

PEDIATRIC CODING MANUAL

Inside ...

General Pediatric Codes

Key EPSDT Codes

Annual Changes:

- Additions
 - Revisions
 - Deletions
-

Coding Resources:

- Resource Books
 - Newsletters
 - Journals
 - Websites
-



*Janet Smith, TNAAP Coding Educator, and Dr. Oluwatobi Amosun,
Centennial Pediatrics, Southern Hills*

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Tennessee Chapter

**Tennessee Chapter of the American Academy of Pediatrics
(TNAAP)**

2009 Pediatric Codes

<u>Table of Contents</u>	<u>Page(s)</u>
1. Key EPSDT Codes.....	2-8
2. Immunization Administration.....	5
3. Vaccine Table.....	9-10
4. Key Pediatric CPT, HCPCS Codes.....	11-22
5. Key Pediatric ICD-9-CM Codes.....	23-37
6. 2009 CPT Code Additions/Revisions/Deletions.....	38-43
7. 2009 ICD-9-CM Code Additions/Revisions/Deletions.....	44-51
8. Coding Resources.....	52-53

*****Disclaimer*****

The Tennessee Chapter of the American Academy of Pediatrics (TNAAP) is independent and not affiliated with any organization, vendor or company. Reasonable attempts have been made to provide accuracy in the information both in print, and online. The information is intended for educational purposes only and may contain confidential and/or privileged material. Any other use (including without limitation, reprint, transmission or dissemination of all or part of this information), without the express written permission of TNAAP is strictly prohibited. Of necessity, examples cited and advice given must be general in nature and may not apply to any particular case. If information is provided based on facts provided by other parties, TNAAP will not verify the information and is not responsible for the accuracy or completeness of such information or failure to provide additional information pertinent to any TNAAP response. Information provided by TNAAP does not constitute clinical advice nor does it dictate a payer's reimbursement policy. Thus, neither the publisher, editors, board members, contributors nor consultants warrant or guarantee the information contained herein will be applicable or appropriate for any particular situation. In all cases, the practitioner or other party(s) is responsible for use of this educational material and any information provided is not a substitution for the professional judgment of the practitioner or other party(s) involved. TNAAP does not undertake to update any information provided to you.

*CPT codes, nomenclature and other data are copyright 2001 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.

Key EPSDT Codes

Evaluation and Management Preventive Medicine Codes

EPSDT services are comprehensive assessments best reported with preventive medicine CPT codes below. EPSDT services are performed for patients birth up to the age of 21.

CPT

ICD-9-CM (Diagnosis)

Preventive Medicine

Preventive Medicine Services

New language has been added to the instructions in the Preventive Medicine section (99381-99397) to clarify services that are separately reported in conjunction with preventive evaluation and management services. The instructions further clarify that vaccine counseling is not included in the preventive medicine service codes.

“Vaccine/toxoid products, immunization administrations, ancillary studies including laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90465-90474. For vaccine/toxoid products, see 90476-90749.”

The code descriptions for preventive medicine services (99381-99397) have been revised deleting the language “ordering of immunizations.”

99381*	New patient, under 1 year of age	V20.2	Routine infant or well child check
99382*	New patient, 1 – 4 years of age		Newborn care
99383*	New patient, 5 – 11 years of age		Premature infant
99384*	New patient, 12 – 17 years of age		0-18 years of age
99385*	New patient, 18 – 21 years of age		
99391*	Established patient, under 1 year of age	V70.0	Health Check up
99392*	Established patient, 1 – 4 years of age		Over 18 years of age
99393*	Established patient, 5 – 11 years of age		
99394*	Established patient, 12 – 17 years of age		
99395*	Established patient, 18 – 21 years of age		

Normal Newborn Care Codes

These EPSDT services are performed as part of the newborn assessment, typically in the hospital nursery or other setting.

***Revised/New - 2008/2009**

Codes **99431-99440** have been renumbered. The following new codes **99460-99465** will be used to report normal newborn care services beginning January 1, 2009.

- *99460 Initial hospital or birthing center care, per day, for the evaluation and management of the normal newborn infant
- *99461 Initial care, per day, for the evaluation and management of the normal newborn infant seen in other than hospital or birthing center
- *99462 Subsequent hospital care, per day, for the evaluation and management of a normal newborn
- *99463 Initial hospital or birthing center care, per day, for the evaluation and management of the normal newborn infant admitted and discharged on the same date
- *99464 Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
- *99465 Delivery/birthing room resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
- 99238 Hospital discharge day management (30 minutes or less)
- 99239 Hospital discharge day management (More than 30 minutes)

Screening Services Performed During an EPSDT Service

Developmental/Behavioral - *These are CPT codes used to report standardized screening tests that are performed as part of, and in addition to, preventive medicine services.*

- 96110 Developmental testing; limited with interpretation and report (Formal testing tool – For TennCare, see the EPSDT Screening Guidelines Committee recommended list)
- 96111 Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report

Hearing

- 92551 Screening test, pure tone, air only
- 92552 Pure tone audiometry, threshold, air only
- 92583 Select picture audiometry
- 92586 Auditory evoked potential for evoked response audiometry, limited
- 92587 Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

Vision

- 99173 Quantitative bilateral visual acuity exam, e.g., Snellen chart on the wall
- 99174 Ocular photoscreening, with interpretation and report, bilateral

***Revised/New - 2008/2009**

Laboratory

36406	Venipuncture, younger than age 3 years; other vein
36410	Venipuncture, age 3 years or older requiring MD (Not to be used for routine venipuncture)
36415	Routine venipuncture (vein)
36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)
81000	Dipstick urinalysis with microscopy
81001	Automated urinalysis with microscopy
81002	Non-automated urinalysis without microscopy
81003	Automated urinalysis without microscopy
82465	Cholesterol, serum or whole blood, total
83655	Blood lead test
85013	Spun Microhematocrit
85018	Hemoglobin (Hgb)
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

Diagnosis Codes For Conditions Often Reported with the Newborn Screening Test

V77.0	Congenital Hypothyroidism (CH)
V77.3	Phenylketonuria (PKU)
V77.4	Galactosemia
V78.3	Hemoglobinopathies
V77.99	17-OHP (Congenital Adrenal Hyperplasia (CAH))
V77.99	Biotinidase Deficiency
V77.99	Maple Syrup Urine Disease (MSUD)
V77.99	Medium Chain Acyl CoA Dehydrogenase (MCAD)
V77.99	Homocystinuria
V77.99	Amino Acid Disorders
V77.99	Organic Acid Disorders
V77.99	Fatty Acid Oxidation Disorders

CPT Modifiers for Preventive Care

-25	Significant, separately identifiable evaluation and management service by same physician on same day of procedure or other service (i.e. E/M service on the same day as a preventive medicine service)
-90	Reference lab performed procedure, e.g. sending out a blood lead test
-91	Repeat lab test on same visit, e.g. confirmatory hemoglobin

Note: Please see the pediatric medicine section on Page 19 of this manual for additional modifiers or refer to the 2009 CPT book for a complete list of all modifiers.

VACCINES

The provider reports one immunization administration code and one product code for each vaccine given. Both are linked to the same diagnosis V-code for the specific vaccine (see below).

Immunization Administration

- 90471 Immunization administration; one vaccine (single or combination vaccine/toxoid)
- +90472 each additional vaccine (List separately in addition to 90471 or 90473)
- 90473 Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
(Do not report 90473 in conjunction with 90471)
- +90474 each additional vaccine by intranasal or oral route (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure, 90471 or 90473)
- 90465 Immunization administration < 8 yrs of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; 1st injection (single or combination vaccine/toxoid), per day (Do not report 90465 in conjunction with 90467)
- +90466 Each additional injection (single or combination vaccine/toxoid), per day (requires 90465 or 90467 code)
- 90467 Immunization administration < 8 yrs of age (includes intranasal or oral) when the physician counsels the patient/family; 1st injection (single or combination vaccine/toxoid), per day (Do not report 90465 in conjunction with 90467)
- +90468 Each additional (single or combination vaccine/toxoid), per day (requires 90465 or 90467 code)

Note: 90465 and 90466 are essentially the same as 90471 and 90472 except for the additional work of physician counseling in patients < 8 years old. If the physician (or other billable non-physician provider, i.e., PA, NP) provides counseling for vaccine administration in a patient less than 8 years of age, you should indeed use the new codes, since they represent the work done. Another good reason to code correctly: Some private payers may recognize the difference in the descriptors, and pay more for the counseling. It's important to recognize that 90465-90466 (and also 90467 and 90468, for oral/intranasal administration) do not require the physician to administer the vaccine, just to provide the counseling in patients < 8 years old. A nurse can administer the vaccine.

Report codes 90465-90468 only when the physician provides face-to-face counseling of the patient and family during the administration of a vaccine. For immunization administration of any vaccine that is not accompanied by face-to-face physician counseling to the patient/family, report codes 90471-90474.

You must choose from the 90471-90474 series or the 90465-90468 series, you cannot bill one from each series together.

Vaccines, Toxoid Products

<u>CPT</u>		<u>ICD-9-CM</u>
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule for intramuscular use	V05.3
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule for intramuscular use	V05.3
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	V03.81
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use (Hibtiter, ActHib)	V03.81
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	V03.81
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	V03.81
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	V03.89
90655	Influenza virus vaccine, split virus, preservative free when administered to children 6-35 months of age, for intramuscular use	V04.81
90656	Influenza virus vaccine, split virus, preservative free when administered to 3 years and older, for intramuscular use	V04.81
90657	Influenza virus vaccine, split virus when administered to children 6-35 months of age, for intramuscular use	V04.81

90658	Influenza virus vaccine, split virus when administered to 3 years of age and older, for intramuscular use	V04.81
90660	Influenza virus vaccine, live, for intranasal use (Flumist)	V04.81
90669	Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years, for intramuscular use	V03.82
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	V04.89
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), when administered to younger than 7 years, for intramuscular use.	V06.1
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to younger than 7 years, for intramuscular use	V06.5
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	V06.4
90710	Measles, mumps, rubella, and Varicella vaccine (MMRV), live, for subcutaneous use	V06.8
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use	V04.0
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to 7 years or older, for intramuscular use	V06.5
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use	V06.1
90716	Varicella virus vaccine, live, for subcutaneous use	V05.4
90718	Tetanus and diphtheria toxoids (Td), when administered to 7 years or older, for intramuscular use	V06.5
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTaP-Hib), for intramuscular use	V06.8

90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use (Pediarix)	V06.8
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or intramuscular use	V03.82
90733	Meningococcal polysaccharide vaccine (any group(s), for subcutaneous use	V03.89
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (Menactra)	V03.89
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 3 dose, for intramuscular use	V05.3
90743	Hepatitis B vaccine, adolescent, 2 dose, for intramuscular use	V05.3
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	V05.3
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose, for intramuscular use	V05.3
90748	Hepatitis B and Hib (Hep B-Hib), for intramuscular use	V05.3
90749	Unlisted vaccine or toxoid	See ICD-9

Commonly Administered Pediatric Vaccines/Toxoids and Immune Globulins

CPT Code

Immune Globulin		Manufacturer	Brand	ICD-9-CM Code
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each	MedImmune	Synagis®	V04.82
90379	Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use	MedImmune	Respigam®	V04.82
Vaccine	REMEMBER: Report with immunization administration code(s) (90465-90474)*	Manufacturer	Brand	ICD-9-CM Code
90633	Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose, for intramuscular use	GlaxoSmithKline Merck	HAVRIX® VAQTA®	V05.3
90634	Hepatitis A vaccine, pediatric/adolescent dosage, 3 dose, for intramuscular use	GlaxoSmithKline	HAVRIX®	V05.3
90645	Hemophilus influenza B vaccine (Hib), HbOC conjugate, 4 dose, for intramuscular use	Wyeth	HibTITER®	V03.81
90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate, 3 dose, for intramuscular use	Merck	PedvaxHIB®	V03.81
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate, 4 dose, for intramuscular use	sanofi pasteur	ActHIB®	V03.81
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Merck	GARDASIL®	V04.89
90650	Human Papilloma virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use	∕	∕	V04.89
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use	sanofi pasteur	Fluzone No Preservative Pediatric®	V04.81
90656	Influenza virus vaccine, split virus, preservative free, when administered to 3 years of age and above, for intramuscular use	sanofi pasteur Chiron GlaxoSmithKline	Fluzone No Preservative® Fluvirin® FLUARIX™	V04.81
90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular use	sanofi pasteur	Fluzone®	V04.81
90658	Influenza virus vaccine, split virus, 3 years and older dosage, for intramuscular use	sanofi pasteur Chiron	Fluzone® Fluvirin®	V04.81
90660	Influenza virus vaccine, live, intranasal use	MedImmune	FluMist®	V04.81
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	∕	∕	V04.81
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	∕	∕	V04.81
90663	Influenza virus vaccine, pandemic formulation	∕	∕	V04.81
90669	Pneumococcal conjugate vaccine, for children under 5 years, for intramuscular use	Wyeth	Prevnar®	V03.82
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	Merck	ROTATEQ®	V04.89
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	GlaxoSmithKline	Rotarix®	V04.89
90696	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	GlaxoSmithKline	Kinrix®	V06.3
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for intramuscular use	sanofi pasteur	Pentacel®	V06.8
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to younger than seven years, for intramuscular use	sanofi pasteur sanofi pasteur GlaxoSmithKline	DAPTACEL® Tripedia® INFANRIX®	V06.1
90702	Diphtheria and tetanus toxoids (DT), adsorbed when administered to younger than seven years, for intramuscular use	sanofi pasteur	Diphtheria and Tetanus Toxoids Adsorbed	V06.5
90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	Merck	M-M-R II®	V06.4
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Merck	ProQuad®	V06.8
90713	Poliovirus vaccine (IPV), inactivated, for subcutaneous or intramuscular use	sanofi pasteur	IPOL®	V04.0
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to seven years or older, for intramuscular use	sanofi pasteur	DECAVAC®	V06.5
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use	sanofi pasteur GlaxoSmithKline	ADACEL™ BOOSTRIX®	V06.1
90716	Varicella virus vaccine, live, for subcutaneous use	Merck	Varivax®	V05.4
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to 7 years or older, for intramuscular use	sanofi pasteur	Tetanus and Diphtheria Toxoids Adsorbed for Adult Use	V06.5
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTaP-Hib)	sanofi pasteur	TriHIBit®	V06.8
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine (DTaP-Hep B-IPV), for intramuscular use	GlaxoSmithKline	PEDIARIX®	V06.8
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or intramuscular use	Merck	PNEUMOVAX®	V03.82
90733	Meningococcal polysaccharide vaccine, for subcutaneous use	sanofi pasteur	Menomune®	V03.89

Vaccine		Manufacturer	Brand	ICD-9-CM Code
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	sanofi pasteur	Menactra®	V03.89
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 3 dose, for intramuscular use	Merck	RECOMBIVAX HB®	V05.3
90743	Hepatitis B vaccine, adolescent, 2 dose, for intramuscular use	Merck	RECOMBIVAX HB®	V05.3
90744	Hepatitis B, pediatric/adolescent dosage, 3 dose, for intramuscular use	Merck GlaxoSmithKline	RECOMBIVAX HB® Engerix-B®	V05.3
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	Merck GlaxoSmithKline	RECOMBIVAX HB® Engerix-B®	V05.3
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose, for intramuscular use	GlaxoSmithKline	Engerix-B®	V05.3
90748	Hepatitis B and Hib (Hep B-Hib), for intramuscular use	Merck	COMVAX®	V06.8
90749	Unlisted vaccine or toxoid	Please	See	ICD-9-CM
*Immunization Administration Codes				
Immunization Administration Under Age 8 With Physician Counseling				
90465	Immunization administration, first injection			
90466	Immunization administration, each additional injection			
90467	Immunization admin by intranasal/oral route, first administration			
90468	Immunization admin by intranasal/oral route, each additional administration			
Immunization Administration				
90471	Immunization administration, one vaccine			
90472	Immunization administration, each additional vaccine			
90473	Immunization administration by intranasal/oral route; one vaccine			
90474	Immunization administration by intranasal/oral route; each additional vaccine			

⚡ Vaccine pending FDA approval; CPT code released 7/1/07 and implemented 1/1/08 [<http://www.ama-assn.org/ama/pub/category/10902.html>]
 Developed and maintained by the American Academy of Pediatrics. For reporting purposes only.

Key Pediatric CPT and HCPCS Codes

Evaluation and Management office or other outpatient visits

New Patient – *A new patient is one who has not received any professional face-to-face services from the physician or another physician in the same specialty who belongs to the same group practice, within the last three years.*

99201	New Patient Straight Forward
99202	New Patient Straight Forward
99203	New Patient Extended
99204	New Patient Comprehensive
99205	New Patient Comprehensive

Established Patient

99211	Established Patient Minimal
99212	Established Patient Straight Forward
99213	Established Patient Extended
99214	Established Patient Comprehensive
99215	Established Patient Comprehensive

Consultation Outpatient

99241	Consultation Straight Forward
99242	Consultation Low
99243	Consultation Moderate
99244	Consultation Moderate/High
99245	Consultation High

Pediatric Critical Care Patient Transport

Codes **99289** and **99290** have been deleted and have been replaced with **99466** and **99467**. **99466** and **99467** will now be bundled with the same services and procedures as the neonatal and pediatric critical care services.

99466*	Critical care services delivered by a physician, face-to-face, during an inter-facility transport of a critically ill or critically injured pediatric patient, 24 months or younger; first 30 to 74 minutes of hands-on care during transport
99467*	Critical care services delivered by a physician, face-to-face, during an inter-facility transport of a critically ill or critically injured pediatric patient, 24 months or younger; each additional 30 minutes (List separately in addition to code for primary service.)

***Revised/New - 2008/2009**

Inpatient Neonatal and Pediatric Critical Care

Codes **99293-99296** have been deleted and replaced with new codes **99468-99472**. Two new codes **99475-99476** have been created to report inpatient critical care provided to children 2 through 5 years of age.

- 99468* Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
- 99469* Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
- 99471* Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- 99472* Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- 99475* Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
- 99476* Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, of 2 through 5 years age

Note: After 5 years of age report codes 99291 And 99292 for critical services.

- 99291 Critical care, evaluation and management of the critically ill or critically injured patients; first 30-74 minutes
- 99292 each additional 30 minutes (List separately in addition to code for primary service)

Initial and Continuing Intensive Care Services

Code **99477** to report the initial evaluation and management of the neonate, 28 days of age or less, who requires intensive care **remains the same**. Codes **99298-99300** have been renumbered. The following new codes **99478-99480** will be used to report intensive care services beginning January 1, 2009.

- 99478* Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1,500 g)
- 99479* Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight 1,500 – 2,500 g)
- 99480* Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2,501-5,000 g)

***Revised/New - 2008/2009**

To allow consistency in reporting all pediatric critical and intensive care services, new codes **99475** and **99476** (inpatient pediatric critical care for the evaluation and management of the critically ill child 2 through 5 years of age) and revised codes **99466** and **99467** (pediatric critical care patient transport services) will include the same services as those bundled with the other inpatient neonatal and pediatric critical and intensive care codes (**99468-99294** and **99477-99480**). The following services when performed by the physician providing intensive or critical care may *not* be reported separately:

- Routine monitoring evaluations (eg, heart rate, respiratory rate, and blood pressure);
- The interpretation of cardiac output measurements (93561, 93562), chest x-rays (71010, 71015, 71020), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data (99090))
- Gastric intubation (43752, 91105)
- Temporary transcutaneous pacing (92953)
- Ventilatory management (94002-94004, 94660, 94662)
- Vascular access procedures (36000, 36400, 36405, 36406, 36410, 36415, 36591, 36600)
- Endotracheal intubation (31500);
- Surfactant administration (94610)
- Central, peripheral catheterization (36555, 36000)
- Umbilical catheterization (36510, 36660)
- Other arterial catheterization (36140, 36620)
- Vascular punctures (36420, 36600)
- Intravenous fluid administration (90760, 90761)
- Transfusion blood components (36430, 36440)
- Pulmonary function testing (94375)
- Lumbar puncture (62270)
- Suprapubic bladder aspiration (51100)
- Bladder catheterization (51701, 51702)

Any services performed which are not listed above should be reported separately.

Note: Please see revised code instructions on Pages 38-39 for further information.

Prolonged Services

- +99354* Prolonged physician service in the office or other outpatient setting requiring direct (face-toface) patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)
- +99355* Prolonged Services, in office or other outpatient setting each additional 30 minutes (List separately in addition to code for **prolonged** physician service)

***Revised/New - 2008/2009**

- +99356* Prolonged physician service, inpatient setting, requiring unit/floor time beyond the usual time of service; first hour (List separately in addition to code for office or other inpatient Evaluation and Management service)
- +99357* Prolonged physician service, inpatient setting, each additional 30 minutes (List separately in addition to code for **prolonged** physician service)

Note: Please see revised code instruction on Page 41-42 for further information.

Case Management Services

- 99366 Medical team conference with interdisciplinary team of health care professionals, face-to-face with the patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional
- 99367 Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by the physician
- 99368 Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by non-physician qualified health care professional

Preventive Medicine

Counseling Risk Factor Reduction

- 99401 Preventive Medicine counseling, approx. 15 minutes
- 99402 Preventive Medicine counseling, approx. 30 minutes
- 99403 Preventive Medicine counseling, approx. 45 minutes
- 99404 Preventive Medicine counseling, approx. 60 minutes

Behavior Change Interventions

- 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
- 99408 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST, and brief intervention (SBI) services; 15 to 30 minutes
- 99409 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST, and brief intervention (SBI) services; greater than 30 minutes

***Revised/New 2008/2009**

Preventive Medicine, Group Counseling

- 99411 Preventive Medicine counseling, group setting, approx. 30 minutes
99412 Preventive Medicine counseling, group setting, approx. 60 minutes

Note: (For counseling groups of patients with symptoms or established illness, use 99078.)

Other Preventive Medicine Services

- 99420 Administration and interpretation of health risk assessment instrument (eg. Health hazard appraisal)
99429 Unlisted Preventive Medicine Service

Non Face-to-Face Physician Services

Telephone Services

- 99441 Telephone Evaluation and Management service provided by a physician to an established patient, parent, or guardian 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
99442 11-20 minutes
99443 21-30 minutes

Online Medical Evaluation

- 99444 Online evaluation and management service provided by a physician to an established patient, parent, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network

Other Evaluation and Management Service

- 99477 Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services.

Other CPT Codes for Services Performed in the Pediatric Office

Surgery (Integumentary System)

- 10060 I&D Abscess; simple or single
10061 I&D Abscess; complicated or multiple

- 10120 Incision and removal foreign body, subcutaneous, simple
11010 Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s)
11040 Debridement Skin, partial thickness
11041 Debridement skin, full thickness
11042 Debridement skin and subcutaneous tissue
+11001* Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)
+11201* Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
11730 Avulsion of nail plate, partial or complete, simple; single
+11732 each additional nail plate (List separately in addition to code for primary procedure)
12001 Simple repair of superficial wound of scalp/body 2.5 cm or less
12002 Simple repair of superficial wound of scalp/body 2.6 to 7.5 cm
12011 Simple repair of superficial wound of face 2.5 cm or less
12013 Simple repair of superficial wound of face 2.6 to 5 cm
16000 Initial treatment, first degree burn, when no more than local treatment is required
16020 Dressing/Debridement of partial-thickness burns, initial/subsequent; small
17000 Destruction premalignant lesions; first lesion
+17003 second through 14 lesions, each (*list separately in addition to code for first lesion*)
17004 Destruction of premalignant lesions, 15 or more lesions
17110 Destruction of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions
17111 - 15 or more lesions
17250 Chemical cauterization of granulation tissue (e.g., umbilical granuloma)

Surgery (Musculoskeletal System)

- 23500 Fracture Clavicle closed without manipulation
24500 Fracture Humerus Shaft closed without manipulation
24640 Nursemaid Elbow closed radial head subluxation with manipulation
25530 Fracture Ulnar Shaft closed without manipulation
25560 Fracture Radius/Ulna Shaft without manipulation
25600 Fracture Distal Radius (Colles/Smith) or epiphyseal separation, includes closed treatment of ulnar styloid, when performed; without manipulation
26720 Fracture Finger closed without manipulation, each
28490 Fracture Great Toe closed without manipulation

Surgery (Respiratory System)

- 30300 Removal foreign body, intranasal; office type procedure

***Revised/New 2008/2009**

31500 Intubation, endotracheal, emergency procedure

Surgery (Cardiovascular System)

36400 Venipuncture younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein
36405 - scalp vein
36406 - other vein
36415 Collection of venous blood by venipuncture
36416 Collection of capillary blood finger, heel, ear stick
36591 Collection of blood specimen from a completely implantable venous access device
36592 Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36593 Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified

Surgery (Urinary System)

51701 Bladder Cath insertion straight non-indwelling

Surgery (Male Genital System)

54150 Circumcision, clamp or device with regional dorsal penile or ring block
54160 Circumcision, surgical excision other than clamp, device or dorsal slit; neonate (28 days of age or less)
54161 - greater than 28 days of age

Surgery (Nervous System)

62270 Spinal puncture, lumbar, diagnostic
64400–64450 Introduction/Injection, anesthetic agent (Nerve Block), diagnostic or therapeutic somatic nerves

Surgery (Auditory System)

69200 Removal foreign body external auditory canal; without general anesthesia
69210 Removal impacted cerumen, one or both ears

Pathology and Laboratory

80048 Basic Metabolic Panel (Must contain all 8 components)
80053 Complete Metabolic Panel (Must contain all 14 components)
80076 Hepatic Function Panel (Must contain all 7 components)

81000 Urinalysis dipstick or reagent non-automated with microscopy
 81001 Urinalysis dipstick, automated, with microscopy
 81002 Urinalysis dipstick or reagent non-automated without microscopy
 81025 Urine Pregnancy Test by visual color comparison methods
 82247 Bilirubin Total
 82248 Bilirubin Direct
 82270 Occult Blood, Stool, by peroxidase activity, (e.g., guaiac), single determination, for colorectal neoplasm screening
 82271 Occult Blood, Stool, other sources
 82272 Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces
 82948 Glucose, Blood reagent strip
 83013 H-Pylori; breath test
 84030 Phenylalanine (PKU), blood
 84165 Protein; total, electrophoretic fractionation/quantitation, serum
 84702 Gonadotropin, chorionic (hCG) quantitative
 84703 Gonadotropin, chorionic (hCG) qualitative
 85013 Blood count, spun Microhematocrit
 85018 Hemoglobin (Hgb)
 85025 CBC complete automated & automated differential WBC count
 85048 WBC leukocyte automated
 85651 Sedimentation rate erythrocyte non-automated
 86308 Mono Spot heterophine antibodies screening
 86580 TB test - Intradermal (PPD)
 87040 Culture, bacterial; blood, aerobic
 87070 Culture any other source except urine, blood, and stool, aerobic
 87075 Culture any source, except blood, anaerobic
 87077 Culture any source aerobic
 87084 Culture, presumptive pathogenic organisms with colony estimation from density chart
 87086 Culture bacterial quantitative colony count, urine
 87106 Fungal Culture
 87172 Pinworm Exam (e.g., cellophane tape prep)
 87184 Susceptibility study disk method, per plate (12 or fewer agents)
 87205 Smear Gram or giemsa Stain for bacteria, fungi or cell types
 87206 Smear fluorescent of acid-fast stain for bacteria, fungi, parasites, viruses or cell types
 87210 Wet mount (e.g., saline, India ink, KOH preps)
 87400 Influenza. A or B, each
 87420 RSV Respiratory syncytial virus
 87491 Chlamydia DNA test
 87591 Gonorrhea DNA test
 87804 Rapid Flu Test
 87880 Stat Strep group A
 88142 Thin layer preparation pap smear
 88150 Pap Smear
 89050 Cell count, misc. body fluids (e.g., cerebrospinal fluid, joint fluid) except blood

Medicine

(For Immunization Administration refer to Pages 5-6 of this manual)

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions

- 90760 Intravenous infusion, hydration; initial, up to 1 hour
+90761 each additional hour (List separately in addition to code for primary procedure)
- 90765 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
+90766 each additional hour (List separately in addition to code for primary procedure)
+90767 additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
+90768 concurrent infusion (List separately in addition to code for primary procedure)
- 90772 Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular. *(This code cannot be reported for injections given without direct physician supervision; consult CPT code 99211)*
- 90773 intra-arterial
90774 intravenous push, single or initial substance/drug
+90775 each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
- 90779 Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion

Medicine

- 92015 Determine Refractive state
- 92551 Screening test, pure tone, air only
- 92552 Pure tone audiometry (threshold); air only
- 92567 Tympanometry (impedance testing)
- 93000 Rhythm ECG with interpretation and report
- 94002 Ventilation assist and management, initiation of pressure or volume preset ventilator for assisted or controlled breathing; hospital inpatient/observation, initial day
- 94003 - hospital inpatient/observation, each subsequent day
- 94004 - nursing facility, per day
- 94005 Home ventilator management care plan oversight in home, domiciliary or rest home
- 94010 Spirometry
- 94150 Vital capacity, total
- 94610 Intrapulmonary surfactant administration by physician through endotracheal tube
- 94640 Inhalation Treatment

- 94644 Continuous inhalation treatment; first hour
 +94645 - each additional hour (List separately in addition to code for primary procedure)
- 94664 Inhaler or nebulizer demonstration or patient use evaluation of nebulizer, MDI or IPPB device
- 94774 Pediatric home apnea monitoring per 30 day period
- 94775 Apnea monitor attachment only
- 94776 Apnea monitoring, download of information, receipt of transmission(s) and analyses by computer only
- 94777 Apnea review, interpretation and preparation of report only by physician
- 94799 Unlisted pulmonary services or procedure
- 95012 Nitric oxide expired gas determination
- 95115 Allergy Shot, single
- 95117 Allergy Shot, two or more
- 96040 Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
- 96110 Developmental testing; limited with interpretation and report (Formal testing tool – For TennCare, see the EPSDT Screening Guidelines Committee recommended list)
- 96111 Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report

Non-Face-to-Face Non-physician Services

Telephone Services – (Nonphysician)

- 98966 Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- 98967 11-20 minutes of medical discussion
- 98968 21-30 minutes of medical discussion

Online Medical Evaluation – (Non-physician)

- 98969 Online assessment and management service provided by a qualified non-physician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network

Miscellaneous Services

- 99000 Specimen handling from office to lab

99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99058	Service(s) provided on an emergency basis which disrupts other scheduled office services, in addition to basic service
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99070	Supplies and materials except spectacles by MD over/above usual
99071	Educational supplies, such as books, tapes, pamphlets provided by the physician for patient education
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99173	Screening test for visual acuity, quantitative, bilateral
99199	Unlisted special service, procedure or report

Note: See also 2009 CPT Code Additions, Revisions and Deletions on Page 38 of this manual. For CPT corrections check the CPT Errata at www.ama-assn.org.

HCPCS Level II Codes

A4565	Sling
A4570	Splint
A4617	Nebulizer Mask or Mouthpiece
J0170	Injection, adrenalin, epinephrine up to 1 ml/amp
J0280	Injection, aminophyllin, up to 250 mg
J0540	Injection, penicillin G benzathine and penicillin G procaine, up to 1,200,000 units
J0560	Injection, penicillin G benzathine, up to 600,000 units (Bicillin LA, Permapen)
J0570	Injection, penicillin G benzathine, up to 1,200,000 units (Bicillin LA, Permapen)
J0696	Injections, ceftriaxone sodium, per 250 mg (Rocephin)
J1055	Injection, medroxyprogesterone acetate 150 mg (Depo-Provera)
J1070	Injection, testosterone cypionate up to 100 mg (Depo-Testosterone, Duratest 100, etc.)
J1200	Injection diphenhydramine HCl up to 50 mg (Benadryl, Benahist 10,50, etc.)
J1720	Injection, hydrocortisone sodium succinate up to 50 mg
J2550	Injection, promethazine HCl, up to 50 mg (Phenergan, Anergan 25, etc.)
J2930	Injection, methylprednisolone sodium succinate up to 125 mg (Solu-Medrol, A-methaPred)

- J3250 Injection, trimethobenzamide Hcl, up to 200 mg (Tigan, Ticon, Tiject-20, Arrestin)
- J3410 Injection, hydroxyzine Hcl, up to 25 mg (Vistaril, Vistaject-25, Hyzine-50)
- J7613 Albuterol inhalation administration through DME per 1 mg
- J1817 Insulin administration through DME (i.e., insulin pump) per 50 units (Humaloy)

- 0001F-0012F Composite Measures
- 0500F-0509F Patient Management
- 1000F-1111F Patient History
- 2000F-2031F Physical Examination
- 3006F-3210F Diagnostic/Screening Process or Results
- 4000F-4124F Therapeutic, Preventive, or Other Interventions
- 5005F-5015F Follow-up or Other Outcomes
- 6005F-6020F Patient Safety

-8P Performance measure reporting modifier – action not performed, not otherwise specified.

Note: For HCPCS Quarterly Changes/Updates go to www.ingenixonline.com/content/pn

CPT Modifiers

- 22 Increased Procedural Service
- 24 Unrelated E/M Service during global period
- 25 Significant separately identifiable evaluation and management service by same physician on same day of procedure or other service
- 32 Mandated Service
- 51 Multiple Procedures
- 52 Reduced Service
- 53 Discontinued Procedure
- 57 Decision for Surgery
- 58 Staged or Related Procedure or Service by the Same Physician Postoperative Period
- 59 Distinct Procedural Service
- 76 Repeat Procedure or Service by same Physician
- 77 Repeat Procedure by another Physician
- 78 Unplanned Return to Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure During the Postoperative Period
- 90 Reference lab performed procedure, e.g. sending out a blood lead test
- 91 Repeat lab test on same visit, e.g. confirmatory hemoglobin

Note: For a complete listing of all CPT modifiers please refer to the 2009 CPT book.

Key Pediatric ICD-9-CM Codes

Infectious and Parasitic Diseases

008.8	Viral enteritis NOS, gastroenteritis
009.2	Infectious diarrhea
038.12*	Methicillin resistant Staphylococcus aureus septicemia
041.12*	Methicillin resistant Staphylococcus aureus in conditions classified elsewhere and of unspecified site
040.41	Infant botulism
052.2	Postvaricella myelitis
052.9	Chickenpox NOS, Varicella NOS
053.14	Herpes zoster myelitis
053.74	Herpes simplex myelitis
054.2	Herpetic gingivostomatitis
057.0	Fifth disease Erythema infectiosum
057.8	Other specified viral exanthemata (Roseola infantum)
057.9	Viral exanthem, unspecified
058.10	Roseola, infantum, unspecified
058.11	Roseola, infantum due to human herpesvirus 6
058.12	Roseola, infantum due to human herpesvirus 7
074.3	Hand, foot, and mouth disease
075	Infectious mononucleosis
078.0	Molluscum contagiosum
078.10	Viral warts, unspecified
078.12*	Plantar wart
079.2	Coxsackie virus
079.83	Parvovirus B19
079.99	Viral infections NOS
110.1	Dermatophytosis of nail
110.9	Dermatophytosis unspecified site Ringworm NOS
112.0	Thrush of mouth
127.4	Enterobiasis Pinworm
132.0	Head Louse
133.0	Scabies
136.29*	Other specific infections by free-living amebae

Neoplasms

199.2*	Malignant neoplasm associated with transplant organ
203.02-	Leukemia codes (see ICD-9 –CM for specific type)
208.92*	
209.00-	Malignant carcinoid tumor (see ICD-9-CM for specific type)
209.30*	
209.40	Benign carcinoid tumor (see ICD-9-CM for specific site)
209.69*	

***Revised/New - 2008/2009**

- 238.77* Post-transplant lymphoproliferative disorder (PTLD)
- 249.00- Secondary diabetes mellitus (**see ICD-9-CM for specific conditions**)
- 249.91*

Endocrine, Nutritional, Metabolic, Immunity

- 250.0_ Diabetes mellitus NOS (Check 5th digit)
- 259.50* Androgen insensitivity, unspecified
- 259.51* Androgen insensitivity syndrome
- 259.52* Partial androgen insensitivity
- 275.5* Hungry bone syndrome
- 271.3 Intestinal disaccharidase deficiency/malabsorption (congenital lactose intolerance)
- 276.51 Dehydration
- 276.52 Volume depletion
- 278.00 Obesity
- 278.01 Morbid obesity
- 278.02 Overweight
- 279.50* Graft-versus-host disease, unspecified
- 279.51* Acute graft-versus-host disease
- 279.52* Chronic graft-versus-host disease
- 279.53* Acute on chronic graft-versus-host disease

Blood and Blood-Forming Organs

- 280.1 Anemia, Iron deficiency
- 284.1 Pancytopenia
- 285.9 Anemia, unspecified
- 288.0_ Neutropenia (Check 5th digit)
- 289.84* Heparin-induced thrombocytopenia (HIT)

Mental/Behavioral Disorders

- 307.41 Transient disorder of initiation/maintenance sleep
- 307.7 Encopresis
- 309.0 Adjustment disorder with depressed mood
- 309.24 Adjustment disorder with anxiety
- 311 Depression NOS
- 312.9 Unspecified disturbance of conduct
- 314.00 Attention Deficit Disorder without hyperactivity
- 314.01 Attention Deficit Disorder with hyperactivity
- 315.31 Expressive language disorder
- 315.34 Speech and language developmental delay due to hearing loss

***Revised/New - 2008/2009**

Nervous System and Sense Organs

323. __	Encephalitis, encephalomyelitis, myelitis (Check 4 th and 5 th digits)
327. __	Organic sleep disorders (Check 4 th and 5 th digits)
331.83	Mild cognitive impairment, so stated
333.94	Restless Leg Syndrome
337.00*	Idiopathic peripheral autonomic neuropathy, unspecified
337.01*	Carotid sinus syndrome
337.09*	Other idiopathic peripheral autonomic neuropathy
338.0	Central pain syndrome
338. __	Other acute and chronic pain (Check 4 th and 5 th digits)
339.00*	Cluster headache syndrome, unspecified
339.01*	Episodic cluster headache
339.02*	Chronic cluster headache
339.03*	Episodic paroxysmal hemicrania
339.04*	Chronic paroxysmal hemicrania
339.05*	Short lasting unilateral neuralgiform headache with conjunctival injection and tearing
339.09*	Other trigeminal autonomic cephalgias
339.10*	Tension type headache, unspecified
339.11*	Episodic tension type headache
339.12*	Chronic tension type headache
339.20*	Post-traumatic headache, unspecified
339.21*	Acute post-traumatic headache
339.22*	Chronic post-traumatic headache
339.3*	Drug induced headache, not elsewhere classified
339.41*	Hemicrania continua
339.42*	New daily persistent headache
339.43*	Primary thunderclap headache
339.44*	Other complicated headache syndrome
339.81*	Hypnic headache
339.82*	Headache associated with sexual activity
339.83*	Primary cough headache
339.84*	Primary exertional headache
339.85*	Primary stabbing headache
339.89*	Other headache syndrome
343.9	Infantile cerebral palsy NOS
345. __	Epilepsy (Check 4 th and 5 th digits)
346.02*	Migraine with aura, without mention of intractable migraine with status migrainosus
346.03*	Migraine with aura, with intractable migraine, so stated, with status migrainosus
346.12*	Migraine without aura, without mention of intractable migraine with status migrainosus
346.13*	Migraine without aura, with intractable migraine, so stated, with status migrainosus

***Revised/New - 2008/2009**

- 346.22* Variants of migraine, not elsewhere classified, without mention of intractable migraine with status migrainosus
- 346.23* Variants of migraine, not elsewhere classified, with intractable migraine, so stated, with status migrainosus
- 346.30* Hemiplegic migraine, without mention of intractable migraine without mention of status migrainosus
- 346.31* Hemiplegic migraine, with intractable migraine, so stated, without mention of status migrainosus
- 346.32* Hemiplegic migraine, without mention of intractable migraine with status migrainosus
- 346.33* Hemiplegic migraine, with intractable migraine, so stated with status migrainosus
- 346.40* Menstrual migraine, without mention of intractable migraine without mention of status migrainosus
- 346.41* Menstrual migraine, with intractable migraine, so stated, without mention of status migrainosus
- 346.42* Menstrual migraine, without mention of intractable migraine with status migrainosus
- 346.43* Menstrual migraine, with intractable migraine, so stated, with status migrainosus
- 346.50* Persistent migraine aura without cerebral infarction, without mention of intractable migraine without mention of status migrainosus
- 346.51* Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
- 346.52* Persistent migraine aura without cerebral infarction, without mention of intractable migraine with status migrainosus
- 346.53* Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, with status migrainosus
- 346.60* Persistent migraine aura with cerebral infarction, without mention of intractable migraine without mention of status migrainosus
- 346.61* Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
- 346.62* Persistent migraine aura with cerebral infarction, without mention of intractable migraine with status migrainosus
- 346.63* Persistent migraine aura with cerebral infarction, with intractable migraine, so stated with status migrainosus
- 346.70* Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus
- 346.71* Chronic migraine without aura, with intractable migraine, so stated, without mention of status migrainosus
- 346.72* Chronic migraine without aura, without mention of intractable migraine with status migrainosus
- 346.73* Chronic migraine without aura, with intractable migraine, so stated, with status migrainosus
- 346.82* Other forms of migraine, without mention of intractable migraine with status migrainosus

***Revised/New - 2008/2009**

346.83*	Other forms of migraine, with intractable migraine, so stated, with status migrainosus
346.9*	Migraine, unspecified (Check 5 th digit)
349.31*	Accidental puncture or laceration of dura during a procedure
349.39*	Other dural tear
359.22 *	Myotonia congenital
362.20*	Retinopathy of prematurity, unspecified
364.82*	Plateau iris syndrome
368.8	Other specified visual disturbances
372.00	Acute conjunctivitis, unspecified
372.30	Conjunctivitis, unspecified
372.34*	Pingueculitis
373.11	Hordeolum externum
375.30	Dacryocystitis, unspecified
375.55	Obstruction of nasolacrimal duct, neonatal
380.10	Infective otitis externa, unspecified
380.4	Impacted cerumen
381.10	Chronic serous otitis media, simple or unspecified
381.4	Otitis media not specified as acute or chronic (serous)
382.9	Unspecified otitis media
384.55	Acquired auditory processing disorder
388.70	Otalgia, unspecified
389.05	Conductive hearing loss unilateral
389.06	Conductive hearing loss, bilateral
389.10	Sensorineural hearing loss, unspecified
389.11	Sensory hearing loss, bilateral
389.12	Neural hearing loss, bilateral
389.13	Neural hearing loss, unilateral
389.14	Central hearing loss
389.15	Sensorineural hearing loss, unilateral
389.16	Sensorineural hearing loss, asymmetrical
389.17	Sensory hearing loss, unilateral
389.18	Sensoineural hearing loss, bilateral
389.20	Mixed hearing loss, unspecified
389.21	Mixed hearing loss, unilateral
389.22	Mixed hearing loss, bilateral
389.7	Deaf, nonspeaking, not elsewhere classified

Respiratory System

460	Acute nasopharyngitis (common cold)
461.9	Acute sinusitis, unspecified
462	Acute pharyngitis
463	Acute tonsillitis
464.4	Croup syndrome
465.9	Acute URI NOS

***Revised/New - 2008/2009**

466.0	Acute bronchitis
466.11	Acute bronchiolitis RSV
466.19	Acute bronchiolitis due to other infectious organisms
472.0	Chronic rhinitis
477.9	Allergic rhinitis cause unspecified
478.11	Nasal mucositis (ulcerative)
478.19	Other diseases of nasal cavity and sinuses
482.42*	Methicillin resistant pneumonia due to Staphylococcus aureus
486	Pneumonia, organism unspecified
487.1	Influenza NOS
488	Influenza due to identified avian influenza virus
493.____	Asthma unspecified (Check 4 th & 5 th digit)
511.81*	Malignant pleural effusion
511.89*	Other specified forms of effusion, except tuberculous
519.11	Acute bronchospasm
519.19	Other diseases of trachea and bronchus

Digestive System

520.7	Teething syndrome
521.00	Dental caries, unspecified
521.81	Cracked tooth
523.00	Acute gingivitis, plaque induced
523.01	Acute gingivitis, non-plaque induced
525.11	Loss of teeth due to trauma
528.00	Stomatitis and mucositis, unspecified
528.01	Mucositis (ulcerative) due to antineoplastic therapy
528.02	Mucositis (ulcerative) due to other drugs
528.09	Other stomatitis and mucositis (ulcerative)
530.13*	Eosinophilic esophagitis
530.81	GERD
535.00	Acute gastritis without mention of hemorrhage
535.70*	Eosinophilic gastritis, without mention of hemorrhage
535.71*	Eosinophilic gastritis, with hemorrhage
550.91	Inguinal hernia without obstruction or gangrene unilateral or unspecified
558.41*	Eosinophilic gastroenteritis
558.42*	Eosinophilic colitis
564.00	Constipation, unspecified
565.0	Anal fissure
567.2_	Other suppurative peritonitis (Check 5 th digit)
567.3_	Retroperitoneal infections (Check 5 th digit)
567.8_	Other specified peritonitis (Check 5 th digit)
569.44*	Dysplasia of anus
571.42*	Autoimmune hepatitis

***Revised/New - 2008/2009**

Genitourinary System

585._	Chronic kidney disease (Check 4 th digit)
590.10	Acute pyelonephritis
599.0	UTI, site not specified
599.6_	Urinary obstruction (Check 4 th digit)
599.70*	Hematuria, unspecified
599.71*	Gross hematuria
599.72*	Microscopic hematuria
603.9	Hydrocele, unspecified
611.72	Lump or mass in breast
611.81*	Ptosis of breast
611.82*	Hypoplasia of breast
611.83*	Capsular contracture of breast implant
611.89*	Other specified disorders of breast
612.0*	Deformity of reconstructed breast
612.1*	Disproportion of reconstructed breast
614.3	Salpingitis and oophoritis not specified as acute, subacute or chronic
616.10	Vaginitis and vulvovaginitis, unspecified
625.3	Dysmenorrhea
625.70*	Vulvodynia, unspecified
625.71*	Vulvar vestibulitis
625.79*	Other vulvodynia

Complications of Pregnancy, Childbirth

676.8_	Other disorders of lactation (Check 5th digit)
678.00*	Fetal hematologic conditions, unspecified as to episode of care or not applicable
678.01*	Fetal hematologic conditions, delivered, with or without mention of antepartum condition
678.03*	Fetal hematologic conditions, antepartum condition or complication
678.10*	Fetal conjoined twins, unspecified as to episode of care or not applicable
678.11*	Fetal conjoined twins, delivered, with or without mention of antepartum condition
678.13*	Fetal conjoined twins, antepartum condition or complication
679.10*	Fetal complications from in utero procedures, unspecified as to episode of care or not applicable
679.11*	Fetal complications from in utero procedures, delivered, with or without mention of antepartum condition
679.12*	Fetal complications from in utero procedures, delivered, with mention of postpartum complication
679.13*	Fetal complications from in utero procedures, antepartum condition or complication
679.14*	Fetal complications from in utero procedures, postpartum condition or complication

***Revised/New - 2008/2009**

Skin and Subcutaneous Tissue

683	Acute lymphadenitis
684	Impetigo
690.10	Seborrheic dermatitis, unspecified
691.0	Diaper or napkin rash
691.8	Other atopic dermatitis and related conditions
692.6	Contact dermatitis, eczema due to plants (poison ivy, oak)
692.71	Sunburn NOS
692.9	Dermatitis NOS
693.0	Dermatitis due to drugs and medicines
695.10*	Erythema multiforme, unspecified
695.11*	Erythema multiforme minor
695.12*	Erythema multiforme major
695.13*	Stevens-Johnson syndrome
695.14*	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
695.15*	Toxic epidermal necrolysis
695.19*	Other erythema multiforme
695.50*	Exfoliation due to erythematous condition involving less than 10 percent of body surface
695.51*	Exfoliation due to erythematous condition involving 10-19 percent of body surface
695.52*	Exfoliation due to erythematous condition involving 20-29 percent of body surface
695.53*	Exfoliation due to erythematous condition involving 30-39 percent of body surface
695.54*	Exfoliation due to erythematous condition involving 40-49 percent of body surface
695.55*	Exfoliation due to erythematous condition involving 50-59 percent of body surface
695.56*	Exfoliation due to erythematous condition involving 60-69 percent of body surface
695.57*	Exfoliation due to erythematous condition involving 70-79 percent of body surface
695.58*	Exfoliation due to erythematous condition involving 80-89 percent of body surface
695.59*	Exfoliation due to erythematous condition involving 90 percent or more of body surface
696.3	Pityriasis rosea
703.0	Ingrowing nail
706.1	Other acne
707.20*	Pressure ulcer, unspecified stage
708.1	Idiopathic urticaria
708.9	Other specified urticaria

***Revised/New - 2008/2009**

Musculoskeletal System and Connective Tissue

723.5	Torticollis, unspecified
724.5	Backache, unspecified
727.00	Synovitis and tenosynovitis, unspecified
729.1	Myalgia and myositis, unspecified
729.90*	Disorders of soft tissue, unspecified
729.92*	Nontraumatic hematoma of soft tissue
729.99*	Other disorders of soft tissue
733.96*	Stress fracture of femoral neck
733.97*	Stress fracture of shaft of femur
733.98*	Stress fracture of pelvis

Congenital Anomalies

746.9	Unspecified anomaly of heart
752.49	Other anomalies of cervix, vagina, and external female genitalia
758.0	Down's syndrome

Conditions in the Perinatal Period

760.61*	Newborn affected by amniocentesis
760.62*	Newborn affected by other in utero procedure
760.63*	Newborn affected by other surgical procedure on mother during pregnancy
760.77	Noxious influences affecting fetus or newborn via placenta or breast milk, Anticonvulsants
760.78	Noxious influences affecting fetus or newborn via placenta or breast milk, Antimetabolic agents
763.84	Meconium passage during delivery
765.1_	Other preterm infants (Check 5th digit)
770.10	Fetal and newborn aspiration, unspecified
770.11	Meconium aspiration without respiratory symptoms
770.12	Meconium aspiration with respiratory symptoms
770.13	Aspiration of clear amniotic fluid without respiratory symptoms
770.14	Aspiration of clear amniotic fluid with respiratory symptoms
770.15	Aspiration of blood without respiratory symptoms
770.16	Aspiration of blood with respiratory symptoms
770.17	Other fetal and newborn aspiration without respiratory symptoms
770.18	Other fetal and newborn aspiration with respiratory symptoms
770.7	Chronic respiratory disease arising in the perinatal period
770.85	Aspiration of postnatal stomach contents without respiratory symptoms
770.87	Respiratory arrest of a newborn
770.88	Hypoxemia of a newborn
771.1	Congenital cytomegalovirus infection
771.4	Omphalitis of the newborn
774.6	Unspecified fetal and neonatal jaundice

***Revised/New - 2008/2009**

775.81	Other acidosis of a newborn
775.89	Other neonatal endocrine and metabolic disturbances
777.50*	Necrotizing enterocolitis in newborn, unspecified
779.3	Feeding problems in newborn
779.84	Meconium staining
779.85	Cardiac arrest of a newborn

Symptoms, Signs, and Ill-Defined Conditions

780.2	Syncope and collapse
780.31	Febrile convulsions (simple), unspecified
780.32	Complex febrile convulsions
780.39	Other convulsions NOS
780.4	Dizziness and giddiness
780.50	Sleep disturbance, unspecified
780.60*	Fever, unspecified
780.61*	Fever presenting with conditions classified elsewhere
780.62*	Postprocedural fever
780.63*	Postvaccination fever
780.64*	Chills (without fever)
780.65*	Hypothermia not associated with low environmental temperature
780.72*	Functional quadriplegia
780.79	Other malaise and fatigue
780.91	Fussy infant (baby)
780.95	Excessive crying of child, adolescent, or adult
780.96	Generalized pain
780.97	Altered mental status
782.1	Rash and other nonspecific skin eruption
783.3	Feeding difficulties and mismanagement
783.40	Lack of normal physiological development, unspecified
783.41	Failure to thrive (gain weight)
784.0	Headache
784.7	Epistaxis (Nosebleed)
784.91	Postnasal drip
784.99	Other symptoms involving head and neck
785. _	Symptoms involving cardiovascular system (Check 4th digit)
785.2	Heart murmurs NOS
785.6	Enlargement of lymph nodes
786.05	Shortness of breath
786.07	Wheezing
786.2	Cough
786.50	Chest pain, unspecified
787.01	Nausea with vomiting
787.03	Vomiting alone
787.20	Dysphagia, unspecified
787.6	Incontinence of feces (Encopresis NOS)

***Revised/New - 2008/2009**

787.91	Diarrhea NOS
788.1	Dysuria
788.30	Urinary incontinence, unspecified
788.36	Nocturnal enuresis
788.41	Urinary frequency
788.64	Urinary hesitancy
788.65	Straining on urination
788.91*	Functional urinary incontinence
788.99*	Other symptoms involving urinary system
789.0_	Abdominal Pain (Check 5th digit)
789.1_	Enlarged liver
789.2	Enlarged spleen
791.0	Proteinuria
791.9	Other nonspecific findings on exam of urine
795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
795.07*	Satisfactory cervical smear but lacking transformation zone
795.10*	Abnormal glandular Papanicolaou smear of vagina
795.11*	Papanicolaou smear of vagina with atypical squamous cells of undetermined significance (ASC-US)
795.12*	Papanicolaou smear of vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
795.13*	Papanicolaou smear of vagina with low grade squamous intraepithelial lesion (LGSIL)
795.14*	Papanicolaou smear of vagina with high grade squamous intraepithelial lesion (HGSIL)
795.15*	Vaginal high risk human papillomavirus (HPV) DNA test positive
795.16*	Papanicolaou smear of vagina with cytologic evidence of malignancy
795.18*	Unsatisfactory vaginal cytology smear
795.19*	Other abnormal Papanicolaou smear of vagina and vaginal HPV
796.2	Elevated blood pressure, not HTN
796.4	Other abnormal clinical findings
796.70*	Abnormal glandular Papanicolaou smear of anus
796.71*	Papanicolaou smear of anus with atypical squamous cells of undetermined significance (ASC-US)
796.72*	Papanicolaou smear of anus with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
796.73*	Papanicolaou smear of anus with low grade squamous intraepithelial lesion (LGSIL)
796.74*	Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HGSIL)
796.75*	Anal high risk human papillomavirus (HPV) DNA test positive
796.76*	Papanicolaou smear of anus with cytologic evidence of malignancy
796.77*	Satisfactory anal smear but lacking transformation zone
796.78*	Unsatisfactory anal cytology smear
796.79*	Other abnormal Papanicolaou smear of anus and anal HPV

***Revised/New - 2008/2009**

Injury and Poisoning

832.0_	Elbow dislocation Nursemaids (Check 5th digit)
840-848	Sprain/Strain (Check 3rd, 4th, 5th digits)
870-897	Open Wounds (Check 3rd, 4th, 5 digits)
918.1	Corneal abrasion
919.0	Superficial abrasion or friction burn w/o infection
919.4	Insect bite, nonvenomous w/o infection
924.9	Contusion of lower limb and other unspecified site
928._	Crushing injury of lower limb (Check 4th digit)
930.1	Foreign body Conjunctival Sac
931	Foreign body Ear
932	Foreign body Nose
949.0	Burn unspecified degree
958.3	Posttraumatic wound infection not elsewhere classified
959.01	Head injury unspecified
977.9	Poisoning unspecified drug or medicinal substance
989.5	Venom bite, tick paralysis
995.2_	Adverse effect (Check 5 th digit)
995.3	Allergy Unspecified
995.50	Child abuse, unspecified
995.53	Child sexual abuse
995.54	Child physical abuse
995.91	Sepsis
995.92	Severe sepsis
995.93	SIRS due to noninfectious process without acute organ dysfunction
995.94	SIRS due to noninfectious process with acute organ dysfunction
997.31*	Ventilator associated pneumonia
997.39*	Other respiratory complications
998.30*	Disruption of wound, unspecified
998.33*	Disruption of traumatic injury wound repair
999.81*	Extravasation of vesicant chemotherapy
999.82*	Extravasation of other vesicant agent
999.88*	Other infusion reaction
999.89*	Other transfusion reaction
999.31	Infection due to central venous catheter
999.39	Infection following other infusion, injection, transfusion, or vaccination

V Codes for Well Exams

V20.2	Routine infant or well
V70.5	Employment Exam
V70.3	Sports Exam
V70.0	Well Exam Young Adult 18+ years
V72.3	Well Woman Exam

***Revised/New - 2008/2009**

V Codes for Vaccines/Immunizations

V05.3	Hepatitis A, child or adolescent, 2 dose
V05.3	Hepatitis A, child or adolescent, 3 doses
V03.81	HIB, HbOC conjugate, 4 dose
V03.81	HIB, PRP-D conjugate, booster only
V03.81	HIB, PRP-OMP conjugate, 3 dose
V03.81	HIB, PRP-T conjugate, 4 dose
V03.82	Pneumococcal vaccine, polyvalent, under 5 years of age
V06.1	DtaP
V06.1	DTP
V06.4	MMR
V04.0	Oral Polio Vaccine (OPV)
V04.0	Intramuscular Polio Vaccine (IPV)
V05.4	Varicella vaccine
V06.5	Tetanus and diphtheria (Td), over 7 years of age
V06.8	DTP-Hib
V06.8	DTaP-Hib
V06.8	DTaP-Hepatitis B-IPV
V03.89	Meningococcal vaccine
V05.3	Hepatitis B, child or adolescent, 3 dose schedule

V Codes for Other Services

V01.89	Contact with or exposure to other communicable diseases
V02.53*	Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus
V02.54*	Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus
V12.04*	Personal history of Methicillin resistant Staphylococcus aureus
V13.51*	Personal history of pathologic fracture
V13.52*	Personal history of stress fracture
V13.59*	Personal history of other musculoskeletal disorders
V15.22*	Personal history of undergoing in utero procedure while a fetus
V15.29*	Personal history of surgery to other organs
V15.51*	Personal history of traumatic fracture
V15.59*	Personal history of other injury
V18.59	Family history, other digestive orders
V25.01	Counseling for oral contraceptives
V25.09	Counseling for management of oral contraceptives
V40.0	Learning Problems
V40.3	Behavior Problems
V45.11*	Renal dialysis status
V45.12*	Noncompliance with renal dialysis
V45.87*	Transplanted organ removal status
V45.88*	Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility

***Revised/New - 2008/2009**

V46.3	Wheelchair dependence
V50.2	Circumcision
V51.8	Other aftercare involving the use of plastic surgery
V58.30	Removal of nonsurgical wound dressing
V58.31	Removal of surgical wound dressing
V58.32	Removal of sutures
V61.01*	Family disruption due to family member on military deployment
V61.02*	Family disruption due to return of family member from military deployment
V61.03*	Family disruption due to divorce or legal separation
V61.04*	Family disruption due to parent-child estrangement
V61.05*	Family disruption due to child in welfare custody
V61.06*	Family disruption due to child in foster care or in care of non-parental family member
V61.09*	Other family disruption
V62.21*	Personal current military deployment status
V62.22*	Personal history of return from military deployment
V62.29*	Other occupational circumstances or maladjustment
V65.1	Conference with Parent
V65.45	Counseling on other sexually transmitted diseases
V65.5	Feared Illness/None Found “Worried Well”
V67.9	Follow up Exam
V68.09	Other issue of medical certificates
V72.11	Hearing examination following failed hearing screen
V72.19	Other examination of the ears and hearing
V72.84	Preoperative Exam
V73.81	Other screening examination, Human papillomavirus (HPV)
V82.71	Screening for genetic disease carrier status
V82.79	Other genetic screening
V85.51	Body Mass Index, pediatric, less than 5 th percentile for age
V85.52	Body Mass Index, pediatric, 5 th percentile to less than 85 th percentile for age
V85.53	Body Mass Index, pediatric, 85 th percentile to less than 95 th percentile for age
V85.54	Body Mass Index, pediatric, greater than or equal to 95 th percentile for age
V87.01*	Contact with and (suspected) exposure to arsenic
V87.09*	Contact with and (suspected) exposure to other hazardous metals
V87.11*	Contact with and (suspected) exposure to aromatic amines
V87.12*	Contact with and (suspected) exposure to benzene
V87.19*	Contact with and (suspected) exposure to other hazardous aromatic compounds
V87.2*	Contact with and (suspected) exposure to other potentially hazardous chemicals
V87.31*	Contact with and (suspected) exposure to mold
V87.39*	Contact with and (suspected) exposure to potentially hazardous substances
V87.41*	Personal history of antineoplastic chemotherapy
V87.42*	Personal history of monoclonal drug therapy

***Revised/New - 2008/2009**

- V87.49* Personal history of other drug therapy
- V88.01* Acquired absence of both cervix and uterus
- V88.02* Acquired absence of uterus with remaining cervical stump
- V88.03* Acquired absence of cervix with remaining uterus

Note: See also 2009 ICD-9-CM Code Additions, Revisions and Deletions on Page 44 of this manual.

***Revised/New - 2008/2009**

2009 CPT Code Additions/Revisions/Deletions

CPT Code Update Effective with Date(s) of Service January 1, 2009.

NEW CODES

Evaluation and Management Services

Normal Newborn Care

Codes **99431-99440** have been renumbered. The following new codes **99460-99465** will be used to report normal newborn care services beginning January 1, 2009.

- 99460** Initial hospital or birthing center care, per day, for the evaluation and management of the normal newborn infant
- 99461** Initial care, per day, for the evaluation and management of the normal newborn infant seen in other than hospital or birthing center
- 99462** Subsequent hospital care, per day, for the evaluation and management of a normal newborn
- 99463** Initial hospital or birthing center care, per day, for the evaluation and management of the normal newborn infant admitted and discharged on the same date
- 99464** Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
- 99465** Delivery/birthing room resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output

Pediatric Critical Care Patient Transport

Codes **99289** and **99290** have been deleted and have been replaced with **99466** and **99467**. **99466** and **99467** will now be bundled with the same services and procedures as the neonatal and pediatric critical care services.

- 99466** Critical care services delivered by a physician, face-to-face, during an inter-facility transport of a critically ill or critically injured pediatric patient, 24 months or younger; first 30 to 74 minutes of hands-on care during transport
- 99467** Critical care services delivered by a physician, face-to-face, during an inter-facility transport of a critically ill or critically injured pediatric patient, 24 months or younger; each additional 30 minutes (List separately in addition to code for primary service.)

Inpatient Neonatal and Pediatric Critical Care

Codes **99293-99296** have been deleted and replaced with new codes **99468-99472**. Two new codes **99475-99476** have been created to report inpatient critical care provided to children 2 through 5 years of age.

99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, of 2 through 5 years age

Note: After 5 years of age report codes 99291 And 99292 for critical services.

Initial and Continuing Intensive Care Services

Code **99477** to report the initial evaluation and management of the neonate, 28 days of age or less, who requires intensive care **remains the same**. Codes **99298-99300** have been renumbered. The following new codes **99478-99480** will be used to report intensive care services beginning January 1, 2009.

99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1,500 g)
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight 1,500 – 2,500 g)
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2,501-5,000 g)

To allow consistency in reporting all pediatric critical and intensive care services, new codes **99475** and **99476** (inpatient pediatric critical care for the evaluation and management of the critically ill child 2 through 5 years of age) and revised codes **99466** and **99467** (pediatric critical care patient transport services) will include the same services as those bundled with the other inpatient neonatal and pediatric critical and intensive care codes (**99468-99294** and **99477-99480**). The following services when performed by the physician providing intensive or critical care may *not* be reported separately:

- Routine monitoring evaluations (eg, heart rate, respiratory rate, and blood pressure);
- The interpretation of cardiac output measurements (93561, 93562), chest x-rays (71010, 71015, 71020), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data (99090))
- Gastric intubation (43752, 91105)

- Temporary transcutaneous pacing (92953)
- Ventilatory management (94002-94004, 94660, 94662)
- Vascular access procedures (36000, 36400, 36405, 36406, 36410, 36415, 36591, 36600)
- Endotracheal intubation (31500);
- Surfactant administration (94610)
- Central, peripheral catheterization (36555, 36000)
- Umbilical catheterization (36510, 36660)
- Other arterial catheterization (36140, 36620)
- Vascular punctures (36420, 36600)
- Intravenous fluid administration (90760, 90761)
- Transfusion blood components (36430, 36440)
- Pulmonary function testing (94375)
- Lumbar puncture (62270)
- Suprapubic bladder aspiration (51100)
- Bladder catheterization (51701, 51702)

Any services performed which are not listed above should be reported separately.

Category III Codes

- 0188T** Remote real-time interactive videoconferenced critical care, E/M of the critically ill or critically injured patient; first 30 to 74 minutes
- +0189T** Remote real-time interactive videoconferenced critical care, E/M of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service.)

REVISED CODES

Preventive Medicine Services

New language has been added to the instructions in the Preventive Medicine section (**99391-99397**) to clarify services that are separately reported in conjunction with preventive evaluation and management services. The instructions further clarify that vaccine counseling is not included in the preventive medicine service codes.

“Vaccine/toxoid products, immunization administrations, ancillary studies including laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90465-90474. For vaccine/toxoid products, see 90476-90749.”

The code descriptions for preventive medicine services (**99381-99397**) have been revised deleting the language “ordering of immunizations.”

Prolonged Services

Prolonged Physician Service with Direct (Face-To-Face) Patient Contact

Revisions have been made to the introductory language and descriptors for codes **99354-99357**. The language now clarifies that prolonged services with direct patient contact provided in the inpatient setting is reported based on the total duration of unit time spent by the physician and devoted to the one patient. Instructions further specify that time based add-on codes (eg. prolonged services) may only be reported when the primary E/M code has an assigned time.

Codes **99354-99357** are used when a physician provides prolonged service involving direct (face-to-face) patient contact that is beyond the usual service in either the inpatient or outpatient setting. This service is reported in addition to the designated evaluation and management services at any level and other physician services provided at the same session as evaluation and management services. Appropriate codes should be selected for supplies provided or procedures performed in the care of the patient during this period.

Codes **99354-99355** are used to report the total duration of face-to-face time spent by a physician on a given date providing prolonged service in the outpatient setting, even if the time spent by the physician on that date is not continuous. Codes **99356-99357** are used to report the total duration of unit time spent by a physician on a given date providing prolonged service to a patient in the hospital or other inpatient setting, even if the time spent by the physician on that date is not continuous.

Code **99354** or **99356** is used to report the first hour of prolonged service on a given date, depending on the location of service.

Either code should be used only once per day, even if the time spent by the physician is not continuous on that date. Prolonged service of less than 30 minutes total duration on a given date is **not** separately reported because the work involved is included in the total work of the evaluation and management codes.

Code **99355** or **99357** is used to report each additional 30 minutes beyond the first hour, depending on the location of service. Either code may also be used to report the final 15-30 minutes of prolonged service on a given date. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

The use of the time based add-on codes **requires that the primary evaluation and management service have a typical or specified time published in CPT.**

The following examples illustrate the correct reporting of prolonged physician service with direct patient contact in the office setting:

Total Duration of Prolonged Services	Code(s)
less than 30 minutes	Not reported separately
30-74 minutes (1/2 hr. - 1 hr. 14 min.)	99354 X 1
75-104 (1 hr. 15 min. - 1 hr. 44 min.)	99354 X 1 AND 99355 X 1
105 or more (1 hr. 45 min. or more)	99354 X 1 AND 99355 X 2 or more for each additional 30 minutes

+99354 Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)

(Use 99354 in conjunction with 99201-99215, 99241-99245, 99324-99337, 99341-99350, 90809, and 90815)

+99355 each additional 30 minutes (List separately in addition to code for prolonged physician service)

(Use 99355 in conjunction with 99354)

+99356 Prolonged physician service in the inpatient setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)

(Use 99356 in conjunction with codes 99221-99233, 99251-99255)

+99357 each additional 30 minutes (List separately in addition to code for prolonged physician service)

(Use 99357 in conjunction with code 99356)

Surgery

Integumentary System

- +11001** Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)

- +11201** Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)

DELETED CODES

Modifier 21 (prolonged E/M service) has been deleted. Use Prolonged Evaluation and Management Service codes 99354-99357 to report prolonged face-to-face time with patients.

This is not an all inclusive list of the 2009 CPT coding changes. Be sure to refer to your 2009 CPT Coding Manual where a complete list of all coding changes can be found!

2009 ICD-9-CM Code Additions/Revisions/Deletions

New and Revised Pediatric ICD-9-CM Codes Effective October 1, 2008.

New Code(s) New Code Description

038.12	Methicillin resistant Staphylococcus aureus septicemia
041.12	Methicillin resistant Staphylococcus aureus in conditions classified elsewhere and of unspecified site
078.12	Plantar wart
136.29	Other specific infections by free-living amebae
199.2	Malignant neoplasm associated with transplant organ
203.02-	Leukemia codes (see new codes for specific type)
208.92	
209.00-	Malignant carcinoid tumor (see new codes for specific site)
209.30	
209.40-	Benign carcinoid tumor (see new codes for specific site)
209.69	
238.77	Post-transplant lymphoproliferative disorder (PTLD)
249.00-	Secondary diabetes mellitus (see new codes for specific conditions)
249.91	
259.50	Androgen insensitivity, unspecified
259.51	Androgen insensitivity syndrome
259.52	Partial androgen insensitivity
275.5	Hungry bone syndrome
279.50	Graft-versus-host disease, unspecified
279.51	Acute graft-versus-host disease
279.52	Chronic graft-versus-host disease
279.53	Acute on chronic graft-versus-host disease
289.84	Heparin-induced thrombocytopenia (HIT)
337.00	Idiopathic peripheral autonomic neuropathy, unspecified
337.01	Carotid sinus syndrome
337.09	Other idiopathic peripheral autonomic neuropathy
339.00	Cluster headache syndrome, unspecified
339.01	Episodic cluster headache
339.02	Chronic cluster headache
339.03	Episodic paroxysmal hemicranias
339.04	Chronic paroxysmal hemicranias
339.05	Short lasting unilateral neuralgiform headache with conjunctival injection and tearing
339.09	Other trigeminal autonomic cephalgias

- 339.10 Tension type headache, unspecified
- 339.11 Episodic tension type headache
- 339.12 Chronic tension type headache
- 339.20 Post-traumatic headache, unspecified
- 339.21 Acute post-traumatic headache
- 339.22 Chronic post-traumatic headache
- 339.3 Drug induced headache, not elsewhere classified
- 339.41 Hemicrania continua
- 339.42 New daily persistent headache
- 339.43 Primary thunderclap headache
- 339.44 Other complicated headache syndrome
- 339.81 Hypnic headache
- 339.82 Headache associated with sexual activity
- 339.83 Primary cough headache
- 339.84 Primary exertional headache
- 339.85 Primary stabbing headache
- 339.89 Other headache syndrome
- 346.02 Migraine with aura, without mention of intractable migraine with status migrainosus
- 346.03 Migraine with aura, with intractable migraine, so stated, with status migrainosus
- 346.12 Migraine without aura, without mention of intractable migraine with status migrainosus
- 346.13 Migraine without aura, with intractable migraine, so stated, with status migrainosus
- 346.22 Variants of migraine, not elsewhere classified, without mention of intractable migraine with status migrainosus
- 346.23 Variants of migraine, not elsewhere classified, with intractable migraine, so stated, with status migrainosus
- 346.30 Hemiplegic migraine, without mention of intractable migraine without mention of status migrainosus
- 346.31 Hemiplegic migraine, with intractable migraine, so stated, without mention of status migrainosus
- 346.32 Hemiplegic migraine, without mention of intractable migraine with status migrainosus
- 346.33 Hemiplegic migraine, with intractable migraine, so stated with status migrainosus
- 346.40 Menstrual migraine, without mention of intractable migraine without mention of status migrainosus
- 346.41 Menstrual migraine, with intractable migraine, so stated, without mention of status migrainosus
- 346.42 Menstrual migraine, without mention of intractable migraine with status migrainosus
- 346.43 Menstrual migraine, with intractable migraine, so stated, with status migrainosus
- 346.50 Persistent migraine aura without cerebral infarction, without mention of intractable migraine without mention of status migrainosus

- 346.51 Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
- 346.52 Persistent migraine aura without cerebral infarction, without mention of intractable migraine with status migrainosus
- 346.53 Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, with status migrainosus
- 346.60 Persistent migraine aura with cerebral infarction, without mention of intractable migraine without mention of status migrainosus
- 346.61 Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
- 346.62 Persistent migraine aura with cerebral infarction, without mention of intractable migraine with status migrainosus
- 346.63 Persistent migraine aura with cerebral infarction, with intractable migraine, so stated with status migrainosus
- 346.70 Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus
- 346.71 Chronic migraine without aura, with intractable migraine, so stated, without mention of status migrainosus
- 346.72 Chronic migraine without aura, without mention of intractable migraine with status migrainosus
- 346.73 Chronic migraine without aura, with intractable migraine, so stated, with status migrainosus
- 346.82 Other forms of migraine, without mention of intractable migraine with status migrainosus
- 346.83 Other forms of migraine, with intractable migraine, so stated, with status migrainosus
- 346.92 Migraine, unspecified, without mention of intractable migraine with status migrainosus
- 346.93 Migraine, unspecified, with intractable migraine, so stated, with status migrainosus
- 349.31 Accidental puncture or laceration of dura during a procedure
- 349.39 Other dural tear
- 362.20 Retinopathy of prematurity, unspecified
- 364.82 Plateau iris syndrome
- 372.34 Pingueculitis
- 414.3 Coronary atherosclerosis due to lipid rich plaque
- 482.42 Methicillin resistant pneumonia due to Staphylococcus aureus
- 511.81 Malignant pleural effusion
- 511.89 Other specified forms of effusion, except tuberculous
- 530.13 Eosinophilic esophagitis
- 535.70 Eosinophilic gastritis, without mention of hemorrhage
- 535.71 Eosinophilic gastritis, with hemorrhage
- 558.41 Eosinophilic gastroenteritis
- 558.42 Eosinophilic colitis
- 569.44 Dysplasia of anus
- 571.42 Autoimmune hepatitis
- 599.70 Hematuria, unspecified
- 599.71 Gross hematuria

599.72	Microscopic hematuria
611.81	Ptosis of breast
611.82	Hypoplasia of breast
611.83	Capsular contracture of breast implant
611.89	Other specified disorders of breast
612.0	Deformity of reconstructed breast
612.1	Disproportion of reconstructed breast
625.70	Vulvodynia, unspecified
625.71	Vulvar vestibulitis
625.79	Other vulvodynia
678.00	Fetal hematologic conditions, unspecified as to episode of care or not applicable
678.01	Fetal hematologic conditions, delivered, with or without mention of antepartum condition
678.03	Fetal hematologic conditions, antepartum condition or complication
678.10	Fetal conjoined twins, unspecified as to episode of care or not applicable
678.11	Fetal conjoined twins, delivered, with or without mention of antepartum condition
678.13	Fetal conjoined twins, antepartum condition or complication
679.10	Fetal complications from in utero procedures, unspecified as to episode of care or not applicable
679.11	Fetal complications from in utero procedures, delivered, with or without mention of antepartum condition
679.12	Fetal complications from in utero procedures, delivered, with mention of postpartum complication
679.13	Fetal complications from in utero procedures, antepartum condition or complication
679.14	Fetal complications from in utero procedures, postpartum condition or complication
695.10	Erythema multiforme, unspecified
695.11	Erythema multiforme minor
695.12	Erythema multiforme major
695.13	Stevens-Johnson syndrome
695.14	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
695.15	Toxic epidermal necrolysis
695.19	Other erythema multiforme
695.50	Exfoliation due to erythematous condition involving less than 10 percent of body surface
695.51	Exfoliation due to erythematous condition involving 10-19 percent of body surface
695.52	Exfoliation due to erythematous condition involving 20-29 percent of body surface
695.53	Exfoliation due to erythematous condition involving 30-39 percent of body surface
695.54	Exfoliation due to erythematous condition involving 40-49 percent of body surface
695.55	Exfoliation due to erythematous condition involving 50-59 percent of body surface

- 695.56 Exfoliation due to erythematous condition involving 60-69 percent of body surface
- 695.57 Exfoliation due to erythematous condition involving 70-79 percent of body surface
- 695.58 Exfoliation due to erythematous condition involving 80-89 percent of body surface
- 695.59 Exfoliation due to erythematous condition involving 90 percent or more of body surface
- 707.20 Pressure ulcer, unspecified stage
- 729.90 Disorders of soft tissue, unspecified
- 729.92 Nontraumatic hematoma of soft tissue
- 729.99 Other disorders of soft tissue
- 733.96 Stress fracture of femoral neck
- 733.97 Stress fracture of shaft of femur
- 733.98 Stress fracture of pelvis
- 760.61 Newborn affected by amniocentesis
- 760.62 Newborn affected by other in utero procedure
- 760.63 Newborn affected by other surgical procedure on mother during pregnancy
- 777.50 Necrotizing enterocolitis in newborn, unspecified
- 780.60 Fever, unspecified
- 780.61 Fever presenting with conditions classified elsewhere
- 780.62 Postprocedural fever
- 780.63 Postvaccination fever
- 780.64 Chills (without fever)
- 780.65 Hypothermia not associated with low environmental temperature
- 780.72 Functional quadriplegia
- 788.91 Functional urinary incontinence
- 788.99 Other symptoms involving urinary system
- 795.07 Satisfactory cervical smear but lacking transformation zone
- 795.10 Abnormal glandular Papanicolaou smear of vagina
- 795.11 Papanicolaou smear of vagina with atypical squamous cells of undetermined significance (ASC-US)
- 795.12 Papanicolaou smear of vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
- 795.13 Papanicolaou smear of vagina with low grade squamous intraepithelial lesion (LGSIL)
- 795.14 Papanicolaou smear of vagina with high grade squamous intraepithelial lesion (HGSIL)
- 795.15 Vaginal high risk human papillomavirus (HPV) DNA test positive
- 795.16 Papanicolaou smear of vagina with cytologic evidence of malignancy
- 795.18 Unsatisfactory vaginal cytology smear
- 795.19 Other abnormal Papanicolaou smear of vagina and vaginal HPV
- 796.70 Abnormal glandular Papanicolaou smear of anus
- 796.71 Papanicolaou smear of anus with atypical squamous cells of undetermined significance (ASC-US)
- 796.72 Papanicolaou smear of anus with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)

- 796.73 Papanicolaou smear of anus with low grade squamous intraepithelial lesion (LGSIL)
- 796.74 Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HGSIL)
- 796.75 Anal high risk human papillomavirus (HPV) DNA test positive
- 796.76 Papanicolaou smear of anus with cytologic evidence of malignancy
- 796.77 Satisfactory anal smear but lacking transformation zone
- 796.78 Unsatisfactory anal cytology smear
- 796.79 Other abnormal Papanicolaou smear of anus and anal HPV
- 997.31 Ventilator associated pneumonia
- 997.39 Other respiratory complications
- 998.30 Disruption of wound, unspecified
- 998.33 Disruption of traumatic injury wound repair
- 999.81 Extravasation of vesicant chemotherapy
- 999.82 Extravasation of other vesicant agent
- 999.88 Other infusion reaction
- 999.89 Other transfusion reaction
- V02.53 Carrier or suspected carrier of Methicillin susceptible *Staphylococcus aureus*
- V02.54 Carrier or suspected carrier of Methicillin resistant *Staphylococcus aureus*
- V12.04 Personal history of Methicillin resistant *Staphylococcus aureus*
- V13.51 Personal history of pathologic fracture
- V13.52 Personal history of stress fracture
- V13.59 Personal history of other musculoskeletal disorders
- V15.22 Personal history of undergoing in utero procedure while a fetus
- V15.29 Personal history of surgery to other organs
- V15.51 Personal history of traumatic fracture
- V15.59 Personal history of other injury
- V45.11 Renal dialysis status
- V45.12 Noncompliance with renal dialysis
- V45.87 Transplanted organ removal status
- V45.88 Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility
- V46.3 Wheelchair dependence
- V51.8 Other aftercare involving the use of plastic surgery
- V61.01 Family disruption due to family member on military deployment
- V61.02 Family disruption due to return of family member from military deployment
- V61.03 Family disruption due to divorce or legal separation
- V61.04 Family disruption due to parent-child estrangement
- V61.05 Family disruption due to child in welfare custody
- V61.06 Family disruption due to child in foster care or in care of non-parental family member
- V61.09 Other family disruption
- V62.21 Personal current military deployment status
- V62.22 Personal history of return from military deployment
- V62.29 Other occupational circumstances or maladjustment
- V87.01 Contact with and (suspected) exposure to arsenic
- V87.09 Contact with and (suspected) exposure to other hazardous metals

V87.11	Contact with and (suspected) exposure to aromatic amines
V87.12	Contact with and (suspected) exposure to benzene
V87.19	Contact with and (suspected) exposure to other hazardous aromatic compounds
V87.2	Contact with and (suspected) exposure to other potentially hazardous chemicals
V87.31	Contact with and (suspected) exposure to mold
V87.39	Contact with and (suspected) exposure to potentially hazardous substances
V87.41	Personal history of antineoplastic chemotherapy
V87.42	Personal history of monoclonal drug therapy
V87.49	Personal history of other drug therapy
V88.01	Acquired absence of both cervix and uterus
V88.02	Acquired absence of uterus with remaining cervical stump
V88.03	Acquired absence of cervix with remaining uterus

Revised Codes

038.11	Methicillin susceptible Staphylococcus aureus septicemia
041.11	Methicillin susceptible Staphylococcus aureus in conditions classified elsewhere and of unspecified site
482.41	Methicillin susceptible pneumonia due to Staphylococcus aureus
V45.71	Acquired absence of breast and nipple

Deleted Codes

046.1	Jakob-Creutzfeldt disease
051.0	Cowpox
136.2	Specific infections by free-living amebae
259.2	Androgen insensitivity syndrome
337.0	Idiopathic peripheral autonomic neuropathy
511.8	Other specified forms of pleural effusion, except tuberculous
599.7	Hematuria
611.8	Other specified disorders of breast
695.1	Erythema multiforme
729.9	Other and unspecified disorders of soft tissue
760.6	Surgical operation on mother
777.5	Necrotizing enterocolitis in fetus or newborn
780.6	Fever
788.9	Other symptoms involving urinary system
795.1	Nonspecific abnormal Papanicolaou smear of other site
997.3	Respiratory complications
999.8	Other transfusion reaction
V13.5	Personal history of other musculoskeletal disorders
V15.2	Personal history of surgery to other major organs
V15.5	Personal history of injury
V28.8	Encounter for other specified antenatal screening
V45.1	Renal dialysis status
V51	Aftercare involving the use of plastic surgery

V61.0 Family disruption
V62.2 Other occupational circumstances or maladjustment

Be sure to refer to your 2009 ICD-9-CM manual! An entire list of code changes can be obtained from the National Center for Healthcare Statistics website at:

www.cdc.gov/nchs/dataawh/ftpserv/ftp9/ftp9.htm#guidelines

Coding Resources

Resource Books, Newsletters, and Journals:

<u>Name</u>	<u>Contact Information</u>
• TNAAP – the Tennessee Pediatrician Newsletter	www.tnaap.org
• AAP - Pediatric Coding Newsletter	www.aap.org
• AAP RBRVS 2009 Brochure	www.aap.org
• Current Coding for Pediatrics Book 2009	www.aap.org
• Current ICD-9-CM 2008 Code Book	www.aap.org or www.ingenixonline.com
• Current CPT 2009 Code Book	www.aap.org or www.ingenixonline.com
• Current HCPCS 2009 Code Book	www.aap.org or www.ingenixonline.com
• American Hospital Association Coding Clinic for ICD-9-CM (Online or print)	www.ingenixonline.com
• American Medical Association CPT Assistant (Online or print)	www.ingenixonline.com
• Physicians Desk Reference Book	www.ingenixonline.com
• National Correct Coding Initiative Book (Quarterly - NTIS or Ingenix)	www.ingenixonline.com
• National Correct Coding Initiative Free Online	www.cms.hhs.gov/NationalCorrectCodInitEd/
• Taber's or Stedman's Medical Dictionary	
• Mosby's Allied Health & Nursing Dictionary	
• Medical Abbreviation Book (Neil Davis 10 th addition)	www.neilmdavis.com
• AMA CPT Terminology Specialty Coding Collection Books	
• Coders Desk Reference Book – Ingenix (Medicode/St. Anthony's)	www.ingenixonline.com
• MGMA Benchmark Resources (Online)	
• Modifiers Made Easy Book – Ingenix	www.ingenixonline.com
• Advance Magazine – HIM	www.advanceforHIM.com
• Coding Edge Magazine – AAPC	www.aapc.com
• For The Record Magazine – AHIMA	www.ahima.org
• AHIMA Journal	www.ahima.org

Internet and Website Resources:

- www.TNAAP.org Tennessee Chapter of AAP
- www.AAP.org American Academy of Pediatrics
- www.state.tn.us/tenncare TennCare
- www.ama-assn.org American Medical Association
- www.codecorrect.com Accuro Healthcare Solutions (Formerly Code Correct)
- www.aapc.com American Academy of Professional Coders (Credentials)
- www.cms.hhs.gov/manuals Medicare Carriers Manuals
- www.bartleby.com/107 Gray's Anatomy On line
- www.oig.hhs.gov OIG Website
- www.gpoaccess.gov/fr/index.html Federal Register Index
- www.sciencemadesimple.com/conversions.html Conversion Tables Metric
- www.cms.hhs.gov/medlearn Medicare Learning Network
- www.ahima.org American Health Information Management Association (Credentials)
- www.cispimmunize.org Immunization Website
- www.cms.hhs.gov/ CMS - Medicare
- www.icd-9-cm.org Central office on ICD-9-CM
- www.codingandreimbursement.net Coding and Reimbursement Network
- www.eicd.com/EICDMain.htm ICD-9-CM Searchable Database
- www.justcoding.com Just Coding
- www.cms.hhs.gov/MLNEdWebGuide Medicare E/M Documentation Guidelines
- www.cms.hhs.gov/medlearn Medicare: Coding & Billing Training
- www.fda.gov/cder/ndc/ National Drug Code Directory
- www.decisionhealth.com Decision Health
- www.medicalhomeinfo.org Medical Home Information
- www.infanthearing.org Infant Hearing
- www.dbpeds.org/screening Developmental/Behavioral Screening
- www.cdc.gov Vaccine Updates, VIS

Notes:

Notes:

Notes:

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Tennessee Chapter

**Tennessee Chapter of the
American Academy Pediatrics (TNAAP)**

P.O. Box 159201

Nashville, TN 37215

www.tnaap.org

This project is funded under an agreement with the State of Tennessee.

Cover design and photography by Lee Wilson, Graphwit Consulting