

CPT Pediatric Coding Updates 2016

The 2016 *Current Procedural Terminology* (CPT) codes are effective as of January 1, 2016. This is not an all-inclusive list of 2016 changes. TNAAP has listed below the codes we believe are of most interest to general pediatricians.

- ▶◀ - **New or Revised Text**
- + - **Add-on Code**
- - **New Code**
- ▲ - **Revised Code**
- # - **Out of Numeric Sequence**
- ⚡ - **FDA Approval Pending**

New and Revised Language/Codes

Evaluation and Management Services

Prolonged Services

Prolonged Service With Direct Patient Contact

▶ Codes **99354-99357** are used when a physician or other qualified health care professional provides prolonged service(s) involving direct patient contact that is provided beyond the usual service in either the inpatient or outpatient setting. Direct patient contact is face to face and includes additional non-face-to-face services on the patient's floor or unit in the hospital or nursing facility during the same session. This service is reported in addition to the primary procedure (ie, the designated evaluation and management services at any level or psychotherapy, code **90837**, 60 minutes with patient and/or family member) and any other services provided at the same session. Appropriate codes should be selected for supplies provided or other procedures performed in the care of the patient during this period. ◀

▶ Time spent performing separately reported services other than the E/M or psychotherapy service is not counted toward prolonged time. ◀

▶ Either code should be used only once per date, even if the time spent by the physician or other qualified health care professional 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 or psychotherapy codes. ◀

▶ For E/M services that require prolonged clinical staff time and may include face-to-face services by the physician or other qualified health care professional, use **99415, 99416**. Do not report **99354** or **99355** with **99415** or **99416**. ◀

+ ▲ **99354** Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)

(Use **99354** in conjunction with **90387, 99201-99215, 99241-99245, 99324-99337, 99341-99350**)

▶ (Do not report **99354** in conjunction with **99415, 99416**) ◀

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

(Use **99355** in conjunction with **99354**)

▶ (Do not report **99355** in conjunction with **99415, 99416**) ◀

▶ **Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision** ◀

▶ Codes **99415, 99416** are used when a prolonged evaluation and management (E/M) service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time beyond the typical face-to-face time of the E/M service, as stated in the code description. The physician or qualified health care professional is present to provide direct supervision of the clinical staff. This service is reported in addition to the designated E/M services and any other services provided at the same session as E/M services.

Codes **99415**, **99416** are used to report the total duration of face-to-face time spent by clinical staff on a given date providing prolonged service in the office or other outpatient setting, even if the time spent by the clinical staff on that date is not continuous. Time spent performing separately reported services other than the E/M service is not counted toward the prolonged services time.

Code **99415** is used to report the first hour of prolonged clinical staff service on a given date. Code **99415** should be used only once per date, even if the time spent by the clinical staff is not continuous on that date. Prolonged service of less than 45 minutes total duration on a given date is not separately reported because the clinical staff time involved is included in the E/M codes. The typical face-to-face time of the primary service is used in defining when prolonged services time begins. For example, prolonged clinical staff services for 99214 begin after 25 minutes, and 99415 is not reported until at least 70 minutes total face-to-face clinical staff time has been performed. When face-to-face time is noncontiguous, use only the face-to-face time provided to the patient by the clinical staff.

Code **99416** is used to report each additional 30 minutes of prolonged clinical staff service beyond the first hour. Code **99416** 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.

Codes **99415**, **99416** may be reported for no more than two simultaneous patients. The use of the time-based add-on codes requires that the primary E/M service has a typical or specified time published in the CPT code set.

For prolonged services by the physician or other qualified health care professional, use **99354**, **99355**. Do not report **99415** or **99416** with **99354** or **99355**.

Facilities may not report **99415**, **99416**. ◀

#+●99415 Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient evaluation and management service)

▶ (Use **99415** in conjunction with **99201**, **99202**, **99203**, **99204**, **99205**, **99211**, **99212**, **99213**, **99214**, **99215**) ◀

▶ (Do not report **99415** in conjunction with **99354**, **99355**) ◀

#+●99416 each additional 30 minutes (List separately in addition to code for prolonged service)

▶ (Use **99416** in conjunction with **99415**) ◀

▶ (Do not report **99416** in conjunction with **99354, 99355**) ◀

Preventive Medicine Services

▶ Codes **99381-99397** include counseling/anticipatory guidance/risk factor reduction interventions, which are provided at the time of the initial or periodic comprehensive preventive medicine examination. (Refer to **99401, 99402, 99403, 99404, 99411, and 99412** for reporting those counseling/anticipatory guidance/risk factor reduction interventions that are provided at an encounter separate from the preventive medicine examination.)

(For behavior change intervention, see **99406, 99407, 99408, 99409**) ◀

Counseling Risk Factor Reduction and Behavior Change Intervention

▶ These codes are used to report services provided face-to-face by a physician or other qualified health care professional for the purpose of promoting health and preventing illness or injury. They are distinct from evaluation and management (E/M) services that may be reported separately with modifier 25 when performed. Risk factor reduction services are used for persons without a specific illness for which the counseling might otherwise be used as part of treatment. ◀

▶ Behavior change interventions are for persons who have a behavior that is often considered an illness itself, such as tobacco use and addiction, substance abuse/misuse, or obesity. Behavior change services may be reported when performed as part of the treatment of condition(s) related to or potentially exacerbated by the behavior or when performed to change the harmful behavior that has not yet resulted in illness. Any E/M services reported on the same day must be distinct and reported with modifier 25, and time spent providing these services may not be used as a basis for the E/M code selection. Behavior change services involve specific validated interventions of assessing readiness for change and barriers to change, advising a change in behavior, assisting by providing specific suggested actions and motivational counseling, and arranging for services and follow-up. ◀

Auditory System

External Ear

● **69209** Removal of impacted cerumen using irrigation/lavage, unilateral

▶ (Do not report 69209 in conjunction with 69210 when performed on the same day) ◀

▶ (For bilateral procedure, report 69209 with modifier 50) ◀

▶ (For removal of impacted cerumen requiring instrumentation, use 69210) ◀

▶ (For cerumen removal that is not impacted, see E/M service code, which may include new or established patient office or other outpatient services [99201-99215], hospital observation [99217-99220, 99224-99226], hospital care [99221-99223, 99231-99233], consultations [99241-99255], emergency department services [99281-99285], nursing facility services [99304-99318], domiciliary, rest home, or custodial care services [99324-99337, home services [99341-99350] ◀

Medicine

Vaccines/Toxoids

- #▲90644 Meningococcal conjugate vaccine, serogroups C & Y and Hemophilic influenzae, type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-18 months of age, for intramuscular use
- #●90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use
- #●90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB) 3 dose schedule, for intramuscular use
- ▲90651 Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use
- #90630 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
- ↳●90697 Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Hemophilic influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine, (DTaP-IPV-Hib-HepB), for intramuscular use

Pulmonary Diagnostic Testing and Therapies

- ▲94640 Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or diagnostic purposes such as sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)

Instrument-Based Ocular Screening

▲99174 Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report

▶ (Do not report 99174 in conjunction with 92002-92014, 99172, 99173, 99177) ◀

#●99177 with on-site analysis

▶ (Do not report 99177 in conjunction with 92002-92014, 99172, 99173, 99174) ◀

Resources:

American Academy of Pediatrics, AAP Pediatric Coding Newsletter, October 2015

American Medical Association, CPT 2016