| envision | Ethics & Compliance Department | | |
|---|---|---|---|
| | Policy No.: 308 | Created: | 01/2000 |
| | | Reviewed: | 06/2026 |
| | | Revised: | 12/2021 |

# CRITICAL CARE

## SCOPE

All Envision clinicians and teammates associated with providing critical care treatment. For purposes of this policy, all references to "clinician" or "teammate" include temporary, part-time and full-time employees, independent contractors, officers and directors.

## PURPOSE

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates ("Envision" or "the Company") has adopted this Critical Care Policy to establish the documentation requirements necessary to bill patient encounters as critical care.

## POLICY

Critical care services involve the direct personal management of a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life-threatening deterioration in the patient's condition, requiring high-complexity decision-making to treat or prevent further deterioration. These services involve ongoing assessment, evaluation, treatment, and support of one or more vital organ systems. Withdrawal of or failure to initiate these interventions on an urgent basis would likely result in clinically significant or life-threatening deterioration in the patient's condition.

While the clinician does not need to remain continuously at the bedside, the clinician must be engaged in work directly related to the patient's critical condition throughout the reported critical care time ("CCT"). For any given period of time spent providing critical care services, the clinician must devote his or her full attention to the patient and cannot provide services to any other patient during the same period of time.

In teaching settings, only time during which the teaching physician is personally present and involved in furnishing critical care may be counted. Time spent solely by a resident without the teaching physician present may not be included in critical care time. Time spent teaching residents is not reportable as CCT.

Time spent with family members to obtain a history or discuss treatment options may be counted as CCT when the patient is unable or incompetent to assist. These discussions must be directly related to treatment decisions for that date of service and must be documented in the medical record.

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 CCT.

**Critical care services may be 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**

- Cardiac output measurements
- Chest x-rays
- Blood Gases and info stored in
- Gastric intubation
- Temporary transcutaneous
- Ventilator management
- Vascular access procedures

**Procedures NOT Included in CCT**

- CPR
- Endotracheal intubation
- Administration of TPA
- Clinician direction of EMS
- Wound repairs
- Laryngoscope

- Thoracentesis/Thoracostomy

Time for procedures not included in CCR must be deducted from total CCT.

**NOTE: Critical care total time must be documented by the clinician.**

Example: "CCT = 32 minutes"

Time alone does not justify critical care billing; documentation must clearly support the medical necessity related to the presence of a critical illness or injury requiring high-complexity decision-making and intervention.

### Critical Care Services and Qualified Advanced Practice Providers (APPs)

Critical care services may be provided by Advanced Practice Providers (APPs) and reported under the APP's National Provider Identifier (NPI) when the services meet the definition and requirements of critical care services.

### Split/Shared Services and Critical Care

Critical care services are reflective of the care and management of a critically ill or critically injured patient by an individual clinician or by the combined efforts of a physician and an APP. When critical care services are performed by both a physician and an APP, the total critical care time is summed and the clinician who furnishes more than half of the cumulative critical care time in qualifying critical care activities would report the critical care services. Critical care services reported may reflect the evaluation, treatment, and management of a patient by the combined efforts of a physician and an APP.

## POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy, when necessary, in the normal course of its review of the Company's Ethics & Compliance Program.