Billing and Reimbursement Guideline:	Pediatric Critical Care Transport

Guideline Publication Date:	September 1, 2010

Key coding, documentation and reimbursement points include:

- This guideline applies to patients 24 months of age or less on the date of service.

- The Pediatric Critical Care Patient Transport Codes are found in the Evaluation and Management section of the current CPT® manual. These codes are to be used when the physician attendance of the pediatric patient exceeds 30 minutes.

- If less than 30 minutes, the physician should select a more appropriate Evaluation and Management code.

- Code 99446: Critical care services delivered by a physician, face-to-face, during an inter-facility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport.

- Code 99467: Each additional 30 minutes. (List separately in addition to code for primary procedure).

- Code 99485: Supervision by a control physician of inter-facility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes. This includes advice for treatment to the transport team from the control physician.

- Code 99486: Supervision by a control physician of inter-facility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure).

- Do not report any other services performed by the control physician for the same time period.

- Do not report if the same physician has billed for codes 99466 or 99467.

- Do not report services less than 15 minutes.

- These codes are time related and the actual times of care and service should be documented in the medical record including the ambulance/air transport records. The times should correlate.

- Non face-to-face care starts with first contact by the control physician with the transport team and ends when patient responsibility is assumed by the receiving facility

- The following codes are considered components of the Pediatric Critical Care Transport and are not to be reported separately. Any other services that are not included in this list may be billed separately.

  - Routine monitoring evaluations (e.g., heart rate, respiratory rate, blood pressure and pulse oximetry) – vital signs and cardiac monitoring.
  - Interpretation of cardiac output measurements
  - Interpretation of chest x-rays
  - the interpretation of pulse oximetry -fifth vital sign
  - The interpretation of blood gases and information data stored in computers, such as ECGs, blood pressures, or hematological data
  - Gastric intubation
  - Temporary cardiac transcutaneous pacing
  - Ventilator management
  - Vascular access procedures

- The appropriate ambulance modifiers should be billed on the trip code.

- This guideline applies to CMS-1500 claim submissions.

- This guideline applies to place of service 41.

Please refer to Neighborhood's provider website at http://www.nhpri.org for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.