



## CPT Pediatric Coding Updates 2018

The 2018 *Current Procedural Terminology* (CPT) codes are effective as of January 1, 2018. This is not an all-inclusive list of 2018 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

##### Observation Care Discharge Services

- ▲99217 **Observation care discharge** day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital “observation status” if the discharge is on other than the initial date of “observation status.” To report services to a patient designated as “observation status” or “inpatient status” and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]

▶ The following codes are used to report the encounter (s) by the supervising physician or other qualified health care professional with the patient when designated as outpatient hospital “observation status.” This refers to the initiation of observation status, supervision of the care plan for observation and performance of periodic reassessments. For observation encounters by other physicians, see office or other outpatient consultation codes (99241-99245) or subsequent observation care codes (99224-99226) as appropriate. ◀

- ▲ 99218 ...requiring admission to outpatient hospital “observation status” are of low severity
- ▲ 99219 ...requiring admission to outpatient hospital “observation status” are of moderate severity
- ▲ 99220 ...requiring admission to outpatient hospital “observation status” are of high severity

### **Critical Care Services/Inpatient Neonatal and Pediatric Critical Care**

► Time-based critical care services (99291, 99292) are not reportable by the same individual or different individual of the same specialty and same group, when neonatal or pediatric critical care services (99468,-99476) may be reported for the same patient on the same day. Time-based critical care services (99291, 99292) may be reported by an individual of a different specialty from either the same or different group on the same day that neonatal or pediatric critical care services are reported. Critical care interfacility transport face-to-face (99466, 99467) or supervisory (99485, 99486) services may be reported by the same or different individual of the same specialty and same group, when neonatal or pediatric critical care services (99468-99476) are reported for the same patient on the same day. ◀

### **► Psychiatric Collaborative Care Management Services ◀**

See CPT book for complete instructions on reporting new codes **99492-99494**

### **► General Behavioral Health Integration Care Management ◀**

► General behavioral health integration care management services (99484) are reported by the supervision physician or other qualified health care professional. The services are performed by clinical staff for a patient with a behavioral health (including substance use) condition that requires care management services (face-to-face or non-face-to-face) of 20 or more minutes in a calendar month. A treatment plan as well as the specified elements of the service description is required. The assessment and treatment plan is not required to be comprehensive and the office/practice is not required to have all the functions of chronic care management (99487, 99489, 99490). Code 99484 may be used in any outpatient setting, as long as the reporting professional has an ongoing relationship with the patient and clinical staff and as long as the clinical staff is available for face-to-face services with the patient.

The reporting professional must be able to perform the evaluation and management (E/M) services of an initiating visit. General behavioral integration care management (99484) and chronic care management services may be reported by the same professional in the same month, so long as distinct care management services are performed. Behavioral health integration care management (99484) and psychiatric collaborative care management (99492, 99493, 99494) may not be reported by the same professional in the same month. Behavioral health care integration clinical staff are not required to have qualifications that would permit them to separately report services (eg,

psychotherapy), but, if qualified and they perform such services, they may report such services separately, as long as the time of the service is not used in reporting 99484. ◀

#●99484 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
- behavioral health care planning in relation to behavior/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- continuity of care with a designated member of the care team

▶ E/M services including care management services [99487, 9948 , 99490 , 99495, 99496] and psychiatric services [90785-90899] may be reported separately by the same physician or other qualified health care professional on the same day or during the same calendar month, but activities to meet criteria for another reported service do not count toward meeting criteria for 99484). ◀

## Surgery

### Integumentary System

#### **Destruction, Benign or Premalignant Lesions**

- ▲17250 Chemical cauterization of granulation tissue (ie, proud flesh)
- ▶ (Do not report 17250 with removal or excision codes for the same lesion) ◀
  - ▶ (Do not report 17250 when chemical cauterization is used to achieve wound hemostasis) ◀
  - ▶ (Do not report 17250 in conjunction with acute wound care management 97597, 97599, 97602 for the same lesion) ◀

## Radiology

### **Diagnostic Radiology (Diagnostic Imaging)**

#### Chest

- ▶ (71010 has been deleted. To report use 71045) ◀

- ▶ (71015 has been deleted. To report use 71045) ◀
- ▶ (71020 has been deleted. To report use 71046) ◀
- ▶ (71021 has been deleted. To report use 71047) ◀
- ▶ (71022 has been deleted. To report see 71047, 71048) ◀
- ▶ (71023 has been deleted. To report, see 71046, 76000, 76001) ◀
- ▶ (71030 has been deleted. To report see 71048) ◀
- ▶ (71034 has been deleted. To report see 71048, 76000, 76001) ◀
- ▶ (71035 has been deleted. To report, see 71046, 71047, 71048) ◀

- 71045** Radiologic examination chest; single view
- 71046** 2 views
- 71047** 3 views
- 71048** 4 or more views

- ▶ (For acute abdomen series that includes a single view of the chest and one or more views of the abdomen, use 74022) ◀
- ▶ (For concurrent computer-aided-detection [CAD] performed in addition to 71045, 71046, 71047, 71048, use 0174T) ◀
- ▶ (Do not report 71045, 71046, 71047, 71048 in conjunction with 0175T for computer-aided detection [CAD] performed remotely from the primary interpretation) ◀

- ▲**76000** Fluoroscopy (separate procedure) up to 1 hour physician or other qualified health care professional time

### **Abdomen**

- ▶ (74000 has been deleted. To report use 74018) ◀
- ▶ (74010 has been deleted. To report, see 74019, 74021) ◀
- ▶ (74020 has been deleted. To report, see 74019, 74021) ◀

- 74018** Radiologic examination abdomen; single view
- 74019** 2 views
- 74021** 3 or more views

### **Pathology and Laboratory**

## **Immunology**

- 86794 Zika virus, IgM
- 87662 Zika virus, amplified probe technique

\*\*Codes are selected based on time since exposure. If immediately following potential exposure (<2 week: 87662) and for individuals with antibodies to the virus (>2 weeks: 86794).

- 87634 Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique

\*\*In this test, a nasopharyngeal swab is collected and immediately tested using a nucleic acid-based test system for RSV types A and B that reports a single result. Because there is a single result, only one unit of service is reported, although the testing is for types A and B.

## **Medicine**

### **Pulmonary Diagnostic Testing and Therapies**

- 90460 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration  
(Do not report 94060 in conjunction with 94150, 94200, 94375, 94640, 94728)  
(Report bronchodilator supply separately with 99070 or appropriate supply code)  
▶ (For exercise test for bronchospasm with pre- and post-spirometry, use 94617) ◀
- 94250 Expired gas collection, quantitative, single procedure (separate procedure)  
▶ (Do not report 94250 in conjunction with 94621) ◀
- 94617 Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry

**(94620 has been deleted)**

- 94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed
- ▲94621 Cardiopulmonary exercise testing, including measurements of minute ventilation, CO<sub>2</sub> production, O<sub>2</sub> uptake, and electrocardiographic recordings

- 94760 Noninvasive ear or pulse oximetry for oxygen saturation; single determination  
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94761

multiple determinations (eg, during exercise)

▶ (Do not report 94760, 94761 in conjunction with 94617, 94618, 94621) ◀

**Vaccines/Toxoids**

- ↳● 90587 Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use
- 90682 Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
- #▲90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
- #▲90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
- ▲90651 Human Papillomavirus vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58 nonvalent (9vHPV), 2 or 3 dose schedule, for intramuscular use

**Resources:**

American Academy of Pediatrics, AAP Pediatric Coding Newsletter, October 2017

American Medical Association, CPT 2018

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