2011 Faculty Meeting
July 12th, 2011

- Critical Care
- EKG
- UMC Attestations

Critical Care

- High probability of imminent or life-threatening deterioration
- Highest level of Attending preparedness
- Direct personal management by Attending
- Life and organ supporting interventions

Critical Care

- “Involves high complexity of medical decision making to assess, manipulate and support vital system functions to
- AND TO **prevent**

  further life-threatening deterioration (AMA / CPT 2010)

CPT CODE 99291 AND ADD ON CODE 99292

- 99291 – 30 to 74 minutes
- 99292 – each 30 minutes after the first 74
- Reported time must be focused solely on the critical care patient

Critical Care: "Full Attention"

- Bedside patient care + + and
- Reviewing ancillary studies + + and
- Discussions with:
  - Family (obtaining add'l medical history), rescue, nursing, and physicians about the case.
  - ✓ Chart completion

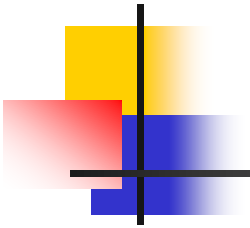
“Full Attention and Physician Time

- Same as “constant attention”
- Physician must document total time on chart and must be > 30 minutes
- Must document that “time to perform separately billable procedures subtracted from CC time”

Critical Care: "What isn't included?"

- CPR
- Chest tube
- Central Line
- IO line
- Arterial Catheter
- Endotracheal intubation
- EKG interpretation

Critical Care Scenarios



- Unstable vital signs
- Respiratory Failure
- Immediately to OR
- Snake bite
- ICU Admissions

OR Case – Attending Note

- Total attending critical care time 30 minutes (exclusive of procedures, inclusive of evaluation and resuscitation in preparation for transport to the operating room). This patient presented to the emergency department in hypovolemic shock secondary to a gunshot wound to the abdomen. He had potential for further cardiopulmonary decompensation and cardiac arrest. He was emergently taken to the operating room for exploration.

Critical Care: Overdose

- ATTENDING DOCUMENTATION

- I saw and evaluated this patient with the resident and agree with
- the resident's note. I personally provided 40 minutes of
- critical care time to the patient excluding billable procedures
- (please note my Attending Differential Diagnosis) and directly
- and personally provided the following treatment for critical care
- management: including managing fluid resuscitation, directing
- medical therapy, managing cooling therapy, directing and
- reviewing diagnostic testing. I was present for the key and
- critical portion of the endotracheal intubation and arterial line
- placement and I was immediately available to provide assistance.

EKG Interpretation

- Medicare states that the report must be a complete written report. “EKG normal” is deemed an insufficient interpretation. Medicare policy also states an “interpretation and report” should address the findings, relevant clinical issues, and comparative data when available.”

EKG: Interpretation

- Include 3 of the following 6 elements:
  - Rhythm or rate
  - Axis
  - Intervals
  - ST Segment Change
  - Comparison to a prior EKG
  - Summary of clinical condition

Resident EKG /Dictation

- EKG shows sinus rhythm with a rate of 86. Axis and intervals are normal. QRS is narrow. There are no ST or T wave changes. Few PACs are seen. There is poor wave progression.
- Attending: ALT 4

UMC ATTESTATIONS

- **ALT1**
- **ATTENDING DOCUMENTATON**
- I have reviewed the patient's history. I have personally examined the patient. I agree with and I participated in the management of this patient. Please see the resident's documentation of medical decision-making.
- **Attending Differential Diagnosis**

- **ALT2**
- **ATTENDING DOCUMENTATION**
- I was present for the history and I directly observed the resident examining the patient. I discussed the case with the resident and I agree with the findings and plan as documented in the resident's notes.
- **Attending Differential Diagnosis**

- **ALT3**
- **ATTENDING DOCUMENTATION**
- History, exam and medical decision-making reviewed. I discussed the case with the resident and I agree with the findings and plan as documented in the resident's notes.

- **ALT4. E & M with EKG read**
- I saw and examined the patient and discussed with the resident, agree with the resident's note and I have read the EKG. I have reviewed/edited the resident's interpretation and I agree.
- **Attending Differential Diagnosis**

UMC ATTESTATIONS

- **ALT 5. E & M with procedure(s)**
- I saw and examined the patient and discussed with the resident, agree with the resident's note and I was present for the critical and key portions of the procedures and I was immediately available to provide assistance.
- **Attending Differential Diagnosis**
- **ALT 6. Critical Care Attending Attestation:**
- I saw and evaluated this patient and agree with the residents note. I personally provided _____minutes of critical care time to the patient **excluding billable *procedures (**please note my Attending Differential Diagnosis) and directly and personally provided the following treatment and critical care management: . . . . . .
- _____
- _____I was present for the key and critical portion of the following procedures and I was immediately available to provide assistance. _____

- Time: a minimum of 30 minutes excluding the time spent on billable procedures.
- Differential Diagnosis: Provides: the critical nature of the patient's condition;
- Documentation of Attending's participation (briefly describe what you personally did)
- Presence for billable procedures:: please identify the procedure; i.e., intubation, CPR, central line, chest tube, brachial line, laceration, etc.