Select Health

CODING/REIMBURSEMENT POLICY

CRITICAL CARE (NOT INCLUDING NEONATAL OR PEDIATRIC CRITICAL CARE)

Policy # 15
Implementation Date: 1/1/04
Review Date:
Revision Date: 6/22/05, 8/1/05, 9/24/14, 1/1/23

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Critical care services are reported by a physician or other qualified healthcare provider for critically ill or injured patients. Critical illnesses or injuries are defined as those with impairment to one or more vital organ systems with an increased risk of rapid or imminent health deterioration. Critical care services require direct patient/provider involvement with highly complex decision making to evaluate, control, and support vital systems functions to treat one or more vital organ system failures and/or to avoid further decline of the patient's condition.

Vital organ system failure includes, but is not limited to, failure of the central nervous, circulatory, or respiratory systems; kidneys; liver; shock; and other metabolic processes. Generally, critical care services necessitate the interpretation of many physiologic parameters and/or other applications of advanced technology as available in a critical care unit, pediatric intensive care unit, respiratory care unit, in an emergency facility, patient room or other hospital department; however, in emergent situations, critical care may be provided where these elements are not available. Critical care may be provided so long as the patient's condition continues to warrant the level of care according to the criteria described. Care provided to patients residing in a critical care unit but not fitting the criteria for critical care is reported using other E/M codes, as appropriate.

The total time spent must be documented, and includes direct patient care bedside or time spent on the patient's floor or unit (reviewing laboratory results or imaging studies and discussing the patient's care with medical staff, time spent with family members, caregivers, or other surrogate decision makers to gather information on the patient's medical history, reviewing the patient's condition or prognosis, and discussing various treatment options or limitations of treatment), as long as the clinician is immediately available and not providing services to any other patient during the same time period.

This policy applies to inpatient critical care services provided in a critical care area (e.g., coronary care unit, intensive care unit, respiratory care unit) or in the emergency department for **patients over 72 months of age and older.**

COMMERCIAL PLAN POLICY/CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health Commercial **will follow CMS guidelines.**

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage **will follow CMS guidelines**.

Critical Care services can be considered for reimbursement when at least 30 minutes of face-to-face critical care is performed by a physician and/or qualified healthcare professional, billed with Current Procedural Terminology (CPT®) 99291 and documented in the medical records for the same date of service. CPT code 99292 can be billed for each additional 30 minutes of critical care provided.

Total Critical Care Time	Codes
Less than 30 minutes	Appropriate E/M codes
30-103 minutes (30 min – 1 hr 43 min)	99291 x 1
104-133 minutes (1 hr 44 min – 2 hr 13 min)	99291 x 1, 99292 x 1
134-163 minutes (2 hr 14 min – 2 hr 43 min)	99291 x 1, 99292 x 2
164-193 minutes (2 hr 44 min – 3 hr 13 min)	99291 x 1, 99292 x 3
194 minutes or longer	99291 x 1 and 99292 as appropriate

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow CMS guidelines.**

Applicable Codes

Codes	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

Sources

1. CMS guidelines for critical care visit released in 2022: r11288cp.pdf (cms.gov)
2. CMS Updated guidelines for split or shared critical care visits for 2023: r11828cp.pdf (cms.gov)
3. Current Procedural Terminology (CPT®), (2023) – American Medical Association.
4. Optum, Critical Care Description. Available at: EncoderPro.com.

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.