

# Tennessee Chapter

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American Academy of Pediatrics

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## CPT Pediatric Coding Updates 2021

The 2021 *Current Procedural Terminology* (CPT) codes are effective as of January 1, 2021. This is not an all-inclusive list of 2021 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**
- ★ - **Telemedicine**

## New and Revised Language/Codes

### Evaluation and Management Services

#### Office and Other Outpatient Services ★99202-99215

**Please refer to:** *AMA CPT Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes* and your 2021 CPT book for 2021 E/M Changes. (The AMA document can be found on the TNAAP website under - Programs/EPSTD and Coding/Coding Resources.)

#### Highlights Include:

- Changes to the E/M Introductory Guidelines for Office or Other Outpatient Codes **99202-99215**
- Revised Office or Other Outpatient E/M codes **99202-99215**
- History and exam elements will no longer be factors in determining the level of the E/M service reported
- The selection of level of service for CPT codes **99202-99205** and **99211-99215** will be solely based on **medical decision making or time**, whichever is the most appropriate to capture the work being performed to treat and manage that patient.
- Code **99201** will be deleted

- CPT will include separate guidelines for E/M office and other outpatient and for other E/M services

## **Prolonged Services**

### **► Prolonged Services with Direct Patient Contact (Except with Office or Other Outpatient Services) ◀**

**★99354** and **★99355** – Do not report with **99202-99215**

### **Prolonged Service Without Direct Patient Contact**

► Codes **99358** and **99359** are used when a prolonged service is provided that is neither face-to-face time in the outpatient, inpatient, or observation setting, nor additional unit/floor time in the hospital or nursing facility setting. Codes **99358, 99359** may be used during the same session of an evaluation and management service, except office or other outpatient services (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215). For prolonged total time in addition to office or other outpatient services (ie, **99205, 99215**) on the same date of service without direct patient contact, use **99417**. Codes **99358, 99359** may also be used for prolonged services on a date other than the date of a face-to-face encounter.

This service is to be reported in relation to other physician or other qualified health care professional services, including evaluation and management services at any level. This prolonged service may be reported on a different date than the primary service to which it is related. For example, extensive record review may relate to a previous evaluation and management service performed at an earlier date. However, it must relate to a service or patient where (face-to-face) patient care has occurred or will occur and relate to ongoing patient management. ◀

**99358** Prolonged evaluation and management service before and/or after direct patient care; first hour

**99359** each additional 30 minutes (List separately in addition to code for prolonged service)

(Use **99359** in conjunction with **99358**)

► (Do not report **99358, 99359** on the same date of service as **99202-99215**) ◀

## ► Prolonged Service with or without Direct Patient Contact on the Date of an Office or Other Outpatient Service ◀

► Code **99417** is used to report prolonged total time (ie, combined time with and without direct patient contact) provided by the physician or other qualified health care professional on the date of office or other outpatient services (ie, **99205, 99215**). Code **99417** is only used when the office or other outpatient services has been selected using time alone as the basis and only after the minimum time required to report the highest-level service (ie, **99205** or **99215**) has been exceeded by 15 minutes. To report a unit of **99417**, 15 minutes of additional time must have been attained. Do not report **99417** for any additional time increment of less than 15 minutes. ◀

► Prolonged services of less than 15 minutes total time is not reported on the date of office or other outpatient service when the highest level is reached (ie, **99205, 99215**) ◀

#★+●**99417** Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes **99205, 99215** for office or other outpatient Evaluation Management services)

► (Use **99417** in conjunction with **99205, 99215**) ◀

► (Do not report **99417** on the same date of service as **99354, 99355, 99358, 99359, 99415, 99416**) ◀

► (Do not report **99417** for any time unit less than 15 minutes) ◀

## Chronic Care Management Services

► Chronic care management services are provided when medical and/or psychological needs of the patient require establishing, implementing, revising, or monitoring the care plan. Patients who receive chronic care management services have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute/exacerbation/decompensation, or functional decline. Code **99490** is reported when, during the calendar month, at least 20 minutes of clinical staff time is spent in care management activities. Code **99349** is reported in conjunction with **99490** for each additional 20 minutes of clinical staff time spent in care management activities during the calendar month up to a maximum of 60 minutes total time (ie, **99439** may only be reported twice per calendar month). Code **99491** is reported when 30 minutes of physician or other qualified health care professional personal time is spent in care management activities. Do not report **99439, 99490** in the same calendar month as **99491**. If reporting **99491**, do not count any physician or other qualified

health care professional time on the date of a face-to-face E/M encounter towards the time used in reporting 99491. ◀

- #▲99490 Chronic care management services, with the following required elements:
- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
  - chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
  - comprehensive care plan established, implemented, revised, or monitored;

first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

- #+●99439 each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

▶(Use 99439 in conjunction with 99490)◀

▶(Chronic care management services of 60 minutes or more requiring moderate or complexity medical decision making may be reported using 99487, 99489)◀

▶(Do not report 99439 more than twice per calendar month)◀

### **Complex Chronic Care Management Services**

▶ Complex chronic care management services are provided during a calendar month that includes criteria for chronic care management services including establishing, revising, implementing, or monitoring the care plan; medical, functional, and/or psychological problems requiring medical decision making of moderate or high complexity; and clinical staff care management services for at least 60 minutes, under the direction of a physician or other qualified health care professional. Medical decision making as defined in the Evaluation and Management (E/M) guidelines is determined by the problems addressed by the reporting individual during the month. ◀

- ▲99487 Complex chronic care management services, with the following required elements:
- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
  - chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
  - comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making;

first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

- +▲99489 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

### **Transitional Care Management Services (TCM) – ★99495 and ★99496**

The following list of services may now be reported in conjunction with TCM services as long as the services do not overlap. CPT instructions that prohibited reporting of the following services during the period of TCM will be deleted.

- Home care plan oversight services (99339, 99340)
- Prolonged evaluation and management (E/M) services without direct patient contact (99358, 99359)
- Online digital E/M services (99421-99423)
- CCM and complex CCM (99487, 99489, 99490, 99439, 99491)

\*(Please refer to your 2021 CPT coding book for other codes that may be included.)

## **Medicine**

### **Pulmonology**

- ▲94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)
- 94619 without electrocardiographic recording(s)

### **Vaccines/Toxoids**

- 90587 Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use
- 90697 Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenza type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
- #90619 Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use

**Category III Codes**

●0615T Eye movement analysis without spatial calibration, with interpretation and report

**HCPCS Codes**

**Single-Disease Chronic Care Management**

**G2064** Comprehensive care management services for a single high-risk disease, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities

**G2065** Comprehensive care management services for a single high-risk disease, e.g. principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities

**Resources:**

American Academy of Pediatrics, AAP Pediatric Coding Newsletter, October 2020

American Medical Association, CPT 2021

HCPCS Level II, 2021

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