American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

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To Whom It May Concern:

Effective January 1, 2003, there are new and revised CPT codes for neonatal and pediatric critical care and low birth weight services. The code descriptors read as follows:

Neonatal and Pediatric Critical Care Services

99293 Initial pediatric critical care, 31 days up through 24 months of age, per day, for the evaluation and management of a critically ill infant or young child

99294 Subsequent pediatric critical care, 31 days up through 24 months of age, per day, for the evaluation and management of a critically ill infant or young child

99295 Initial neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 30 days of age or less

99296 Subsequent neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 30 days of age or less

(99297 has been deleted. To report, use 99296.)

Intensive (Non-Critical) Low Birth Weight Services

99298 Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)

99299 Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)

CPT Guidelines

CPT guidelines for the new/revised codes include:

- Codes 99293-99299 are reported only once per calendar day.
- Codes 99289-99290 and 99293-99296 are age-based codes, restricted to critically ill patients.
- Codes 99298-99299 are weight-based codes reported for patients who require intensive (not critical) care.
- Critical care services provided to neonates 30 days of age or less are reported with codes 99295 (initial (admit) day) and 99296 (subsequent day(s)).
- Critical care services provided to infants 31 days up through 24 months of age are reported with codes 99293 (initial (admit) day) and 99294 (subsequent day(s)). The hourly critical care codes (99291 and 99292) are reserved for reporting critical care services provided to children over 24 months of age.
- The services that are bundled into the hourly critical care codes (99291-99292) are also bundled into the pediatric critical care patient transport codes (99289-99290). Those services include: routine monitoring evaluations (eg, heart rate, respiratory rate, blood pressure, and pulse oximetry), 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 (94656, 94660, 94662) and vascular access procedures (36000, 36400, 36405, 36406, 36410, 36415, 36540, 36600). Any services performed which are not listed above should be reported separately.

- The services that were bundled into the 2002 neonatal critical care codes (99295-99298) are also be bundled into the new and revised neonatal and pediatric critical care codes. Those services include: umbilical venous (36510) and umbilical arterial (36660) catheters, central (36488, 36490) or peripheral vessel catheterization (36000), other arterial catheters (36140, 36620), oral or nasogastric tube placement (43752), endotracheal intubation (31500), lumbar puncture (62270), suprapubic bladder aspiration (51000), bladder catheterization (53670), initiation and management of mechanical ventilation (94656, 94657) or continuous positive airway pressure (CPAP) (94660), surfactant administration, intravascular fluid administration (90780, 90781), transfusion of blood components (36430, 36440), vascular punctures (36420, 36600), invasive or non-invasive electronic monitoring of vital signs, bedside pulmonary function testing (94375), and/or monitoring or interpretation of blood gases or oxygen saturation (94760-94762). Any services performed that are not included on this list should be reported separately.

Relative Value Units

On December 31, 2002, the Centers for Medicare and Medicaid Services (CMS) published the relative value units (RVUs) for each of the codes on the Medicare Resource-Based Relative Value Scale (RBRVS):

CPT Code	Work RVUs	Practice Expense (Facility) RVUs	Malpractice RVUs	Total RVUs
99293	16.00	5.13	0.70	21.83
99294	8.00	2.57	0.23	10.80
99295	18.49	5.48	0.70	24.67
99296	8.00	2.61	0.23	10.84
99298	2.75	0.96	0.10	3.81
99299	2.50	0.98	0.10	3.58

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Requirements

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that "the version of the medical data code sets specified in the implementation specifications must be the version that is valid at the time the health care is furnished" {*please see excerpts below from the *Federal Register*: August 17, 2000 (65 FR), Subpart J-162.1002, pages 50323-50324 and May 7, 1998, (45 CFR), Part 142.1002, Subpart J}. This means that since new/revised CPT codes become effective on the first of every calendar year, covered entities must recognize the new/revised CPT codes for pediatric & neonatal critical care services (99293-99294 and 99295-99296), low birth weight services (99298-99299) and pediatric critical care patient transport services (99289-99290) furnished starting on January 1, 2003.

**Proposed Code Sets*
a. Version Control
Comment: The majority of commenters stated that we should have a clearer requirement for version control, that is, we should require an electronic transaction to use the version of each applicable code set that is valid at the time the transaction is initiated. A common schedule should be established (for example, calendar year) for conversion to new versions of all standard code sets. A few commenters indicated that there should be an overlap period in which both last year's and this year's codes are accepted to accommodate resubmission or subsequent transfer of claims initiated in the prior year.

Many commenters said that HHS should maintain a consolidated list of the current accepted versions of standard code sets and make this list available to the public, eg, on the Web. Several commenters indicated that all of the code sets themselves should be available from a single HHS Web site.

Response: We have included in §162.1000 a clearer statement that the version of the medical data code sets specified in the implementation specifications must be the version that is valid at the time the health care is furnished. Since transactions may have to be resubmitted long after the time health care was provided, health plans must be able to process earlier versions of code sets. The version of the nonmedical data code sets specified in the implementation specifications must be the version that is valid at the time the transaction is initiated.

At this time we are not establishing a common schedule for implementing new versions of all HIPAA medical data code sets, since some of the code sets are updated annually (for example, ICD-9-CM, CPT) and some are updated more frequently. The organizations that maintain medical data code sets will continue to specify their update schedule. Different Federal laws mandate the implementation of annual updates to ICD-9-CM on October 1 and annual updates to the CPT on January 1 of the following year for their use in the Medicare program. Changing either of these dates would require legislative action and would also represent a major change in current practice for many elements of the health care industry.

The American Academy of Pediatrics (AAP) strongly encourages you to update your system to allow for the recognition of these new and revised CPT codes and their 2003 RBRVS values. The new code descriptors allow for unambiguous reporting of critical care and low birth weight services provided to neonates and children. Further, the 2003 relative values have been validated and approved by the multispecialty members of the AMA/Specialty Society Relative Value Scale Update Committee (RUC). Thank you for your consideration.

Sincerely,

Dick Haynes, MD

Richard J. Haynes, MD, FAAP
Chairperson
Committee on Coding and Nomenclature

RJH/ljw