

Tennessee Chapter

American Academy of Pediatrics

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CPT Pediatric Coding Updates 2022

The 2022 *Current Procedural Terminology* (CPT) codes are effective as of January 1, 2022. This is not an all-inclusive list of 2022 changes. TNAAP has listed below the codes we believe are of most interest to general pediatricians.

- ▶◀ - **New or Revised Text/Codes**
- + - **Add-on Code**
- - **New Code**
- ▲ - **Revised Code**
- # - **Out of Numeric Sequence**
- ⚡ - **FDA Approval Pending**
- ★ - **Telemedicine**

New and Revised Language/Codes

Evaluation and Management Services

Office and Other Outpatient Services

- ★▲99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional

Chronic Care Management Services

▶ Chronic care management services are provided when medical and/or psychological needs of the patient require establishing, implementing, revising, or monitoring the care plan. Patients who receive chronic care management services have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute/exacerbation/decompensation, or functional decline. Code **99490** is reported when, during the calendar month, at least 20 minutes of clinical staff time is spent in care management activities. Code **99349** is reported in conjunction with **99490** for each additional 20 minutes of clinical staff time spent in care management activities during the calendar month up to a maximum of 60 minutes total time (ie, **99439** may only be reported twice per calendar

month). Code **99491** is reported for at least 30 minutes of physician or other qualified health care professional time personally spent in care management during the calendar month. Code **99437** is reported in conjunction with **99491** for each additional minimum 30 minutes of physician or other qualified health care professional time. If reporting **99437, 99491**, do not include any time devoted to the patient and/or family on the date that the reporting physician or other qualified health care professional also performed a face-to-face E/M encounter. ◀

- #▲**99491** Chronic care management services, with the following required elements:
- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
 - chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
 - comprehensive care plan established, implemented, revised, or monitored;

first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month

- #+●**99437** each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

▶(Use **99437** in conjunction with **99491**)◀

▶(Do not report **99437** for less than 30 minutes)◀

▶(Do not report **99437, 99491** in the same calendar month with 90951-90970, 99339,99340, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99439, 99487, 99489, 99490, 99605, 99606, 99607)◀

▶(Do not report **99437, 99491** for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 9907899080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99441, 99442, 99443, 99495, 99496, 99605, 99606, 99607)◀

Complex Chronic Care Management Services

▶Complex chronic care management services are services that require at least 60 minutes of clinical staff time, under the direction of a physician or other qualified health care professional. Complex chronic care management services require moderate or high medical decision making as defined in the Evaluation and Management (E/M) guidelines. ◀

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

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

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

▶ (Do not report **99489** for care management service of less than 30 minutes) ◀

▶ (Do not report **99487**, **99489** during the same calendar month with 90951-90970, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99439, 99490, 99491) ◀

▶ **Principal Care Management Services** ◀

▶ Principal care management represents services that focus on the medical and/or psychological needs manifested by a single, complex chronic condition expected to last at least 3 months and includes establishing, implementing, revising, or monitoring a care plan specific to that single disease. Code **99424** is reported for at least 30 minutes of physician or other qualified health care professional personal time in care management activities during a calendar month. Code **99425** is reported in conjunction with **99424**, when at least an additional 30 minutes of physician or other qualified health care professional personal time is spent in care management activities during a calendar month. Code **99426** is reported for the first 30 minutes of clinical staff time spent in care management activities during the calendar month. Code **99427** is reported in conjunction with **99426**, when at least an additional 30 minutes of clinical staff time is spent in care management activities during the calendar month. ◀

#●**99424** Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

#+●99425 each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

▶ (Principal care management services of less than 30 minutes duration in a calendar month are not reported separately) ◀

▶ (Do not report **99424, 99425** during the same calendar month with 90951-90970, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99426, 99427, 99437, 99439, 99487, 99489, 99490, 99491, 99605, 99606, 99607) ◀

▶ (Do not report **99424, 99425** during the same calendar month with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99441, 99442, 99443, 99605, 99606, 99607) ◀

#●99426 Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.

#+●99427 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

▶ (Use **99427** in conjunction with **99426**) ◀

▶ (Principal care management services of less than 30 minutes duration in a calendar month are not reported separately) ◀

▶ (Do not report **99426, 99427** during the same calendar month with 90951-90970, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99437, 99439, 99487, 99489, 99490, 99491, 99605, 99606, 99607) ◀

► (Do not report **99426, 99427** during the same calendar month with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99441, 99442, 99443, 99605, 99606, 99607) ◀

Surgery

► Foreign Body/Implant Definition ◀

► An object intentionally placed by a physician or other qualified health care professional for any purpose (eg, diagnostic or therapeutic) is considered an implant. An object that is unintentionally placed (eg, trauma or ingestion) is considered a foreign body. If an implant (or part thereof) has moved from its original position or is structurally broken and no longer serves its intended purpose or presents a hazard to the patient, it qualifies as a foreign body for coding purposes, unless CPT coding instructions direct otherwise or a specific CPT code exists to describe the removal of that broken/moved implant ◀

Integumentary System

Repair (Closure)

► Use the codes in this section to designate wound closure utilizing sutures, staples, or tissue adhesives (eg, 2-cyanoacrylate), either singly or in combination with each other, or in combination with adhesive strips. Chemical cauterization, electrocauterization, or wound closure utilizing adhesive strips as the sole repair material should be coded using are included in the appropriate E/M code. ◀

► Simple repair is used when the wound is superficial; (eg, involving primarily epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures), and requires simple one-layer closure. Hemostasis and local or topical anesthesia, when performed, are not reported separately closed. ◀

Musculoskeletal System

► All services that appear in the Musculoskeletal System section include the application and removal of the first cast, splint or traction device, when performed. Supplies may be reported separately. If a cast is removed by someone other than the physician or other qualified health care professional who applied the cast, report a cast removal code (29700, 29705, 29710).

Subsequent replacement of cast, splint, or strapping (29000-29750) and/or traction device (eg, 20690, 20692) during or after the global period may be reported separately.

A cast, splint, or strapping is not considered part of the preoperative care; therefore, the use of modifier 56 for preoperative management only is not applicable. ◀

Pathology and Laboratory

- #●80220 Hydroxychloroquine

- #●86408 Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease)[COVID-19]; screen

- #●86409 titer

- #●86413 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease)[COVID-19] antibody, quantitative

- #●87428 Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzymelinked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B

- #●87636 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

- #●87637 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique

Codes ▲ 87802-87899 were revised, adding clarity by changing the term “direct optical observation” to “direct optical (ie, visual) observation. An example is a platform that produces a signal such as a colored band so the analyst can interpret the result visually.

- #●87811 Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])

Medicine

Vaccines/Toxoids

COVID-19 Vaccine and Administration Codes

► Appendix Q ◀

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

(NOTE: See Appendix Q of the CPT book for table of vaccines, administration codes, manufacturer, vaccine name, NDC number and dosing interval. Additional instructional information can be found in the Immunization Administration for Vaccines/Toxoids and Medicine section of the CPT book.)

For the most up-to-date information, see the following link:

<https://www.ama-assn.org/system/files/2021-01/covid-19-immunizations-appendix-q-table.pdf>

- ↳●90671 Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
- #●90677 Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
- #↳●90626 Tick borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use
- #↳●90627 0.5mL dosage, for intramuscular use
- #↳●90759 Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
- #●90758 Zaire ebolavirus vaccine, live, for intramuscular use

Resources:

American Academy of Pediatrics, AAP Pediatric Coding Newsletter, October, November, December 2021

American Medical Association, CPT 2022

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