



## **Billing and Reimbursement Policy: Pediatric Critical Care Transport**

Key coding and reimbursement points include:

- This applies to patients 24 months of age or less.
- 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.
- 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 are reported with 99466. This is a primary code. Each additional 30 minutes should be reported with the add-on code 99467.
- 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.
- 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
- This policy applies to place of service 41.

Publication date:

09/01/10