

**CPT Pediatric Coding Updates 2024**

The 2024 *Current Procedural Terminology* (CPT) codes are effective as of January 1, 2024. This is not an all-inclusive list of 2024 changes. TNAAP has listed below the codes we believe are of most interest to general pediatricians. Please see the 2024 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**

**ϟ**  - **FDA Approval Pending**

★ - **Telemedicine**

**New and Revised Language/Codes**

**Evaluation and Management Services Guidelines**

**►Split or Shared Visits****◄**

**►**Physician(s) and other qualified health care professional(s) (QHP[s]) may act as a team in providing care for the patient, working together during a dingle E/M service. The split or shared visits guidelines are applied to determine which professional may report the service. If the physician or other QHP performs a substantive portion of the encounter, the physician or other QHP may report the service. If code selection is based on total time on the date of the encounter, the service is reported by the professional who spent the majority of the face-to-face or non-face-to-face time performing the service. For the purpose of reporting E/M services within the context of team-based care, performance of a substantive part of the MDM requires that the physician(s) or QHP(s) made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management. By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. If the amount and/or complexity of data to be reviewed and analyzed is used by the physician or other QHP to determine the reported code level, assessing an independent historian’s narrative and the ordering or review of tests or documents do not have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan. Independent interpretation of tests and discussion of management plan or test interpretation must be personally performed by the physician or other QHP if these are used to determine the reported code level by the physician or other QHP.**◄**

**►Multiple Evaluation and Management Services on the Same Date****◄**

**\*See CPT 2024 for guidance on reporting multiple services for Hospital Inpatient and Observation Care Services, ED or Nursing Facilities on the same day.**

**Levels of EM Services**

**Number and Complexity of Problems Addressed at the Encounter**

**►**The term “risk” as used in the definition of this element relates to the risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of the management.**◄**

**Guidelines for Selecting Level of Service Based on Time**

**►**Each service that may be reported using time for code level selection has a required time threshold. The concept of attaining a midpoint between levels does not apply. A full 15 minutes is required to report any unit of prolonged services codes **99417, 99418**.**◄**

**Evaluation and Management Services**

**Office or Other Outpatient Services**

★▲**99202** **Office or other outpatient visit** for the evaluation and management of a new 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, **15** minutes must be met or exceeded

★▲**99203** **Office or other outpatient visit** for the evaluation and management of a new 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 of must be met or exceeded

★▲**99204** **Office or other outpatient visit** for the evaluation and management of a new 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, **45** minutes must be met or exceeded

**★▲99205 Office or other outpatient visit** for the evaluation and management of a new 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, **60** minutes must be met or exceeded

**★▲99212 Office or other outpatient visit** for the evaluation and management of an 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, **10** minutes must be met or exceeded

★▲**99213** **Office or other outpatient visit** for the evaluation and management of an 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, **20** minutes must be met or exceeded

★▲99214 **Office or other outpatient visit** for the evaluation and management of an 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, **30** minutes must be met or exceeded

★▲**99215** **Office or other outpatient visit** for the evaluation and management of an 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, **40** minutes must be met or exceeded

**Nursing Facility Services**

▲**99306** Initial nursing facility 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

★▲**99308** Subsequent nursing facility care, per day, for the evaluation and management of a 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, **20** minutes must be met or exceeded

**Other Evaluation and Management Services**

**#+****●99459** Pelvic examination (List separately in addition to code for primary procedure)

**Pathology and Laboratory**

**●87593** Infectious agent detection by nucleic acid (DNA or RNA); Orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each

**Medicine**

**●90380** Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for

intramuscular use

**●90381** Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for

intramuscular use

**●96380**  Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional

**●96381**  Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

**●90679** Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for

intramuscular use

**#ϟ●90683** Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular 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

**#ϟ●90623** Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use

**\*DELETED COVID-19 Vaccine and Administration Codes\***

**AMA deleted the following COVID-19-related codes on Nov. 1, 2023. These codes appear in**

**the 2024 CPT code book because it went to print before these code changes were finalized:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **0001A** | **0034A** | **0072A** | **0104A** | **0151A** | **91303** | **91314** |
| **0002A** | **0041A** | **0073A** | **0111A** | **0154A** | **91305** | **91315** |
| **0003A** | **0042A** | **0074A** | **0112A** | **0164A** | **91306** | **91316** |
| **0004A** | **0044A** | **0081A** | **0113A** | **0171A** | **91307** | **91317** |
| **0011A** | **0051A** | **0082A** | **0121A** | **0172A** | **91308** |  |
| **0012A** | **0052A** | **0083A** | **0124A** | **0173A** | **91309** |  |
| **0013A** | **0053A** | **0091A** | **0134A** | **0174A** | **91310** |  |
| **0021A** | **0054A** | **0092A** | **0141A** | **91300** | **91311** |  |
| **0022A** | **0064A** | **0093A** | **0142A** | **91301** | **91312** |  |
| **0031A** | **0071A** | **0094A** | **0144A** | **91302** | **91313** |  |

**\*Appendix Q Deleted\***

**\*NEW COVID-19 Vaccine and Administration Codes\***

**See AAP COVID-19 Vaccine Table :** [**AAP COVID-19 Vaccine Coding Chart September 2023**](AAP%20COVID-19%20Vaccine%20Coding%20Chart%20September%202023) **(NOT in 2024 CPT Book)**

**COVID-19 Immunization Administration**

**#●90480** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

**COVID-19 Vaccine/Toxoid**

**#●91304** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use

**#●91318** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use

**#●91319** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use

**#●91320** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

**#●91321** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use

**#●91322** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use

Resources:

American Medical Association, CPT 2024

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