Envision PHYSICIAN SERVICES	Policy No.: 308		
	Created: 1/2000	Reviewed: 10/2022	Revised: 12/2021

CRITICAL CARE

SCOPE:

All Envision Physician Services and its subsidiaries' (the "Company") colleagues associated with providing critical care treatment. For purposes of this policy, all references to "colleague" or "colleagues" include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

The purpose of this policy is to establish the documentation requirements necessary to bill patient encounters as critical care.

POLICY:

Medicare spells out its clinical criteria for the use of the critical care codes 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 treatment criteria section states that "critical care services require direct personal management by the physician. They are life and organ supporting interventions that require frequent, personal assessment and manipulation by the physician. Withdrawal of or failure to initiate these interventions on an urgent basis would likely result in sudden, clinically significant, or life-threatening deterioration in the patient's condition."

Critical care includes the care of the critically ill or critically injured patient who requires constant physician attendance (the physician need not be constantly at bedside per se, but is engaged in physician work directly related to the individual patient's care). For any given period of time spent providing critical care services, the physician must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same period of time.

Teaching physicians (or a resident of the teaching physician) must be present for the entire period billed. Teaching time doesn't count toward critical care time.

Time spent with family members to obtain a history or discuss treatment options is to be counted as critical care time when the patient is unable or incompetent to assist. These discussions must be "absolutely necessary for treatment decisions under consideration that day" and must be documented in the doctor's progress note for the day to fulfill the 30-minute requirement for critical care.

Telephone calls to family members and surrogate decision-makers must meet the same conditions as face-to-face meetings. Further, time involved performing procedures that are not bundled into critical care (i.e., billed separately) may not be included and counted toward critical care time."

Critical care services are provided to, but not limited to:

- Patients with central nervous system failure.
- Circulatory failure.
- Shock-like conditions.
- Renal, hepatic or respiratory failure.
- Post-operative complications or overwhelming infection.

The following examples illustrate the correct reporting of critical care services:

Procedures Included in CCT =

1. Cardiac output measurements	5. Temporary transcutaneous pacing
2. Chest x-rays	6. Ventilator management
3. Blood Gases & info stored in computers	7. Vascular access procedures
4. Gastric intubation	

Procedures NOT Included in CCT =

1. CPR	5. Central Line Placement
2. Endotracheal intubation	6. Wound repairs
3. Administration of TPA	7. Laryngoscope
4. Physician direction of EMS	8. Thoracentesis/Thoracostomy
Time for procedures not included in CCT, must be deducted from total CCT.	

NOTE: Critical care total time must be documented by the physician.
Example: "CCT = 32 minutes"

Critical Care Services and Qualified Advanced Practice Providers (APPs)

Critical care services may be provided by Advanced Practice Providers (APPs) and reported under the APP's National Provider Identifier (NPI) when the services meet the definition and requirements of critical care services. The provision of critical care services must be within the scope of practice and licensure requirements for the state in which the qualified APP practices and provides services.

Split/Shared Services and Critical Care

Critical care services are reflective of the care and management of a critically ill or critically injured patient by an individual practitioner or by the combined efforts of a physician and an APP. When critical care services are performed by both a physician and an APP, the total critical care time is summed and the practitioner who furnishes more than half of the cumulative critical care time in qualifying critical care activities would report the critical care services. Critical care service reported may reflect the evaluation, treatment and management of a patient by the combined efforts of a physician and an APP.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy and all HIPAA policies when necessary in the normal course of its review of the Corporate Ethics & Compliance Program.