Inpatient Billing and Coding 101

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Disclaimer

• Every reasonable effort has been made to assure accuracy for this presentation, the final responsibility of the correct submission of claims remains with the provider of the service.

• Medicare, Medicaid, and private payer policies change frequently.

• The information presented is not meant to be construed as legal, medical or payment advice.

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Disclaimer Continued

• These opinions and advice are mine
• I serve on the SCCM Coding / Billing committee
  – I do not speak on behalf of SCCM nor represent SCCM
• Editor Critical Care Manual that Covers Coding and Billing for APPs.
Objectives

• Overview of importance of correct coding and billing
• Discuss Hospital Codes, Procedure Codes and Surgical Assist Codes
• Understand the complexities of coding and billing and integrate into your practice
• Discuss Compliance issues
  – Fraud, Abuse, and Waste
Why Code and Bill?

• Reimbursement pays salaries and keeps doors open: Fee For Service, DRG – MCC / CC

• Proper coding and billing is required by law
  – YOU ARE A FEDERAL CONTRACTOR
  – Obligations to the government and taxpayers

• Demonstrates value and work generated
Types of Inpatient Coding / Billing

- Inpatient
  - “Consultation” / Initial Hospital Visit Codes
  - Subsequent Hospital Visit Codes
  - Prolonged Visit Codes
  - Critical Care Codes
  - Discharge Codes

- Procedure Codes

- Surgical Assist
Inpatient Codes: Initial Hospital Visit

• Consultation / Initial Hospital Visit
  – Medicare removed the consult codes
  – IHV is the acceptable code for initial consult / visit
    • Exception ED Consult w/o Admit – use ED codes
  – Components
    • History / Physical Exam and Medical Decision Making
    • Time / Coordination of Care (if applicable)

• CODES: 99221, 99222, and 99223

• Subsequent Hospital Codes thereafter
Inpatient Codes: Subsequent Hospital Visit

• Use for visits beyond initial admission or consult
• Up to discharge
• Components
  • History / Physical Exam and Medical Decision Making
  • Time / Coordination of Care (if applicable)
• CODES: 99231, 99232, and 99233
### TABLE 10-1. Documentation Requirements for Subsequent Hospital Care (CPT codes 99231, 99232, 99233)

<table>
<thead>
<tr>
<th>Subsequent Hospital Care (Two of three components)</th>
<th>Interval History</th>
<th>Exam</th>
<th>Medical Decision Making (2 of 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HPI</td>
<td>ROS</td>
<td>P/F/S</td>
</tr>
<tr>
<td>99231 (15 min)</td>
<td>1-3</td>
<td></td>
<td>1 area/system</td>
</tr>
<tr>
<td>99232 (25 min)</td>
<td>1-3</td>
<td>1</td>
<td>2 or more areas/systems</td>
</tr>
<tr>
<td>99233 (35 min)</td>
<td>4+</td>
<td>2-9</td>
<td>2 or more areas/systems</td>
</tr>
</tbody>
</table>

Abbreviations: HPI, history of present illness; ROS, review of systems; P/F/S, physicians’ fee schedule; Dx, diagnosis.

From: Kleinpell RM, Boyle WA, Buchman TG. *Integrating Nurse Practitioners & Physician Assistants into the ICU*. Mount Prospect, IL: Society of Critical Care Medicine, 2012. Original material adapted with permission from American Medical Association. Copyright 2011. All rights reserved.
Counseling / Coordinating Care

• Time Dominates > 50% of the provider / patient and or family encounter
• Becomes the key / controlling factor to qualify for E/M service level
• Documentation
  • Time
  • Discussion of counseling / activities of care coordination in the note.
Hospital Codes: Prolonged Service

- Add on Codes to IHV / SHV
- Codes: 99356 and 99357
  - 99356 is for time 30 min beyond threshold time
  - 99357 is for time beyond 75 min of threshold time and each 30 min beyond that.
TABLE 10-2. **Prolonged Services: Threshold Times for a Hospital Inpatient**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsequent Hospital Visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99231</td>
<td>15</td>
<td>45</td>
<td>90</td>
</tr>
<tr>
<td>99232</td>
<td>25</td>
<td>55</td>
<td>100</td>
</tr>
<tr>
<td>99233</td>
<td>35</td>
<td>65</td>
<td>110</td>
</tr>
</tbody>
</table>

Hospital Codes: Critical Care

• Initial Code: 99291

• Criteria
  – Clinical Criteria
  – Time
  – Treatment

• Covers 30 min – 74 min time

• Additional Code: 99292
  – Next 1-30 min in 30 min blocks
Critical Care Definition

• The direct delivery by a PA, physician or NP of medical care for a critically ill or critically injured patient.

• A critical 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 involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ system failure and/or prevent further life threatening deterioration.
Critical Care and Medical Necessity

• Critical care services must be medically necessary and reasonable.

• Services provided for a patient who is not critically ill or injured but who happens to be in a critical care, intensive care or other specialized unit should be reporting other appropriate E/M code
  – Subsequent hospital care, 99231-99233.

• Critical care is both treatment of vital organ failure and prevention of life threatening deterioration
Critical Care Scenarios

• 81 y.o. male admitted to intensive care unit following abdominal aortic aneurysm resection. Fluids and pressors are needed 2 days after surgery for adequate perfusion and arterial pressure. Patient is ventilator dependent.

• 67 y.o. female is 3 days status post mitral valve repair. Develops petechiae, hypotension and hypoxia requiring respiratory and circulatory support.

• 70 y.o. admitted for right lower lobe pneumococcal pneumonia with a history of COPD becomes hypoxic and hypotensive 2 days after admission.

• 68 y.o. admitted for acute anterior wall myocardial infarction with continued symptomatic ventricular tachycardia that responds little to antiarrhythmic therapy.
Unlikely Critical Care Scenarios

• Patients admitted to critical care unit because no other hospital beds are available.
• Patients admitted to critical care unit for close nursing observation and/or frequent monitoring of vital signs in cases like drug toxicity or drug overdose.
• Patients admitted to a critical care unit because hospital rules require certain treatments be administered in critical care unit for example, insulin infusions.
• Medical care for a critically ill patient is not necessarily a critical care service.
  – A dermatologist evaluates and treats a rash on an ICU patient who is on a ventilator and nitroglycerine infusion that are being managed by an intensivist. The dermatologist should not report a critical care service.
Critical Care Services Include the Full Attention of Professional

- Duration of critical care services reported is the time spent evaluating, providing care and managing care;
- Time must be spent at the immediate bedside or elsewhere on the floor or unit so long as the professional is immediately available to the patient;
- Time spent reviewing laboratory results, discussing patient’s care with other staff in the unit or nursing station may be reported as cc even if not at bedside if the time represents full attention to the management of the critically ill/injured patient.
Critical Care Service is Time Based

• For each date and encounter, progress notes shall document the total time that critical care services were provided;
• More than one professional may provide cc if service is medically necessary, meets cc service definition and is not duplicative;
  – PA / Physician, or Physician / PA
  – Physician / Physician
• 99291 – critical care evaluation and management of the critically ill or critically injured patient, first 30-74 minutes;
• 99292 – each additional 30 critical care minutes.
Billing Critical Care Codes

• 99291 is a prerequisite for billing 99292;
• Time spent does not have to be continuous;
• Non-continuous time may be aggregated;
• Physicians of same specialty within same group practice bill as though they were a single physician;
  – As long as the first reaches the 30 minutes
• CC may not be billed split/shared*
• Time spent outside of unit or off the floor may not be billed cc because professional is not immediately available;
  – Pre- and post service work bundled in E/M
Codes Bundled in 99291 / 99292

93561, 93562  Interpretation cardiac output measurements
71010,71015,71020 Chest x-rays (PC)
36415  Blood draw for specimen
99090  Blood gases and info data stored in computers
43752,91105  Gastric intubation
94760,94761,94762  Pulse oximetry
92953  Temporary transcutaneous pacing
94002,94660,94662  Ventilator management
36000,36410,36415,*36591,36600 Vascular access procedures
## CPT Coding of Critical Care

<table>
<thead>
<tr>
<th>Total Time of Critical Care</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>99232, 99233 or other appropriate E/M</td>
</tr>
<tr>
<td>30 – 74 minutes</td>
<td>99291</td>
</tr>
<tr>
<td>75 – 104 minutes</td>
<td>99291 and 99292</td>
</tr>
<tr>
<td>105 – 134 minutes</td>
<td>99291 and 99292 X 2</td>
</tr>
<tr>
<td>135 – 164</td>
<td>99291 and 99292 X 3</td>
</tr>
<tr>
<td>165 – 194</td>
<td>99291 and 99292 X 4</td>
</tr>
<tr>
<td>195 minutes or longer</td>
<td>99291 and 99292 as appropriate</td>
</tr>
</tbody>
</table>
Critical Care Tips

• Time must be legible and unequivocal
• Count Critical Care time per “Calendar day”
• Recommended Time Documentation Format
  – Total Time, eg, “I spent 68 minutes critical care time” excluding procedure time
• Document total minutes
  – give your best estimate
• Beware of “your favorite CCM time”
  – eg, every 99291 is reported as 35 minutes
• State that CCM time does not include procedure time if procedures involved
Hospital Codes: Discharge

CODES: 99238 and 99239

• Use 99238 for < 30 min
• Use 99239 for > 30 min
Procedural Codes

• Arterial Line
• Central Venous Catheter
• Fiberoptic Bronchoscopy
• Chest Tube Placement
• Endotracheal Intubation
• Laceration repair
• Wound Vac Changes
• Tracheostomy Change
• Dobhoff / Feeding Tube Placement
• Foley Catheter Placement
• CPR
• PCT / PDT
Procedures

• Billed under the PA / Performing provider
• Cannot be shared billing
Wound Vacs

- Changes / Placement
- Measure Wound (L x W x D)
- Describe wound
- Debridement?
- Are you making the wound size smaller?
- Using DME (Wound Vac Suction)?
Laceration Repair

• Describe wound (Clean, Dirty, Contaminated)
  – Location
• Measure (L x W x D)
• Complex v Simple
• Layers (Superficial v Deep)
• Irrigation / Debridement
Surgical Assist

• Payment
  – For PA is 13.6% of surgical fee

• Assisting at Teaching Centers reimbursable if
  – Surgeon Policy never to use residents
  – No QUALIFIED RESIDENT available
  – Multisystem Trauma / Emergency

  Document REASONS / Justification

• May not always be paid
  – Depends on if the CPT allows First Assist
Demystifying the 15%

• Medicare / Medicaid pays 15% less for PAs for E/M, CC and Surgical Assist (13.6%)
• How much is the difference really?
• Is it worth it?
  – Synergism of PA / Physician Teams
  – Physician performing higher billable
  – Value
<table>
<thead>
<tr>
<th>HCPCS</th>
<th>DESCRIPTION</th>
<th>MD ALLOW</th>
<th>PA/NP ALLOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>99231</td>
<td>Subsequent hospital care</td>
<td>$38.06</td>
<td>$32.35</td>
</tr>
<tr>
<td>99232</td>
<td>Subsequent hospital care</td>
<td>$70.19</td>
<td>$59.66</td>
</tr>
<tr>
<td>99233</td>
<td>Subsequent hospital care</td>
<td>$101.13</td>
<td>$85.96</td>
</tr>
<tr>
<td>99291</td>
<td>Critical care first hour</td>
<td>$216.51</td>
<td>$184.03</td>
</tr>
<tr>
<td>99292</td>
<td>Critical care addl 30 min</td>
<td>$108.82</td>
<td>$92.50</td>
</tr>
<tr>
<td>31500</td>
<td>Insert emergency airway</td>
<td>$107.22</td>
<td>$91.14</td>
</tr>
<tr>
<td>31645</td>
<td>Bronchoscopy clear airways</td>
<td>$162.17</td>
<td>$137.84</td>
</tr>
<tr>
<td>32551</td>
<td>Insertion of chest tube</td>
<td>$171.00</td>
<td>$145.35</td>
</tr>
<tr>
<td>36556</td>
<td>Insert non-tunnel cv cath</td>
<td>$119.07</td>
<td>$101.21</td>
</tr>
<tr>
<td>36620</td>
<td>Insertion catheter artery</td>
<td>$49.97</td>
<td>$42.48</td>
</tr>
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Questions?