



CPT Pediatric Coding Updates 2017

The 2017 *Current Procedural Terminology* (CPT) codes are effective as of January 1, 2017. This is not an all-inclusive list of 2017 changes. TNAAP has listed below the codes we believe are of most interest to general pediatricians.

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

New and Revised Language/Codes

Evaluation and Management Services

Inpatient Neonatal and Pediatric Critical Care

▶ Codes **99468**, **99469** may be used to report the services of directing the inpatient care of a critically ill neonate or infant 28 days of age or younger. They represent care starting with the date of admission (**99468**) for critical care services and all subsequent day(s) (**99469**) that the neonate remains in critical care. These codes may be reported only by a single individual and only once per calendar day, per patient. Initial inpatient neonatal critical care (**99468**) may only be reported once per hospital admission. If readmitted for neonatal critical care services during the same hospital stay, then report the subsequent inpatient neonatal critical care code (**99469**) for the first day of readmission to critical care, and **99469** for each day of critical care following readmission.

The initial inpatient neonatal critical care code (**99468**) can be used in addition to **99464** or **99465** as appropriate, when the physician or other qualified health care professional is present for the delivery (**99464**) or resuscitation (**99465**) is required. Other procedures performed as a necessary part of the resuscitation (eg, endotracheal intubation (**31500**)) may also be reported separately, when performed as part of the pre-admission delivery room care. In order to report these procedures separately, they

must be performed as a necessary component of the resuscitation and not simply as a convenience before admission to the neonatal intensive care unit.

Codes **99474-99476** may be used to report the services of directing the inpatient care of a critically ill infant or young child from 29 days of postnatal age through 5 years of age. They represent care starting with the date of admission (**99474, 99475**) for pediatric critical care services and all subsequent day(s) (**99472, 99476**), that the infant or child remains in critical condition. These codes may only be reported by a single individual and only once per calendar day, per patient. Services for the critically ill or critically injured child 6 years of age or older would be reported with the time-based critical care codes (**99291, 99292**). Initial inpatient critical care (**99471, 99475**) may only be reported once per hospital admission. If readmitted to the pediatric critical care unit during the same hospital stay, then report the subsequent inpatient pediatric critical care code **99472** or **99476** for the first day of readmission to critical care and **99472** or **99476** for each day of critical care following readmission. ◀

Medicine

Health and Behavior Assessment/Intervention

- **96160** Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
- **96161** Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

Vaccines/Toxoids

- ▲ **90655** Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
- ▲ **90656** Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
- ▲ **90657** Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
- ▲ **90658** Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
- ▲ **90661** Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- #● **90674** Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use

- ▲ **90685** Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
- ▲ **90686** Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
- ▲ **90687** Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
- ▲ **90688** Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use

Moderate Sedation

CPT guidelines for moderate (conscious) sedation have been revised. Codes **99143-99145** and **99148-99150** have been deleted. The summary of CPT codes that include moderate sedation (formerly Appendix G) has been removed from the 2017 CPT code set. The codes that were previously included in the former Appendix G have been revised with the removal of the moderate sedation symbol. Moderate sedation will now be separately reported when time and other coding requirements are met. New codes include **99151-99157**.

- **99151** Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status, initial 15 minutes of intraservice time, patient younger than 5 years of age
- **99152** initial 15 minutes of intraservice time, patient age 5 years or older
- +● **99153** each additional 15 minutes intraservice time (List separately in addition to code for primary service)

- **99155** Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status, initial 15 minutes of intraservice time, patient younger than 5 years of age
- **99156** initial 15 minutes of intraservice time, patient age 5 years or older
- +● **99157** each additional 15 minutes intraservice time (List separately in addition to code for primary service)

*Note: See CPT book for additional instructions.

Appendix A - Modifiers

- **Modifier 95 Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system:** Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction. Modifier 95 may only be appended to the services listed in **Appendix P**. **Appendix P** is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via real-time (synchronous) interactive audio and video telecommunication system.

▶ Appendix P ◀

▶ CPT codes that may be used for synchronous Telemedicine services ◀

▶ This listing is a summary of CPT codes that may be used for reporting synchronous (real-time) telemedicine services when appended by modifier 95. Procedures on this list involve electronic communication using interactive telecommunication equipment that includes, at a minimum, audio and video. The codes listed below are identified in CPT 2017 with a “★”symbol. ◀

- New and established patient office or other outpatient evaluation and management services (99201–99205, 99212–99215)
- Subsequent hospital care (99231–99233)
- Inpatient and outpatient consultations (99241–99245, 99251–99255)
- Subsequent nursing facility care (99307–99310)
- Prolonged services in the office or outpatient setting (99354, 99355)
- Individual behavior change interventions (99406–99409)
- Transitional care management services (99495, 99496)
- Remote real-time interactive video-conferenced critical care codes (0188T, 0189T)

*Note: See Appendix P for a complete list of codes that may be reported with modifier 95.

Deleted Codes

Evaluation and Management

99420

Moderate Sedation

99143

99144

99145

99148

99159

99150

Resources:

American Academy of Pediatrics, AAP Pediatric Coding Newsletter, October 2016

American Medical Association, CPT 2017

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