



CODING CORNER

CPT coding changes for 2009 outlined

from the AAP Department of Health Care Finance and Quality Improvement

The November and December Coding Corner columns addressed the extensive changes to the CPT codes in 2009 for newborn, neonatal and pediatric specific hospital care. Following are additional CPT changes that take effect on Jan. 1.

Evaluation and management (E/M) services

Preventive medicine services

Revisions have been made to the introductory language of the preventive medicine (PM) service section (99381-99397) to clarify that screening services with separate CPT codes (e.g., vision, hearing, developmental) should be reported separately and that immunization-related services are not included in the preventive medicine service. The PM service code descriptors also are revised to remove the language “ordering of immunizations.”

Finally, the term vaccine products replaces immunization in the guidelines to clarify that vaccine supply, administration and counseling are not included.

Prolonged physician service

Revisions have been made to the introductory language and descriptor for codes 99354-99357. This service is reported in addition to the designated E/M services at any level and with any other physician services provided at the same session as E/M services.

Codes 99354 (outpatient) and 99356 (inpatient) are used to report the first hour of prolonged service on a given date, depending on the place of service. Either code should be used only once per date, even if the time

spent is not continuous on that date. Prolonged service of less than 30 minutes total duration on a given date is not separately reportable because the work involved is included in the total work of the E/M codes (see section on modifiers). The use of time-based add-on codes requires that the primary E/M service have a typical or specified time published in the CPT manual.

Codes 99356-99357 also have been revised to indicate that the prolonged service time is inclusive of unit/floor time. This is now in line with the nomenclature found in the inpatient hospital care codes (99221-99223, 99231-99233), which indicate unit/floor time in their descriptor vs. direct face-to-face time.

The prolonged service codes (99354-99357) have always had limitations on which codes they may be used in conjunction with. This year, the list of codes that can be reported with the prolonged service codes has been updated.

The outpatient prolonged service codes (99354-99355) may be reported only in conjunction with: 99201-99215, 99241-99245, 99324-99337, 99341-99350, 90809 and 90815. The inpatient prolonged service codes (99356-99357) may be reported only in conjunction with: 99221-99233, 99251-99255, 99304-99310,

Deleted code	New code	Description
90760	96360	Intravenous (IV) infusion, hydration; initial, 31 min to 1 hour
+90761	+96361	; each additional hour
90765	96365	IV infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour
+90766	+96366	; each additional hour
+90767	+96367	; additional sequential infusion, up to 1 hour
+90768	+96368	; concurrent infusion
90769	96369	Subcutaneous infusion for therapy or prophylaxis; initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
+90770	+96370	; each additional hour
+90771	+96371	; additional pump set-up with establishment of new subcutaneous infusion site(s)
90772	96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular
90773	96373	; intra-arterial
90774	96374	; IV push, single or initial substance/drug
+90775	+96375	; each additional sequential IV push of the new substance/drug
+90776	+96376	; each additional sequential IV push of the same substance/drug provided in the facility
90779	96379	Unlisted therapeutic, prophylactic, or diagnostic IV or intra-arterial injection or infusion

90822 and 90829.

Medicine

Hydration, therapeutic, prophylactic, diagnostic, injections and infusions, and chemotherapy and other highly complex drug or highly complex biologic agent administration

CPT has created a new section that includes all of the above services. Previously, the chemotherapy and other highly complex drugs or highly complex biological agent administration was located in a separate section.

To assist users in the comparison and use of the infusion services procedures, codes 90760-90779 have been deleted and renumbered for proximity to the chemotherapy and other infusion services (codes 96401-96549).

The codes listed with the + symbol are add-on codes and must be reported in addition to the primary procedure.

Add-on code	Primary procedures to be reported in conjunction with
+96366	96365, 96367
+96367	96365, 96374, 96409, 96413
+96368	96365, 96366, 96413, 96415, 96416
+96370	96369
+96371	96369, 96371
+96375	96365, 96374, 96409, 96413

Refer to the 2009 CPT manual for official guidelines and more information.

Vaccine, toxoids

The following vaccine codes have officially been added to the 2009 CPT manual.

Code	Code descriptor
↗90650	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18 bivalent, 3 dose schedule, for IM use
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live for oral use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine, <i>Haemophilus influenzae</i> type B, and poliovirus vaccine inactivated (DTaP-Hib-IPV), for IM use
↗90738	Japanese encephalitis virus vaccine, inactivated for IM use
↗ Food and Drug Administration (FDA) approval pending	

The FDA approval pending symbol ↗ also was removed from vaccine code 90696.

Modifiers

Modifier 21 (prolonged E/M services) has been deleted for 2009. CPT advises that prolonged services of less than 30 minutes no longer are separately reportable and are included in the E/M service being reported. For prolonged services that are greater than 30 minutes, use the appropriate prolonged services codes (99354-99357).

Category III codes

New codes to report remote critical care

were released on Jan. 1, 2008, and are effective for reporting services performed on July 1, 2008, and after. The June 2008 issue of the AAP Pediatric Coding Newsletter (Vol. 3, No. 9) addresses the guidelines for reporting these services.

0188T Remote real-time interactive videoconferenced critical care, E/M of the critically ill or critically injured patient; first 30 to 74 minutes

+0189T each additional 30 minutes (List separately in addition to code for primary service.)



Changes to CPT codes outlined

from the **AAP Department of Health Care Finance and Quality Improvement**

Editor's note: This is the second of two articles on changes to pediatric inpatient CPT codes effective in 2009.

Over the years, the inpatient neonatal and pediatric codes have been expanded and revised, affecting the reporting of services for normal newborn care, critical care, critical care transport and intensive care. The codes are spread throughout the evaluation and management (E/M) chapter in the CPT manual, making them difficult to find.

Additionally, when the newest code was added in 2008 (99477, *Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent interventions and other intensive care services*), it was separated from all other inpatient neonatal intensive care codes. This was due to the fact that the new code number (99477) was assigned in anticipation of changes to *all* of the neonatal and pediatric inpatient codes in 2009.

The 2009 renumbering was proposed by the Academy and implemented by the American Medical Association in an effort to allow sufficient room in the CPT nomenclature for potential expansion. The revised codes also allow for consecutive placement of codes within the family of neonatal and pediatric inpatient CPT codes.

Effective Jan. 1, 2009, every neonatal and pediatric inpatient code will be assigned a new number. The new codes were introduced in the November edition of Coding Corner. Following is an update on all of the new guidelines for the neonatal and pediatric inpatient CPT codes, as well as clarification of concurrent care reporting.

Newborn care services

The normal newborn service codes will include codes 99460 through 99463. The guidelines for this section state: "Use of the normal newborn codes is limited to the initial care of the newborn in the first days after birth prior to home discharge."

The guidelines also clarify which services are included in these codes, such as maternal and/or fetal history, newborn physical exam(s), ordering of diagnostic tests, meeting with the family and documentation in the medical record. Furthermore, the guidelines now state that delivery room attendance (99464) or resuscitation services (99465) should be reported separately from Newborn Care Services codes when either of those services is required. The guidelines also provide specific reference to the appropriate codes to report when the newborn is not considered "normal."

In the same vein, the guidelines clarify that if a normal newborn becomes ill later on the same date and the same physician performs



Effective Jan. 1, every neonatal and pediatric inpatient code will be assigned a new CPT number. The normal newborn service codes, for example, will include codes 99460 through 99463, which are limited to the initial care of the newborn in the first days after birth prior to home discharge.

both services face-to-face, the physician can report both the normal newborn service and the additional intensive or critical E/M service with the modifier 25 appended.

The guidelines also clarify that no procedures are bundled into the Newborn Care Services codes; therefore, any procedure(s) performed on the same day as a Newborn Care Service (e.g., 54150, newborn circumcision), should be reported separately.

Finally, the guidelines clarify that when newborns are seen for follow-up after the date of discharge in the office or outpatient setting, refer to codes 99201-99215, 99381, 99391 as appropriate.

Delivery/birthing room attendance, resuscitation services

There were no changes for the guidelines surrounding Attendance at Delivery (99464). However, the descriptor for the Newborn Resuscitation code (99465) was changed to clarify the intent as follows:

"Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output."

This clarifies that this code is not appropriate to report outside of the delivery or birthing room. Note that there is an error in the parenthetical below this code. The parenthetical states:

(Do not report 99465 in conjunction with 99460, 99468, 99477)

This error will be corrected in a CPT errata, www.ama-assn.org/ama/pub/category/3896.html. Contrary to what the CPT 2009 manual states, it is correct to report code 99465 in addition to 99460, 99468 or 99477 as appropriate on the same day when

the same physician performs both the resuscitation and the initial normal, critical or intensive care service for the same patient.

Pediatric critical care patient transport

One guideline was clarified for the Pediatric Critical Care Patient Transport codes (99466-99467). In the nomenclature, it was added that if critical care services are reported in the referring facility prior to transfer to the receiving hospital, report the critical care codes (99291-99292).

Inpatient neonatal and pediatric critical care

In this section, there are several additions and clarifications. Two new pediatric critical care codes have been added for patients 2 through 5 years of age.* The codes now are listed as follows:

99468 Initial inpatient neonatal critical care, patients 28 days of age or less

99469 Subsequent inpatient neonatal critical care, patients 28 days of age or less

99471 Initial inpatient pediatric critical care, patients 29 days through 24 months of age

99472 Subsequent inpatient pediatric critical care, patients 29 days through 24 months of age

*99475 Initial inpatient pediatric critical care, patients 2 through 5 years of age

*99476 Subsequent inpatient pediatric critical care, patients 2 through 5 years of age

CPT 2009 will clarify that the same definitions apply for critical care services for the adult, child and neonate. However, the neonatal and pediatric critical care codes may be reported only once by a single physician per calendar day, per patient. This is important to note as this is new to the nomenclature for these codes.

The guidelines provide clarification for two of the most common concurrent care reporting scenarios in critically ill patients 5 years of age or younger:

1) When critical care services are provided by a second physician of a different specialty (e.g., pediatric cardiologist) not reporting a neonatal or pediatric critical care code, that physician should report services with codes 99291-99292. The physician primarily responsible for the overall care and management of the critical patient 5 years of age or younger reports the per calendar day codes.

RESOURCE

The Academy has written a letter to be shared with members, payers and state chapters outlining the CPT 2009 renumbering changes. The letter is intended to facilitate the transition and urge payers to update their software to accept the new codes by Jan. 1, 2009, to ensure their compliance with the Health Insurance Portability and Accountability Act. A copy of the letter is available on the Member Center of the AAP Web site, www.aap.org/moc/reimburse/privatesector.htm.

For more information, e-mail the AAP Division of Health Care Finance and Quality Improvement at dhcfqi@aap.org.

2) When a neonate or pediatric patient (5 years of age or younger) becomes critically ill while in the inpatient setting and must be transferred to another institution, the physician from the referring institution should report critical care services with the critical care codes (99291-99292), and the physician at the receiving institution should report the appropriate initial per day code (99468, 99471, 99475).**

Following is an example of how this clarification might affect a primary care pediatrician involved in the concurrent care of a critically ill inpatient.

A pediatrician from a community hospital is taking care of a 3-month-old who suddenly becomes critically ill. The pediatrician is performing critical care services for two hours while waiting for the patient to be transferred to a Level 1 pediatric intensive care unit (PICU) at the university hospital. A neonatologist then assumes care for the patient at the PICU. How does each physician report services?

The pediatrician will report services using the critical care codes (99291, 99292) based on the total time spent performing critical care services. Since two hours of critical care were provided, the pediatrician will report codes 99291 and 99292 (2 units). The neonatologist will report 99471 (formerly 99293) to reflect the fact that he/she is assuming care for the critically ill patient.

****Note this exception:** When a pediatrician is providing critical care services for a patient at facility A while awaiting transfer to facility B and the patient will not arrive at facility B until the next calendar day, the pediatrician at facility A may report the appropriate "per calendar day" (99468, 99471, 99475) code instead of the hourly critical care codes (99291-99292).

Initial and continuing intensive care services

All of the Initial and Continuing Intensive Care Services codes (99477, 99478, 99479, 99480) now are located in their own section. Revisions to the guidelines now point out that these codes may be reported by only one physician and only once per calendar day, per patient. These codes include the same procedures that are bundled into the Initial Neonatal and Pediatric Critical Care codes.

Finally, the guidelines now indicate that for the subsequent care of a patient who is over 5,000 grams present body weight and *not* critical, but requires intensive care services, report the subsequent hospital care codes 99231-99233.



CODING CORNER

2009 brings changes to pediatric hospital CPT codes

from the **AAP Department of Health Care Finance and Quality Improvement**

Editor's note: This is the first of two articles on changes to pediatric CPT codes effective in 2009.

Over the years, additions have been made to inpatient neonatal and pediatric codes. Several areas exist, including normal newborn care, critical care, critical care transport and intensive care. The codes are spread out all over the evaluation and management (E/M) chapter in the CPT manual, making them somewhat difficult to find.

In addition, when the latest code was added, 99477 (*Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent interventions and other intensive care services*), it was separated from all other inpatient intensive care codes. It also was separated from all neonatal and pediatric inpatient codes. The reason for this was that CPT ran out of room in the E/M chapter to add any more codes.

The separation of code 99477 from other inpatient intensive care codes is temporary. Effective Jan. 1, 2009, every normal newborn service code as well as every inpatient neonatal and pediatric critical and intensive care code will be re-numbered to keep them together

and to accommodate code 99477.

The codes will begin in a new section called "Newborn Care Services," which will include only normal newborn care services.

Old CPT code	New CPT code
99431	99460
99432	99461
99433	99462
99435	99463

The next section will be titled "Delivery/Birthing Room Attendance and Resuscitation Services."

Old CPT code	New CPT code
99436	99464
99440	99465

Next will come "Inpatient Neonatal Care Services and Pediatric and Neonatal Critical Care Services." This section will have three subsections: critical care transport, inpatient critical care and intensive care services. The first subsection will be titled "Pediatric Critical Care Patient Transport."

Old CPT code	New CPT code
99289	99466
99290	99467

The next subsection will be titled "Inpatient Neonatal and Pediatric Critical Care Services."

Old CPT code	New CPT code
99295	99468
99296	99469
99293	99471
99294	99472
N/A	•99475
N/A	•99476

The last subsection will be titled "Initial and Continuing Intensive Care Services." This section will include code 99477 (*Initial intensive care services for patient under 28 days*).

Old CPT code	New CPT code
99477	99477*
99298	99478
99299	99479
99300	99480

The new codes must be used starting on Jan. 1, 2009.

•Denotes a new CPT code for 2009

*Denotes that there was no code change for this service.

RESOURCES

Becky Dolan contributed to this article. Contact her at 800-433-9016, ext. 4325.

The Academy offers a fax-back coding hotline at 800-433-9016, ext. 4022, or e-mail aapcodinghotline@aap.org.

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