Critical Care Services

Louisiana Medicaid covers critical care services as defined by the *Current Procedural Terminology* (CPT) Manual. Providers must follow the direction and criteria in the CPT Manual as applicable for the age of the recipient and date of service.

Critical care services are a physician's direct delivery of medical care for a critically ill or critically injured recipient. It involves decision making of high complexity to assess, manipulate and support vital organ system function(s) to treat single or multiple vital organ failure and/or to prevent further life threatening deterioration of the recipient's condition.

The duration of critical care services is based on the physician's documentation in the recipient's record of the total time spent in evaluating, managing and providing the care, as well as time spent in documenting such activities. During this time the physician must devote full attention to the recipient, and therefore, cannot provide services to any other patient during the same period of time. The time may be spent at the recipient's immediate bedside or elsewhere on the unit, as long as the physician is immediately available to the recipient.

If the minimum total time requirement is not satisfied, then another appropriate evaluation and management (E/M) code should be reported.

Critical care services are usually, but not always, provided in the critical care or emergency care setting. However, the service is reimbursable in other settings as long as the level of care is appropriate and meets the criteria as defined. Services for a recipient who is not critically ill but is in the critical care area should be reported using other appropriate E/M codes.

Professional service providers submitting claims for critical care services, which include adult, pediatric, and neonatal critical care, should refer to the CPT Manual for direction and the most current description of procedures and services **included** in the Critical Care Services codes. These services are not to be reported separately. Services paid to providers that are included in the payment for critical care as defined by the CPT Manual are subject to post payment review and recovery of overpayments.

Should nationally approved changes occur to CPT codes at a future date that relate to critical care services, providers are to follow the most accurate coding available for the particular date of service, unless directed otherwise.

Claims for critical care services are to be submitted hard copy. These claims pend for medical review and must have notes attached indicating the necessity for critical care. If notes are not submitted or the submitted notes do not substantiate medical necessity, the claim may deny. If critical care is not justified, the provider may bill an appropriate E/M service that represents the services provided.