Fast Facts: Documenting Critical Care Services

This education provides guidance on documenting critical care services appropriately. Documentation should tell the payer what services are being performed and why these services being provided. Refer to iLearn module for more details.

Documenting Time & Diagnosis

- Time spent providing critical care must be documented. If time is not documented, the service is downcoded. Time does not have to be continuous, but the time durations must be documented.
- The time documented as critical services excludes the time spent performing separately billed procedures (e.g., LVAD, CPR, etc.).
- The first listed diagnosis should be the reason for providing critical care. Diagnosis codes for any comorbidities that affect the patient's care may be reported as additional diagnoses.

What should we document?

- Critical care time exclusive of time spent providing separately billable services (Ex. I spent 50 minutes providing critical care not including the time spent performing VAD interrogation.)
- Show why the patient is critical
- Failure/success of treatments/ medications
- Address each problem being treated
- Relevant findings or abnormalities of testing
- Orders/procedures/studies

Teaching Physician Attestations

- Time spent by the teaching physician and resident together with the patient or the teaching physician alone with the patient can be counted toward critical care time.
- The teaching physician must document the critical care elements and time and can refer to the resident's documentation for history, findings, and medical assessment.

Key Takeaways

Time spent providing critical care services must be documented. Critical care is billed only when critical care services of 30 minutes or more are provided to a critically ill or critically injured patient. It is not dependent on location.

Teaching Physicians are not paid for critical care services provided by a resident. Teaching Physicians are paid for the direct critical care services **they** provide.

Payers may deny payment based on the diagnosis code. Be specific and do not use "status" codes as your primary diagnosis.

Avoid contradictory documentation in your note that casts doubt on whether your patient requires critical care services, e.g., "stable, resolved, improving."

Children's Hospital Los Angeles Medical Group

Click the icons to contact CHLAMG Compliance

To report compliance concerns anonymously, contact the CHLAMG Compliance Line at (877) 658-8022