Critical Care with Home Discharge

Policy ID:	HWC-PA-RP-2204
Approved By:	Highmark Wholecare – Market Leadership
Provider Notice Date:	07/27/2026
Original Effective Date:	10/01/2026
Annual Approval Date:	10/2026
Last Revision Date:	06/2026
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Wholecare medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

This policy provides information regarding the coverage of, as determined by applicable federal and/or state legislation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Pennsylvania Department of Health (DHS) and all applicable state and federal regulations.

Policy Purpose

This policy addresses the circumstances surrounding the appropriate reporting of critical care services when discharged to home in the same day for reimbursement.

DEFINITIONS

Critical Illness

Highmark Wholecare – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Wholecare members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Wholecare currently services Pennsylvania Medicaid: PA HealthChoices.

PROCEDURES

Prior Authorization may be required. Please validate codes on the Prior Authorization Lookup Tool https://providers.highmark.com/wholecare/provider-resources/prior-authorization-code-lookup

Critical care services are reported when a member with potentially life-threatening conditions receives services with attention beyond standard Emergency Department Evaluation and Management codes.
Based on the definition of critical illness (a requirement to submit critical care codes), it is unlikely to meet the definition of critical illness and then be well enough to not be admitted and be discharged to home. While it is possible to be critically ill and choose to not be admitted and potentially die at home, these cases generally utilize a hospice discharge status code.

According to CMS, critical care services must be medically necessary and reasonable. Services provided that do not meet critical care services or services provided for a patient who is not critically ill or injured in accordance with the above definitions and criteria but who happens to be in a critical care, intensive care, or other specialized care unit should be reported using another appropriate E/M code (e.g., subsequent hospital care, CPT codes 99231 - 99233).

Critical care services are not reimbursable when billed with revenue code 045X and a discharge status code of 01, to home or self-care, on the same day. Based on the definition of critical care services and the member having life-threatening conditions, it is inappropriate to discharge the member to home on the same day. The member should have received a lower level of care if the severity of their condition was so that they are well enough to be discharged within a day to their homes and not admitted.

OR

If a critical care service is submitted with revenue code 045X and a discharge status code of 01, to home or self-care, on the same day, then the critical care services would not be payable without clinical documentation supporting the level of care.

CODING REQUIREMENTS

CPT code	Description
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Discharge status code 01: Discharge to Home or Self Care (Routine Discharge)

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Wholecare contract.

Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare at any time pursuant to the terms of your provider agreement.

Place of Service: Inpatient/Outpatient

References

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2997CP.pdf

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications.