



**PHYSICIAN BULLETIN
NEONATAL & PEDIATRIC CRITICAL CARE SERVICES POLICY**

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Critical Care Services

Critical care services represent delivery of medical services by a team of skilled professionals, directed by an appropriately trained physician or physicians, for a critically ill or injured patient. A critical illness or injury connotes a high likelihood of imminent or life-threatening deterioration in the patient's condition and the risk of organ failure requiring the immediate availability of skilled health care providers who can continuously monitor the patient's condition, as well as recognize and treat organ system failure. Examples of conditions that require critical care services include: hemorrhagic, hypovolemic, cardiogenic or septic shock, cardiac, respiratory, hepatic or renal failure, and life threatening post-operative complications. Critical care services require an extensive and specialized medical knowledge base, advanced and complex medical decision-making, and considerable technical expertise.

Services qualifying for critical care billing require that both the illness or injury and the level of care and treatment being provided are consistent with the above principles. Critical care services are most frequently provided in a designated critical care area, such as an intensive care unit or emergency department. The supervising physician assumes complete responsibility for the direct provision of critical care services and/or the supervision of the team providing these services at all times. When the supervising physician is not immediately available at the bedside, it is required that the supervising physician maintains constant awareness of the experience, skills, and capabilities of those skilled medical professionals immediately available to the bedside pending his or her physical presence. It is likewise incumbent upon the skilled team members immediately available to the patient to ensure that the supervising physician is made aware of changes in the patient's condition that might necessitate his or her physical presence.

Critical Care Team

All members of the critical care services team must be credentialed to provide critical care services and the procedures necessary to accomplish those services by their institution and state licensing boards. The team composition will vary by setting, patient age and diagnosis and may include: certified neonatal nurses, physician assistants, residents and fellows, neonatal nurse practitioners, hospitalist physicians, pediatric intensivists, or attending neonatologists. Every health care setting is strongly encouraged by the MO HealthNet Division, Missouri Department of Social Services, to ensure a minimum level of competency for all medical professionals serving in areas where critical care services are provided, and in particular for those periods when the supervising physician is not immediately available to the bedside. It is anticipated that the MO HealthNet Division will require within two years of the date of this bulletin that each health care setting will have developed a credentialing system for neonatal nurses reflective of the skill set desired in the absence of the supervising physician consistent with national standards. A credentialing program such as that offered through the National Certification Corporation (www.nccnet.org) would fulfill this expectation.

Critical Care Current Procedural Terminology (CPT) Codes

The following Current Procedural Terminology (CPT) codes are used to report critical care services provided or supervised by a physician directing the inpatient care of a critically ill neonate/infant/child through age 24 months in accordance with the above requirements. These codes are not to be submitted for patient care delivery more appropriate for hourly critical care coding, such as in an ambulatory setting or, for example, for the evaluation and stabilization pending transport of a critically ill patient to a tertiary care facility. In such instances the hourly critical care service codes (99291, 99292) are utilized. These same codes are used in clinical situations where a second physician specialist (e.g. cardiologist providing hands on care to a neonatal cardiac failure patient) is assisting the primary critical care physician in the care of the critically ill patient.

99293 – Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age. This code is used for the day of admission to inpatient pediatric critical care regardless of time of admission through 11:59 pm of the same day of admission.

99294 – Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age. This code is used for each subsequent day in inpatient pediatric critical care.

99295 – Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less. This code is used for the day of admission to inpatient pediatric critical care regardless of time of admission through 11:59 pm of the same day of admission.

99296 – Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less. This code is used for each subsequent day in inpatient pediatric critical care.

Continuing Intensive Care Services codes are used for infants that are not critically ill but require intensive observation, frequent interventions, and other intensive services. These codes are reported once per calendar day and have the same supervision requirements as the above critical care codes.

99298 - Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present weight less than 1500 grams).

99299 - Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams).

99300 - Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams).

Only one per day code (99293-99300) may be billed per participant per day, including those transferred from one institution to another. When critical care is provided at one institution and the patient is then transferred to another higher level of care on that same date of service the referring institution reports hourly critical care codes (99291, 99292) and the receiving institution reports the appropriate global admission code (99293, 99395) unless the group caring for the patient in both institutions is the same. If they are members of the same group only the appropriate global daily code is reported.

Services for a patient who is not critically ill but happens to be in a critical care unit (e.g., due to floor bed space restrictions) are reported using appropriate evaluation/management (E/M) codes rather than critical care codes. In addition, patients admitted to a critical care unit in accordance with hospital policy (e.g., for routine post-operative observation or for infusion of a routine insulin drip) and who do not meet criteria for critical care services should also be reported with appropriate E/M codes.

Specific CPT codes may be reported that reflect the total duration of time spent by a physician providing critical care services to a critically ill or injured patient, for example in the emergency department prior to transfer to a critical care area or facility. This time spent with the patient does not have to be continuous but should be reported in the patient's medical record. The physician must be immediately available to the patient, and the physician may not provide services to any other patient during the same period of time reported for these codes. These CPT codes are:

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.

Codes 99291 and 99292 are not to be billed by the same physician for the same date of service as codes 99293-99300. Critical care of less than 30 minutes total duration on a given date should be reported with the appropriate E/M code.

Please refer to the CPT 2008 book for a complete definition of codes and information as to what services are bundled into the critical care codes. Note that many services are included in reporting critical care when performed during the critical period and are not to be reported separately.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline 573-751-2896