



18000 Studebaker Road, Fourth Floor  
Cerritos, California 90703

## Critical Care – Know It (And Document It) When You See It!

By Greer Contreras, CPC

Critical care is a service many emergency physicians have a tendency to under report, likely due to undervaluing the care being provided. While EDs with normal acuity and admit rates can often have 4-6% Critical Care patients, many EDs under-report and only have 1-2% Critical Care.

The definition of critical care is broader than that of just your “crash and burnhandwinger” type patients. CPT defines Critical Care such that “...there is a high probability of sudden clinically significant, or life threatening deterioration” and “...which requires the highest level of physician preparedness to intervene urgently.” There is not a requirement for unstable vital signs, thus the patient may remain stable yet still have the immediate potential for life threatening deterioration. It is your intervention(s) that are preventing further deterioration.

Think of patients requiring aggressive therapies and prolonged observations. For example, acute asthma exacerbations with multiple nebulizer treatments, active chest pain and/or various arrhythmias requiring IV medications. All of these presentations have the potential for life threatening deterioration if you do not intervene on an urgent basis.

Critical Care is a time-based code, meaning you must meet a minimum of thirty minutes of non-continuous time, remembering to subtract any billable procedures you have performed. When documenting your critical care be careful to include your total time; this is your aggregate time, which encompasses actions as well as bedside time. Reviewing test results, discussing the case with other physicians and/or staff, speaking to the patient’s family, and making management decisions are all part of your total Critical Care time.

A good Critical Care note includes comments about the patient’s progress throughout the encounter, responses to the interventions provided, and timed exam assessments – all of which will help support the patient’s clinical condition as well as reflect the time spent providing patient care. Remember:

- Document total aggregate time;
- Subtract billable procedures from CC time; and
- Include comments about the patient’s progress and responses.

Keep Critical Care in mind when treating your patients. Recognize these are patients you see and treat frequently, after all – it is an Emergency Department!

***Greer Contreras is a Certified Professional Coder (CPC) and Marina’s Vice President of Coding. Greer oversees all coding and physician documentation education programs for Marina, and serves on Marina’s Compliance Committee providing oversight of coding and regulatory compliance. In addition to Greer’s coding and compliance responsibilities, she is active in ACEP’s National Coding & Nomenclature Advisory Committee, as well as the California ACEP Reimbursement Committee. With more than 17 years’ of healthcare and coding experience, Greer is a published author and speaker, advocating improved documentation and coding practices to drive compliance and accurate physician reimbursement. Greer can be reached by email or telephone at the following: gcontreras@marinabilling.com / 562.809.3516.***