



# Inpatient Neonatal and Pediatric Critical Care Guidelines

## CPT® Assistant.

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The inpatient neonatal and pediatric critical care guidelines in the Evaluation and Management section of the Current Procedural Terminology (CPT®) code set are used when reporting critical care services provided to neonates, infants, and young children. This article provides an overview of those guidelines and clarifies the terminology used when patients are readmitted to the pediatric critical care unit.

### **Definition of Critical Care Services**

The same definitions for critical care services apply when critical care is provided for adults, children, and neonates. A critical illness or injury is one that acutely impairs one or more vital organ systems such that there is a high probability of imminent or life-threatening deterioration in the patient's condition. Immaturity alone is not indicative of the need to initiate critical care services. Performing critical care procedures and services involves high complexity decision making to assess, manipulate, and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life-threatening deterioration of the patient's condition. Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure and shock, renal, hepatic, metabolic, and/or respiratory failure.

The following procedures and services are included in inpatient neonatal and pediatric critical care and thus are not reported separately by professionals (but may be reported by facilities): (1) certain vascular access procedures; (2) airway and ventilation management; (3) monitoring or interpretation of blood gases or oxygen saturation; (4) car seat evaluation; (5) transfusion of blood components; (6) oral or nasogastric tube placement; (7) suprapubic bladder aspiration; (8) bladder catheterization; and (9) diagnostic lumbar puncture. Procedures performed but not listed here may be reported separately and include the following examples: thoracentesis, thoracostomy, exchange transfusion, abdominal paracentesis, subdural or shunt tap, bone marrow aspiration, circumcision, and cardiopulmonary resuscitation.

When performing certain procedures as a necessary part of delivery room resuscitation (eg, endotracheal intubation [31500] and/or the placement of an umbilical venous catheter [36510]) during pre-admission delivery room care and not simply as a convenience before admission to the intensive care unit, such procedures may be reported separately.



To better understand when inpatient neonatal and pediatric critical care services are reported, the inpatient neonatal and pediatric critical care guidelines reference the following clinical scenarios that address the reporting of these codes:

- When critical care services are performed for pediatric patients less than 6 years of age (except in those scenarios where CPT® coding requires reporting of time-based critical care (99291, 99292).
- On the day of transfer, the receiving institution should report the appropriate initial day of care code, 99468, 99471, 99475, for the same date of service.
- When the neonate or infant becomes critically ill on a day when initial or subsequent intensive care services, hospital services, or normal newborn services have been performed by one individual, and the neonate or infant is transferred to a critical care level of care provided by a different individual in a different group, the transferring individual reports the time-based critical care services, the intensive care service, the hospital care service, or the normal newborn service performed, but **only one** service is reported.
- When a newborn becomes critically ill on the same day the patient has already received normal newborn care and the same individual or group assumes critical care, with the treating individual reporting both the normal newborn care code as well as the initial neonatal critical care code (99468, along with modifier 25).
- When a neonate, infant, or a child requires initial critical care services on the same day the patient already has received hospital care or intensive care services by the same individual or group, with the treating individual reporting only the appropriate initial neonatal/pediatric critical care code.
- When critical care services for a neonatal or pediatric patient are performed in both outpatient and inpatient settings on the same day by the same individual, with the treating individual reporting only the appropriate neonatal and pediatric critical care code for all critical care services that he/she provided on that day.

### **Inpatient Neonatal and Pediatric Critical Care Codes**

#### **99468**

**Initial inpatient neonatal critical care**, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger

#### **99469**

**Subsequent inpatient neonatal critical care**, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger

#### **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, 2 through 5 years of age

Codes 99468 and 99469 are used to report the direction of inpatient care of a critically ill neonate or infant 28 days of age or younger starting with the date of admission (99468) to the neonatal or pediatric critical care unit, and including all subsequent day(s) (99469) the neonate remains in critical care. Within the same facility, if the neonate is readmitted to the neonatal or pediatric critical care unit during the same day or hospital stay, the subsequent care code 99469 may be reported for the first day of readmission to critical care, as well as for each additional day the neonate remains in critical care following the readmission.

Codes 99471-99476 are used to report the direction of the inpatient care of a critically ill infant at least 29 days of postnatal age or child younger than 6 years of age starting with the date of admission (99471, 99475) and including all subsequent day(s) (99472, 99476) the infant or child remains in critical care. Within the same facility, if the infant or young child is readmitted to the neonatal or pediatric critical care unit during the same day or hospital stay, code 99472 or code 99476 may be reported for the first day of readmission, and code 99472 or 99476 may be reported each additional day the infant or young child remains in critical care following the readmission.

Each day the patient spends in the critical care unit, numerous encounters to reevaluate and manage the patient may be required; therefore, neonatal and pediatric critical care services include such multiple patient visits which may occur during the course of the calendar day along with care team supervision. Inpatient neonatal and pediatric critical care provided by the reporting physician may also include contributory care provided by an advanced practice nurse as a member of the care team under direct supervision. When the physician performs and reports neonatal and pediatric critical care services, the reporting physician must document in the patient's medical record his/her active participation in the patient's care. Only one individual may report these codes on any given calendar day, and they may only be reported once per calendar day, per patient, and per hospital stay in a given facility. Although the reporting physician is not required to be physically present in the critical care unit or in the facility for the entire calendar day of care, reporting these services assumes that the physician is physically present and actively participating in the patient's care directly for a significant portion of the service performed.

When neonatal and pediatric critical care services are provided in outpatient settings (eg, emergency department or office), time-based critical care services (99291, 99292) may be reported. However, neonatal and pediatric critical care procedures listed for critical care codes 99291 and 99292 are included when neonatal and pediatric critical care is provided in inpatient settings (eg, critical care unit or hospital). No individual may report remote real-time video-conferenced critical care (0188T, 0189T) on the same calendar day when inpatient neonatal and pediatric critical care services (99468-99476) are reported. ♦

**Reference**

- American Academy of Pediatrics. Coding for Pediatrics: A Manual for Pediatric Documentation and Payment. Elk Grove, IL: 2015: pp 219-220.