

# Intermediate care billing rose from 1996 to 2010

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(HealthDay)—From 1996 to 2010 there was a significant increase in intermediate care billing, according to a study published online Sept. 15 in the *American Journal of Respiratory and Critical Care Medicine*.

Michael W. Sjoding, M.D., from the University of Michigan in Ann Arbor, and colleagues characterized trends in intermediate ("step-down" or "transitional") care use among U.S. hospitals. They examined 135 million acute care hospitalizations among individuals aged 65 years or older enrolled in fee-for-service Medicare from 1996 to 2010.

The researchers found that in 1996, 28 percent of the 3,425 hospitals providing critical care billed for intermediate care, and this increased to 59 percent of 2,783 hospitals in 2010. In 1996, only 8.2 percent of Medicare hospitalizations were billed for intermediate care, but this increased to 22.8 percent by 2010; there was a corresponding decrease in

intensive care unit care and ward-only care. Compared with general ward [patients](#), patients billed for intermediate care had more acute organ failures diagnoses codes (22.4 versus 15.8 percent). Patients billed for intermediate care had fewer organ failures, less mechanical ventilation, lower mean Medicare spending, and lower 30-day mortality than those billed for ICU care.

"These findings highlight the need to better define the value, specific practices, and effective use of intermediate care for patients and hospitals," the authors write.

**More information:** [Full Text \(subscription or payment may be required\)](#)

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