CPT and CMS as a condition that acutely impairs one or more vital organ systems in such a way that there is a high probability of imminent or life-threatening deterioration in the patient's condition. A list of common examples published by the American College of Emergency Physicians is provided below.
In the industry, there has been submission of critical care codes that are not justified based on the member's condition not being critical. Reasons for such submissions include (but are not limited to) provision of services that can be used in critical care cases but on a non-critically ill patient (parenteral medication administration as an example), trauma team activation when no trauma arrives, and misinterpretation of disease severity.
Instances where critical care is actually provided to a critically ill patient and the patient is discharged to home may represent a quality-of-care concern which can be assessed on appeal.
One method for determining that critical care was not provided when critical care codes are submitted is when critical care codes are submitted yet the patient is discharged to home. Based on the definition of critical illness (a requirement to submit critical care codes), it is unlikely to meet the definition of critical illness and be well enough to be discharged to home.
While it is possible to be critically ill and choose to not be admitted and potentially die at home, these cases generally utilize a hospice discharge status code

Definitions and descriptions:

99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Critical illness or Injury: one that acutely impairs one or more vital organ systems in such a way there is a high probability of imminent or life-threatening deterioration in the patient's condition

Discharge status code 01: Discharge to Home or Self Care (Routine Discharge)
Discharge status code 50: Discharged/Transferred to a Hospice
Routine or Continuous Home Care - Patient discharge status **code "50**: Hospice home" should be used if the patient went to his/her own home or an alternative setting that is the patient's "home," such as a nursing facility, and will receive in-home hospice services

Policy Position *Coverage is subject to the specific terms of the member's benefit plan*

- If an ED claim is submitted with a discharge status code of 01 and 99291 and/or 99292 are submitted on the claim, then 99291 and 99292 would not be payable.
- If an ED claim is submitted with a discharge status code of 50 and 99291 and/or 99292, then 99291 and 99292 would be payable (subject to any applicable review process for verification)

CONDITIONS that frequently qualify for critical care billing	INTERVENTIONS often associated with critical care billing
Acute coronary syndrome with active chest pain	Arterial line placement
Acute hepatic failure	Burn care, major
Acute renal failure	Cardiopulmonary resuscitation

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CONDITIONS that frequently qualify for critical care billing	**INTERVENTIONS often associated with critical care billing**
Acute respiratory failure	Chest tube insertion
Adrenal crisis	Cricothyrotomy
Aortic dissection	Defibrillation/ Cardioversion
Bleeding diatheses – aplastic anemia, DIC, hemophilia, ITP, leukemia, TTP	Delivery of baby
Burns threatening to life or limb	Emergent blood transfusions
Cardiac dysrhythmia requiring emergent treatment	Endotracheal intubation
Cardiac tamponade	Hemorrhage control, major
Coma (most etiologies, except simple hypoglycemic)	Intravenous pacemaker insertion
Diabetic ketoacidosis or non-ketotic hyperosmolar syndrome	Invasive rewarming
Drug overdose	Non-invasive positive pressure ventilation (i.e. BiPAP or CPAP)
Ectopic pregnancy with hemorrhage	Pericardiocentesis
Embolus of fat or amniotic fluid	Therapeutic hypothermia
Envenomation	Trauma care requiring multiple surgical interventions or consultants
Gastrointestinal bleeding	Ventilator management
Head injury with loss of consciousness	Parenteral medications necessitating continuous monitoring, such as: • ACLS medications administered during cardiac arrest • Insulin infusions • Medications for heart rate/rhythm control • Naloxone infusions • Vasoactive medications
Hyperkalemia	
Hyper- or hypothermia	
Hypertensive emergency	

CONDITIONS that frequently qualify for critical care billing	INTERVENTIONS often associated with critical care billing
Ischemia of limb, bowel, or retina	
Lactic acidosis	
Multiple trauma	
Paralysis (new onset)	
Perforated abdominal viscous	
Pulmonary embolism	
Ruptured aneurysm	
Shock, all etiologies (septic, cardiogenic, spinal, hypovolemic, anaphylactic)	
Stroke, hemorrhagic (all etiologies) or ischemia	
Status epilepticus	
Tension pneumothorax	
Thyroid storm	

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Approval History

Type	Date	Action
Effective Date	1/1/2021	
Revision Date		

Sources:

CPT®/AMA:
The CPT® Professional Edition guidelines on pg. 31 state, "Critical Care is 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 high probability of imminent or life-threatening deterioration in the patient's condition. Critical care involves high complexity decision making to assess, manipulate, and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life-threatening deterioration of the patient's condition." In addition, the CPT® Professional Edition guidelines state, "Services for a patient who Is not critically ill but happens to be in a critical care unit are reported using other appropriate E/M codes."

CMS
https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2997CP.pdf

The Medicare Claims Processing Manual; Section **30.6.12 A**. *guidelines state:*

*"Critical care is defined as the direct delivery by a physician(s) 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."*

The Medicare Claims Processing Manual; Section **30.6.12 B**. *guidelines state:*

"Chronic Illness and Critical Care:

Examples of patients whose medical condition may not warrant critical care services:

1. Daily management of a patient on chronic ventilator therapy does not meet the criteria for critical care unless the critical care is separately identifiable from the chronic long-term management of the ventilator dependence.
2. Management of dialysis or care related to dialysis for a patient receiving ESRD hemodialysis does not meet the criteria for critical care unless the critical care is separately identifiable from the chronic long-term management of the dialysis dependence (refer to Chapter 8, §160.4). When a separately identifiable condition (e.g., management of seizures or pericardial tamponade related to renal failure) is being managed, it may be billed as critical care if critical care requirements are met. Modifier -25 should be appended to the critical care code when applicable in this situation.

Examples of patients whose medical condition may warrant critical care services:

1. An 81-year-old male patient is admitted to the intensive care unit following abdominal aortic aneurysm resection. Two days after surgery he requires fluids and pressors to maintain adequate perfusion and arterial pressures. He remains ventilator dependent.
2. A 67-year-old female patient is 3 days status post mitral valve repair. She develops petechiae, hypotension and hypoxia requiring respiratory and circulatory support.
3. A 70-year-old admitted for right lower lobe pneumococcal pneumonia with a history of COPD becomes hypoxic and hypotensive 2 days after admission.
4. A 68-year-old admitted for an acute anterior wall myocardial infarction continues to have symptomatic ventricular tachycardia that is marginally responsive to antiarrhythmic therapy.

Examples of patients who may not satisfy Medicare medical necessity criteria, or do not meet critical care criteria or who do not have a critical care illness or injury and therefore not eligible for critical care payment:

1. Patients admitted to a critical care unit because no other hospital beds were available;
2. Patients admitted to a critical care unit for close nursing observation and/or frequent monitoring of vital signs (e.g., drug toxicity or overdose); and
3. Patients admitted to a critical care unit because hospital rules require certain treatments (e.g., insulin infusions) to be administered in the critical care unit.

Providing medical care to a critically ill patient should not be automatically deemed to be a critical care service for the sole reason that the patient is critically ill or injured. While more than one physician may provide critical care services to a patient during the critical care episode of an illness or injury each physician must be managing one or more critical illness(es) or injury(ies) in whole or in part.

> **EXAMPLE:** A dermatologist evaluates and treats a rash on an ICU patient who is maintained on a ventilator and nitroglycerine infusion that are being managed by an intensivist. The dermatologist should not report a service for critical care."