

Molina Payment Policy

Critical Care Codes when Discharging Home from the ED

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.

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 then be well enough to not be admitted and 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 +/- 99292 are submitted on the claim, then 99291 and 99292 would not be payable without clinical documentation supporting the level of care (subject to any applicable review process for verification).
- If an ED claim is submitted with a discharge status code of 50 and 99291 +/- 99292, 99291 and 99292 would be payable (subject to any applicable review process for verification).

CPT currently defines a critical illness or injury as an illness or injury that 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. Critical care services are defined as a physician's direct delivery of medical care for a critically ill or critically injured patient. It involves decision-making of high complexity to assess, manipulate, and support vital organ system failure and/or to prevent further life-threatening deterioration of the patient's condition. Examples of vital organ system failure include, but are not limited to:

- central nervous system failure
- circulatory failure
- shock

Molina Payment Policy

Critical Care Codes when Discharging Home from the ED

Policy Number: 38

- renal
- hepatic
- metabolic
- respiratory failure

Source: <https://www.acep.org/administration/reimbursement/reimbursement-faqs/critical-care-faq/>

Approval History

Type	Date	Action
Effective Date	8/4/22	New Policy
Revision Date	4/21/23	Revision

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.