

Critical Care when Patient is Discharged to Home (Facility)

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |

Policy

Original Effective Date: 06/15/2021

When benefits allow, Kaiser Permanente will reimburse critical care services submitted on Emergency Department (ED) outpatient facility claims only when the patient is not discharged to home (discharge status code = 01) during the same encounter. This affects claims with CPT codes 99291 and/or 99292 when billed with a Rev Code 450 (ED visit), with a discharge status of 01 (home), and when the beginning and ending date of service were the same or when the ending date of services is one day past the beginning date of service to account for the encounters that cross over the midnight hour.

Critical care codes (99291, 99292) represent services provided to critically ill patients in intensive care units and the ED. 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.

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.

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).

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Policy Definitions

Code	Code Description
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

Prerequisite(s)

Not applicable

References

<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."

[Medicare Claims Processing Manual section 30.6.12 B](#)

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."

Frequently Asked Questions

Not Applicable

Revision History

05/26/2022 – Updated formatting

06/15/2021 – New policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.