

Tennessee Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



CPT Pediatric Coding Updates 2023

The 2023 *Current Procedural Terminology* (CPT) codes are effective as of January 1, 2023. This is not an all-inclusive list of 2023 changes. TNAAP has listed below the codes we believe are of most interest to general pediatricians. Please see the 2023 CPT code book for a complete list of changes and to verify all new and revised codes.

- ▶ ◀ - **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

New Appendices

Appendix T – CPT Codes That May Be Used For Synchronous Real-Time Interactive Audio-Only Telemedicine Services

Evaluation and Management Services

Hospital Observation Services

Significant changes have been made to this section that combine hospital inpatient and observation care services for both new and established patients. Highlights are included below. Please check your 2023 CPT books for complete guidelines and instructions.

Observation Care Discharge Services

▶ (99217 has been deleted. To report observation care discharge services, see 99328, 99239) ◀

Initial Observation Care

New or Established Patient

▶ (99218, 99219, 99220 have been deleted. To report initial observation care, new or established patient, see 99221, 99222, 99223) ◀

Subsequent Observation Care

▶ (99224, 99225, 99226 have been deleted. To report subsequent observation care, see 99231, 99232, 99233) ◀

▶ Hospital Inpatient and Observation Care Services ◀

▶ The following codes are used to report initial and subsequent evaluation and management services provided to hospital inpatients and to patients designated as hospital outpatient “observation status.” Hospital inpatient or observation care codes are also used to report partial hospitalization services. ◀

▶ Initial Hospital Inpatient or Observation Care ◀

▶ The following codes are used to report the first hospital inpatient or observation status encounter with the patient.

An initial service may be reported when the patient has not received any professional services from the physician or other qualified health care professional or another physician or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice during the stay. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician. ◀

▲99221 **Initial hospital inpatient or observation care**, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.

When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

▲99222 **Initial hospital inpatient or observation care**, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.

- ▲99223 Initial hospital inpatient or observation care**, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.

▶ (For services of 90 minutes or longer, use prolonged services code **99418**)◀

▶ Subsequent Hospital Inpatient or Observation Care ◀

- ▲99231 Subsequent hospital inpatient or observation care**, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.

When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.

- ▲99232 Subsequent hospital inpatient or observation care**, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.

- ▲99233 Subsequent hospital inpatient or observation care**, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.

▶ (For services of 65 minutes or longer, use prolonged services code **99418**)◀

► **Hospital Inpatient or Observation Care Services (Including Admission and Discharge Services)** ◀

► The following codes are used to report hospital inpatient or observation care services provided to patients admitted and discharged on the same date of service.

For patients admitted to hospital inpatient or observation care and discharged on a different date, see **99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239**.

Codes **99234, 99235, 99236** require two or more encounters on the same date of which one of these encounters is an initial admission encounter and another encounter being a discharge encounter. For a patient admitted and discharged at the same encounter (ie, one encounter), see **99221, 99222, 99223**. Do not report **99238, 99239** in conjunction with **99221, 99222, 99223** for admission and discharge services performed on the same date. ◀

► (For discharge services provided to newborns admitted and discharged on the same date, use **99463**) ◀

▲ **99234** **Hospital inpatient or observation care**, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.

When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

▲ **99235** **Hospital inpatient or observation care**, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.

▲ **99236** **Hospital inpatient or observation care**, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making.

When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.

► (For services of 100 minutes or longer, use prolonged services code **99418**) ◀

► Hospital Inpatient or Observation Discharge Services ◀

► The hospital inpatient or observation discharge day management codes are to be used to report the total duration of time on the date of the encounter spent by a physician or other qualified health care professional for final hospital or observation discharge of a patient, even if the time spent by the physician or other qualified health care professional on that date is not continuous. The codes include, as appropriate, final examination of the patient, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions, and referral forms. These codes are to be utilized to report all services provided to a patient on the date of discharge, if other than the initial date of inpatient or observation status. For a patient admitted and discharged from hospital inpatient or observation status on the same date, report **99234, 99235, 99236**, as appropriate.

Codes **99238, 99239** are to be used by the physician or other qualified health care professional who is responsible for discharge services. Services by other physicians or other qualified health care professionals that may include instructions to the patient and/or family/caregiver and coordination of post-discharge services may be reported with **99231, 99232, 99233**. ◀

▲**99238** **Hospital inpatient or observation discharge day management**; 30 minutes or less on the date of the encounter

▲**99239** more than 30 minutes on the date of the encounter

► (For hospital inpatient or observation care including the admission and discharge of the patient on the same date, see **99234, 99235, 99236**) ◀

Consultations

► A consultation is a type of evaluation and management service provided at the request of another physician, other qualified health care professional, or appropriate source to recommend care for a specific condition or problem.

A physician or other qualified health care professional consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.

A “consultation” initiated by a patient and/or family, and not requested by a physician, other qualified health care professional, or other appropriate source (eg, non-clinical social worker, educator, lawyer, or insurance company), is not reported using the consultation codes.

The consultant’s opinion and any services that were ordered or performed must also be communicated by written report to the requesting physician, other qualified health care professional, or other appropriate source. ◀

Office or Other Outpatient Consultations

New or Established Patient

► The following codes may be used to report consultations that are provided in the office or other outpatient site, including the home or residence, or emergency department. Follow-up

visits in the consultant's office or other outpatient facility that are initiated by the consultant or patient are reported using the appropriate codes for established patients in the office (**99212, 99213, 99214, 99215**) or home or residence (**99347, 99348, 99349, 99350**). Services that constitute transfer of care (ie, are provided for the management of the patient's entire care or for the care of a specific condition or problem) are reported with the appropriate new or established patient codes for office or other outpatient visits or home or residence services. ◀

▶ (For an outpatient consultation requiring prolonged services, use **99417**) ◀

▶ (**99241** has been deleted. To report, use **99242**) ◀

▲99242 **Office or other outpatient consultation for a new or established patient,** which requires a medically appropriate history and/or examination and straightforward medical decision making.

When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

▲99243 **Office or other outpatient consultation for a new or established patient,** which requires a medically appropriate history and/or examination and low level of medical decision making.

When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

▲99244 **Office or other outpatient consultation for a new or established patient,** which requires a medically appropriate history and/or examination and moderate level of medical decision making.

When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

▲99245 **Office or other outpatient consultation for a new or established patient,** which requires a medically appropriate history and/or examination and high level of medical decision making.

▶ **Inpatient or Observation Consultations** ◀

New or Established Patient

▶ Codes **99252, 99253, 99254, 99255** are used to report physician or other qualified health care professional consultations provided to hospital inpatients, observation-level patients, residents of nursing facilities, or patients in a partial hospital setting, and when the patient has not received any face-to-face professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice during the stay. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician. Only one

consultation may be reported by a consultant per admission. Subsequent consultation services during the same admission are reported using subsequent inpatient or observation hospital care codes (99231-99233) or subsequent nursing facility care codes (99307-99310). ◀

▶ (For an inpatient or observation consultation requiring prolonged services, use 99418) ◀

▶ (99251 has been deleted. To report, use 99252) ◀

▲99252 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.

When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.

▲99253 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.

When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

▲99254 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

▲99255 Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.

▶ (For services 95 minutes or longer, use prolonged services code 99418) ◀

Emergency Department Services

New or Established Patient

Time is not a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time.

- ▲**99281** Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional
- ▲**99282** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making
- ▲**99283** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making
- ▲**99284** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making
- ▲**99285** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making

Nursing Facility Services

Codes **99304-99316** have been revised. Please see the 2023 CPT book for more information.

► Home or Residence Services ◀

The title of this section has been changed. Formerly Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services, Codes **99324-99337** have been deleted. See new codes **99341-99350** for home or residence services.

Care Plan Oversight

Codes **99339** and **99340** have been deleted.

► (For care plan oversight services provided in the rest home [eg, assisted living facility] or home, see care management services codes **99437, 99491**, or principal care management codes **99424, 99425**, and for hospice agency, see **99377, 99378**) ◀

Prolonged Services

Prolonged Service With Direct Patient Contact (Except with Office or Other Outpatient Services)

► (**99354, 99355** have been deleted. For prolonged evaluation and management services on the date of an outpatient service, home or residence service, or cognitive assessment and care plan, use **99417**) ◀

► (**99356, 99357** have been deleted. For prolonged evaluation and management services on the date of an inpatient or observation or nursing facility service, use **99418**) ◀

► **Prolonged Service on Date Other Than the Face-to-Face Evaluation and Management Service Without Direct Patient Contact** ◀

► Codes **99358** and **99359** are used when a prolonged service is provided on a date other than the date of a face-to-face evaluation and management encounter with the patient and/or family/caregiver. Codes **99358**, **99359** may be reported for prolonged services in relation to any evaluation and management service on a date other than the face-to-face service, whether or not time was used to select the level of the face-to-face service.

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, on a date other than the face-to-face service to which it is related. Prolonged service without direct patient contact may only be reported when it occurs on a date other than the date of the evaluation and management service. 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 which (face-to-face) patient care has occurred or will occur and relate to ongoing patient management. ◀

► **Prolonged Service With or Without Direct Patient Contact on the Date of an Evaluation and Management 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, office consultation, or other outpatient evaluation and management services (ie, **99205**, **99215**, **99245**, **99345**, **99350**, **99483**). Code **99418** 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 an inpatient evaluation and management service (ie, **99223**, **99233**, **99236**, **99255**, **99306**, **99310**). Prolonged total time is time that is 15 minutes beyond the time required to report the highest-level primary service. Codes **99417**, **99418** are only used when the primary service has been selected using time alone as the basis and only after the time required to report the highest-level service has been exceeded by 15 minutes. To report a unit of **99417**, **99418**, 15 minutes of time must have been attained. Do not report **99417**, **99418** for any time increment of less than 15 minutes.

When reporting **99417**, **99418**, the initial time unit of 15 minutes should be added once the time in the primary E/M code has been surpassed by 15 minutes. For example, to report the initial unit of **99417** for a new patient encounter (**99205**), do not report **99417** until at least 15 minutes of time has been accumulated beyond 60 minutes (ie, 75 minutes) on the date of the encounter. For an established patient encounter (**99215**), do not report **99417** until at least 15 minutes of time has been accumulated beyond 40 minutes (ie, 55 minutes) on the date of the encounter. Time spent performing separately reported services other than the primary E/M service and prolonged E/M service is not counted toward the primary E/M and prolonged services time. For prolonged services on a date other than the date of a face-to-face evaluation and management encounter with the patient and/or family/caregiver, see **99358**, **99359**. For E/M services that require prolonged clinical staff time and may include face-to-face services by the physician or other qualified health care professional, see **99415**, **99416**. Do not report **99417**, **99418** in conjunction with **99358**, **99359**, **99415**, **99416**. ◀

#+▲99417 Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)

▶ (Use **99417** in conjunction with **99205, 99215, 99245, 99345, 99350, 99483**) ◀

▶ (Do not report **99417** on the same date of service as **90833, 90836, 90838, 99358, 99359, 99415, 99416**) ◀

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

#+●99418 Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)

▶ (Use **99418** in conjunction with **99223, 99233, 99236, 99255, 99306, 99310**) ◀

▶ (Do not report **99418** on the same date of service as **90833, 90836, 90838, 99358, 99359**) ◀

▶ (Do not report **99418** for any time unit less than 15 minutes) ◀

Surgery

Integumentary System

▲15851 Removal of sutures or staples under requiring anesthesia (ie, general anesthesia, moderate sedation)

▶ (Do not report **15851** for suture and/or staple removal to re-open a wound prior to performing another procedure through the same incision) ◀

#+●15853 Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)

#+●15854 Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)

Pathology and Laboratory

- #●87913 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)

Medicine

Vaccines/Toxoids

COVID-19 Vaccine and Administration Codes

► Appendix Q ◀

► Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19] Vaccines ◀

(NOTE: See **Appendix Q** of the CPT book for table of vaccines, administration codes, manufacturer, vaccine name, NDC number and dosing interval. Additional instructional information can be found in the Immunization Administration for Vaccines/Toxoids and Medicine section of the CPT book.) For the most up-to-date information, see the following link: <https://www.ama-assn.org/system/files/covid-19-immunizations-appendix-q-table.pdf>

- #↵●90584 Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use
- #●90611 Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
- #●90622 Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use
- ↵●90678 Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
- ▲90739 Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use

Resources:

American Medical Association, CPT 2023

*****Disclaimer*****

The Tennessee Chapter of the American Academy of Pediatrics (TNAAP) is not affiliated with any other organization, vendor or company. The information contained herein is intended for educational purposes only, and any other use (including, without limitation, reprint, transmission or dissemination in whole or in part) is strictly prohibited. Although reasonable attempts have been made to provide accurate and complete information, neither the publisher nor any person associated with TNAAP warrant or guarantee the information contained herein is correct or applicable for any particular situation. TNAAP will not undertake to update any information provided herein. In all cases, the practitioner or provider is responsible for use of this educational material, and any information provided should not be a substitution for the professional judgment of the practitioner or provider.

*CPT codes, nomenclature and other data are copyright 2022 American Medical Association. All rights reserved. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein.