Finding the Critical Need in Critical Care

Critical care (CC) remains one of the most commonly misunderstood E/M services. If you doubt this, consider the fact that carriers continue to bless CC services with repeated probe reviews. This past week, while researching claims for a client, I was on Noridian's website and saw their most recent probe review findings:

Summary of Findings by State

Findings of the claims reviewed from January 1, 2015 - March 31, 2015 are as follows:

State	99291 Error Rate	99292 Error Rate	Services Reviewed
Northern California	63%	75%	17
Southern California	49%	N/A	93
Nevada	51%	0%	31
Hawaii, Guam, American Samoa, Northern Mariana Islands	29%	0%	29

The error rate is calculated by dividing the dollar amount of charges billed in error (minus any confirmed under-billed charges) by the total amount of charges for services medically reviewed.

Looking over the findings, it seems safe to say that either the billing providers or the carrier auditors were profoundly confused about critical care documentation and coding. Regardless of who was more mistaken, clarity on how to code and document CC services is clearly needed.

Review the CPT definition of CC services: "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.Critical care involves high complexity decision making to assess, manipulate, and support vital system functions(s) to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition."

Nothing in these guidelines supports the idea that "high probability of imminent threat" is sufficient to support CC services. Instead, CC services are performed when the patient is actually facing an imminent threat, not merely a high probability of such a threat. Attached is a case study where a patient presents in the ED in an altered state after a fall and receives critical care. At first glance this looks like a clear critical care scenario, given the high risk to the patient. But as our analysis shows, several crucial documentation errors make it impossible to support critical care. Click the PDF button to download this case study and see the details.

The bottom line is that providers need to ensure that their documentation makes it easy to identify the imminent risk and critical care need. Auditors and fraud investigators need to review each encounter and identify the specific problems and conditions that may support the case for CC services..

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