



Tennessee Chapter

CPT Pediatric Coding Updates 2019

The 2019 *Current Procedural Terminology* (CPT) codes are effective as of January 1, 2019. This is not an all-inclusive list of 2019 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

▶ Interprofessional Telephone/Internet/Electronic Health Record Consultations ◀

▶ The consultant should use codes **99446, 99447, 99448, 99449, 99451** to report interprofessional telephone/Internet/electronic health record consultations. An interprofessional telephone/Internet/electronic health record consultation is an assessment and management service in which a patient's treating (eg, attending or primary) physician or other qualified health care professional requests the opinion and/or treatment advice of a physician with specific specialty expertise (the consultant) to assist the treating physician or other qualified health care professional in the diagnosis and/or management of the patient's problem without patient face-to-face contact with the consultant. ◀

▶ When the sole purpose of the telephone/Internet/electronic health record communication is to arrange a transfer of care or other face-to-face service, these codes are not reported ◀

▶ The treating/requesting physician or other qualified health care professional may report **99452** if spending 16-30 minutes in a service day preparing for the referral and/or communicating with the consultant. Do not report **99452** more than once in a 14-day period. The treating/requesting physician or other qualified health care professional may report the prolonged service codes **99354, 99355, 99356, 99357** for the time spent on the interprofessional telephone/Internet/electronic health record discussion with the consultant (eg, specialist) if the time exceeds 30 minutes beyond the

typical time of the appropriate E/M service performed and the patient is present (on-site) and accessible to the treating /requesting physician or other qualified health care professional. If the interprofessional telephone/Internet/electronic health record assessment and management service occurs when the patient is not present and the time spent in a day exceeds 30 minutes, then the non-face-to-face prolonged service codes, 99358, 99359 may be reported by the treating /requesting physician or other qualified health care professional. ◀

▲**99446** Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review

▲**99447** 11-20 minutes of medical consultative discussion and review

▲**99448** 21-30 minutes of medical consultative discussion and review

▲**99449** 31 minutes or more of medical consultative discussion and review

#●**99451** Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of consultative time

#●**99452** Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

▶ **Digitally Stored Data Services/Remote Physiologic Monitoring** ◀

▶ Codes **99453** and **99454** are used to report remote physiologic monitoring services (eg, weight, blood pressure, pulse oximetry) during a 30- day period. To report **99453**, **99454**, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified healthcare professional. Code **99453** may be used to report the set-up and patient education on use of the device(s). Code **99454** may be used to report supply of the device for daily recording or programmed alert transmissions. Codes **99453**, **99454** are not reported if monitoring is less than 16 days. Do not report **99453**, **99454** when these services are included in other codes for the duration of time of the physiologic monitoring service (eg, 95250 for continuous glucose monitoring requires a minimum of 72 hours of monitoring). ◀

▶ Code **99091** should be reported no more than once in a 30-day period to include the physician or other qualified health care professional time involved with data accession, review and interpretation, modification of care plan as necessary (including communication to patient and/or caregiver), and associated documentation.

▶ If the services described by **99091** are provided on the same day the patient presents for an Evaluation and Management (E/M) service, these services should be considered part of the E/M service and not reported separately. ◀

- #●99453 Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
- #●99454 device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
- #▲99091 Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

Remote Physiologic Monitoring Treatment Management Services

► Remote physiological monitoring and treatment management services are provided when clinical staff/physician/other qualified health care professional use the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report physiological monitoring, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Use **99457** for time spent managing care when patients or the practice do not meet the requirements to report more specific services. Code **99457** may be reported during the same service period as chronic care management services.

- #● 99457 Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

Chronic Care Management Services

- #●99491 Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following requirements;
 - multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patients;
 - chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
 - comprehensive care plan established, implemented, revised, or monitored
- (Do not report **99491** in the same calendar month as **99487, 99489, 99490**) ◄
- (Do not report **99491** in conjunction with **99339, 99340**) ◄

Surgery

Integumentary System

Musculoskeletal Incision and Drainage

Code **20005**, incision and drainage of subfascial abscess, has been deleted. See instead incision and drainage codes specific to anatomical sites. Examples of site-specific codes (unchanged in 2019) are:

- 23030** Incision and drainage, shoulder area; deep abscess or hematoma
- 23930** Incision and drainage, upper arm or elbow area; deep abscess or hematoma
- 25028** Incision and drainage, forearm and/or wrist; deep abscess or hematoma
- 26010** Drainage of finger abscess; simple
- 26011** complicated (eg, felon [an infection of the soft tissue (pulp) of the fingertip])

In the CPT index, site-specific incision and drainage codes can be found at the terms abscess and drainage and at listings for procedures by site (eg, arm). For cutaneous/subcutaneous incision and drainage procedures (ie, not subfascial), see codes **10060–10180**.

Digestive System

Gastric Intubation

► **43760** has been deleted. To report replacement of gastrostomy tube without imaging or endoscopic, see **43762** and **43763**. ◀

- **43762** Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract
- **43763** requiring revision of gastrostomy tract

► (For percutaneous replacement of gastrostomy tube under fluoroscopic guidance, use **49450**) ◀

► (For endoscopically directed placement of gastrostomy tube, use **43246**) ◀

Medicine

Pulmonology

- ▲ **94780** Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes
- + ▲ **94781** each additional full 30 minutes (List separately in addition to code for primary procedure)

Vaccines/Toxoids

- ↳● 90689 Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use

▶ **Developmental/Behavioral Screening and Testing** ◀

▶ (96111 has been deleted) ◀

▶ (To report developmental testing, see 96112, 96113) ◀

- 96112 Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social memory and/or executive functions by standardized developmental instruments when performed), by a physician or other qualified health care professional, with interpretation and report; first hour
- +●96113 each additional 30 minutes (List separately in addition to code for primary procedure)

HCPCS Codes

- G2010** Remote evaluation of recorded video and/or images submitted by an established patient [e.g., store and forward], including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment)
- G2012** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

Resources:

- American Academy of Pediatrics, AAP Pediatric Coding Newsletter, October 2018
- American Medical Association, CPT 2019
- HCPCS Level II, 2019

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