CRITICAL CARE

SCOPE:

All EmCare 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 “a high probability of sudden, clinically significant, or life threatening deterioration in the patient’s condition, which requires the highest levels of physician preparedness to intervene urgently.”

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).

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 |
| 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”