

CPT Pediatric Coding Updates 2009

The 2009 *Current Procedural Terminology* (CPT) codes are effective as of January 1, 2009.

NEW CODES

Evaluation and Management Services

Normal Newborn Care

Codes **99431-99440** have been renumbered. The following new codes **99460-99465** will be used to report normal newborn care services beginning January 1, 2009.

- 99460** Initial hospital or birthing center care, per day, for the evaluation and management of the normal newborn infant
- 99461** Initial care, per day, for the evaluation and management of the normal newborn infant seen in other than hospital or birthing center
- 99462** Subsequent hospital care, per day, for the evaluation and management of a normal newborn
- 99463** Initial hospital or birthing center care, per day, for the evaluation and management of the normal newborn infant admitted and discharged on the same date
- 99464** Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
- 99465** Delivery/birthing room resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output

Pediatric Critical Care Patient Transport

Codes **99289** and **99290** have been deleted and have been replaced with **99466** and **99467**. **99466** and **99467** will now be bundled with the same services and procedures as the neonatal and pediatric critical care services.

- 99466** Critical care services delivered by a physician, face-to-face, during an inter-facility transport of a critically ill or critically injured pediatric patient, 24 months or younger; first 30 to 74 minutes of hands-on care during transport
- 99467** Critical care services delivered by a physician, face-to-face, during an inter-facility transport of a critically ill or critically injured pediatric patient, 24 months or younger; each additional 30 minutes (List separately in addition to code for primary service.)

Inpatient Neonatal and Pediatric Critical Care

Codes **99293-99296** have been deleted and replaced with new codes **99468-99472**. Two new codes **99475-99476** have been created to report inpatient critical care provided to children 2 through 5 years of age.

- 99468** Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
- 99469** Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
- 99471** Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- 99472** Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- 99475** Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
- 99476** Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, of 2 through 5 years age

Note: After 5 years of age report codes 99291 And 99292 for critical services.

Initial and Continuing Intensive Care Services

Code **99477** to report the initial evaluation and management of the neonate, 28 days of age or less, who requires intensive care **remains the same**. Codes **99298-99300** have been renumbered. The following new codes **99478-99480** will be used to report intensive care services beginning January 1, 2009.

- 99478** Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1,500 g)
- 99479** Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight 1,500 – 2,500 g)
- 99480** Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2,501-5,000 g)

To allow consistency in reporting all pediatric critical and intensive care services, new codes **99475** and **99476** (inpatient pediatric critical care for the evaluation and management of the critically ill child 2 through 5 years of age) and revised codes **99466** and **99467** (pediatric critical care patient transport services) will include the same services as those bundled with the other inpatient neonatal and pediatric critical and intensive care codes (**99468-99294** and **99477-99480**). The following services when performed by the physician providing intensive or critical care may *not* be reported separately:

- Routine monitoring evaluations (eg, heart rate, respiratory rate, and blood pressure);
- The interpretation of cardiac output measurements (93561, 93562), chest x-rays (71010, 71015, 71020), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data (99090)
- Gastric intubation (43752, 91105)
- Temporary transcutaneous pacing (92953)
- Ventilatory management (94002-94004, 94660, 94662)
- Vascular access procedures (36000, 36400, 36405, 36406, 36410, 36415, 36591, 36600)
- Endotracheal intubation (31500);
- Surfactant administration (94610)
- Central, peripheral catheterization (36555, 36000)
- Umbilical catheterization (36510, 36660)
- Other arterial catheterization (36140, 36620)
- Vascular punctures (36420, 36600)
- Intravenous fluid administration (90760, 90761)
- Transfusion blood components (36430, 36440)
- Pulmonary function testing (94375)
- Lumbar puncture (62270)
- Suprapubic bladder aspiration (51100)
- Bladder catheterization (51701, 51702)

Any services performed which are not listed above should be reported separately.

Category III Codes

- 0188T** Remote real-time interactive videoconferenced critical care, E/M of the critically ill or critically injured patient; first 30 to 74 minutes
- +0189T** Remote real-time interactive videoconferenced critical care, E/M of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service.)

REVISED CODES

Preventive Medicine Services

New language has been added to the instructions in the Preventive Medicine section (**99391-99397**) to clarify services that are separately reported in conjunction with preventive evaluation and management services. The instructions further clarify that vaccine counseling is not included in the preventive medicine service codes.

“Vaccine/toxoid products, immunization administrations, ancillary studies including laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90465-90474. For vaccine/toxoid products, see 90476-90749.”

The code descriptions for preventive medicine services (**99381-99397**) have been revised deleting the language “ordering of immunizations.”

Prolonged Services

Prolonged Physician Service with Direct (Face-To-Face) Patient Contact

Revisions have been made to the introductory language and descriptors for codes **99354-99357**. The language now clarifies that prolonged services with direct patient contact provided in the inpatient setting is reported based on the total duration of unit time spent by the physician and devoted to the one patient. Instructions further specify that time based add-on codes (eg, prolonged services) may only be reported when the primary E/M code has an assigned time.

Codes **99354-99357** are used when a physician provides prolonged service involving direct (face-to-face) patient contact that is beyond the usual service in either the inpatient or outpatient setting. This service is reported in addition to the designated evaluation and management services at any level and other physician services provided at the same session as evaluation and management services. Appropriate codes should be selected for supplies provided or procedures performed in the care of the patient during this period.

Codes **99354-99355** are used to report the total duration of face-to-face time spent by a physician on a given date providing prolonged service in the outpatient setting, even if the time spent by the physician on that date is not continuous. Codes **99356-99357** are used to report the total duration of unit time spent by a physician on a given date providing prolonged service to a patient in the hospital or other inpatient setting, even if the time spent by the physician on that date is not continuous.

Code **99354** or **99356** is used to report the first hour of prolonged service on a given date, depending on the location of service.

Either code should be used only once per day, even if the time spent by the physician is not continuous on that date. Prolonged service of less than 30 minutes total duration on a given date is **not** separately reported because the work involved is included in the total work of the evaluation and management codes.

Code **99355** or **99357** is used to report each additional 30 minutes beyond the first hour, depending on the location of service. Either code may also be used to report the final 15-30 minutes of prolonged service on a given date. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

The use of the time based add-on codes **requires that the primary evaluation and management service have a typical or specified time published in CPT.**

The following examples illustrate the correct reporting of prolonged physician service with direct patient contact in the office setting:

Total Duration of Prolonged Services	Code(s)
less than 30 minutes	Not reported separately
30-74 minutes (1/2 hr. - 1 hr. 14 min.)	99354 X 1
75-104 (1 hr. 15 min. - 1 hr. 44 min.)	99354 X 1 AND 99355 X 1
105 or more (1 hr. 45 min. or more)	99354 X 1 AND 99355 X 2 or more for each additional 30 minutes

***99354** Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)

(Use 99354 in conjunction with 99201-99215, 99241-99245, 99324-99337, 99341-99350, 90809, and 90815)

***99355** each additional 30 minutes (List separately in addition to code for prolonged physician service)

(Use 99355 in conjunction with 99354)

***99356** Prolonged physician service in the inpatient setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)

(Use 99356 in conjunction with codes 99221-99233, 99251-99255)

***99357** each additional 30 minutes (List separately in addition to code for prolonged physician service)

(Use 99357 in conjunction with code 99356)

Surgery

Integumentary System

***11001** Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)

***11201** Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)

DELETED CODES

Modifier 21 (prolonged E/M service) has been deleted. Use Prolonged Evaluation and Management Service codes 99354-99357 to report prolonged face-to-face time with patients.

This is not an all inclusive list of the 2009 CPT coding changes. Be sure to order your new 2009 CPT Coding Manual where a complete list of all coding changes can be found!