

The following codes, medium descriptors, and abbreviated guidelines are a subset of the AMA's Current Procedural Terminology (CPT®) code set. For unabbreviated code descriptors and complete guidelines, please refer to the CPT 2021 codeword or data file.

## EVALUATION AND MANAGEMENT

### Office or Other Outpatient Services

- #99201 Office outpatient visit 10 minutes
- #99202 Office outpatient visit 20 minutes
- #99203 Office outpatient visit 30 minutes
- #99204 Office outpatient visit 45 minutes
- #99205 Office outpatient visit 60 minutes
- #99211 Office outpatient visit 5 minutes
- #99212 Office outpatient visit 10 minutes
- #99213 Office outpatient visit 15 minutes
- #99214 Office outpatient visit 25 minutes
- #99215 Office outpatient visit 40 minutes

### Preventive Medicine Services

- Initial preventive medicine visit patient < 18 yrs
- Initial preventive medicine visit pt age 1-4 yrs
- Initial preventive medicine visit pt age 5-11 yrs
- Initial preventive medicine visit pt age 12-17 yrs
- Initial preventive medicine visit pt age 18-29 yrs
- Initial preventive medicine visit pt age 30-59 yrs
- Periodic preventive visit established patient < 18 yrs
- Periodic preventive visit established patient 1-17 yrs
- Periodic preventive visit established patient 18-59 yrs
- Prevent med coronary/blk factor med age 10 mins
- Prevent med coronary/blk factor med age 20 mins
- Prevent med coronary/blk factor med age 45 mins
- Prevent med coronary/blk factor med age 60 mins
- #99406 Tobacco use cessation intermediate 3-10 minutes
- #99407 Tobacco use cessation intermediate >10 minutes
- #99408 Allocated/administrative screen & interview 15-30 mins
- #99409 Allocated/administrative screen & interview >30 mins
- #99411 Prevent med coronary/blk factor med/gp age 60+ mins
- #99412 Prevent med coronary/blk factor med/gp age >60 mins

### Newborn Care Services

- 1st hospital/birth center care per day visit 10 mins
- 1st care per day visit w/o apt hosp/birthcenter center
- Subq hospital care per day visit normal newborns
- 1st hospital/birth center visit admit & discharge visit

### Delivery/Birth/Birth Room Attendance and Resuscitation Services

- #99464 Attn at delivery, 1st stabilization of newborns
- Delivery/birth room resuscitation
- (Procedures that are performed as a necessary part of the resuscitation [eg, intubation, ventilator lines] are reported separately in addition to #99465. In order to report these procedures, they must be performed as a necessary component of the resuscitation and not as a component before admission to the neonatal intensive care unit)

### Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services

- Inpatient Neonatal and Pediatric Critical Care

  - #99469 1st inpatient critical care per day age 28 days <c
  - Subq 1/p critical care per day age 28 days <c
  - Initial post critical care 29 days thru 24 months
  - Subq post critical care 29 days thru 24 mos
  - Initial post critical care 25 thru 5 years
  - Subsequent post critical care 2 thru 5 years

## SURGERY

- 10120 Incision & removal foreign body coding tool simple
- 10121 Incision & removal foreign body coding tool compl
- 11000 Removal skin tags with fibrous tags, any area <c 10
- 11240 Excavation subungual hematoma
- 11760 Repair nail bed
- 17110 Dermatosis benign, localized up to 14
- 17111 Dermatosis benign, lesions 15%+
- 17250 Chemical cauterization, granulation tissue
- 25000 Clod to calcific fracture w/o manipulation
- 24640 Child w/ head/neck child resuscitated after resuscitation
- 25000 Closed to radial shaft fracture w/o manipulation
- 25600 Child radial & ulnar physeal fracture
- 26720 Child phalangeal fracture w/o manipulation
- 26750 Child phalangeal finger/thumb w/o manipulation
- 28470 Closed to metatarsal fracture w/o manipulation each
- 28490 Child 1st met phalangeal fracture w/o manipulation
- 28510 Child 2nd phalangeal w/o manipulation
- 29125 Application: short-term split-thickness/autograft: static
- Application: short-term split-thickness/dynamic
- Application: finger: static
- Application: finger: dynamic
- Scraping: shoulder
- Scraping: elbow/wrist
- Application: short-long split-cell base
- Removal foreign body: intracanal office procedure
- Control small bone/foreign: sentence sample
- Rip tip heel thickness ventilation only
- Round embolized w/ vascular smooth muscle
- Incision: lung/bronch: thoracotomy
- Round: rectal: inspection, 1/2 cm under skin
- Impl non-infecting: bladder: catheter
- Impl: transrectal bladder: catheter: simple
- Removal eye: conjunctival: superficial
- Removal eye: extra-ocular: w/o clip lamp
- Removal: orbital: auditory canal: w/o clip
- Removal impacted: canines: instrumentation w/out: myringotomy: ear/otolaryng: tube: stt

## MEDICINE

- Immune Globulins, Serum, or Recombinant Products**

  - 96073 Hepatitis B immune globulin 100g human im
  - 96075 Rabies immune globulin 10g human lyophilized
  - 96076 Rubella, IgG treated human lyophilized
  - 96089 Tetanus immune globulin 10g human im
  - 96096 Varicella-zoster immune-globulin human im

- Immunizations/Administration for Medicines/Treatments**

  - Report vaccine immunization administration codes: #90460, #90461, #90471-#90474 in addition to the vaccine and boost code(s): #90475-#90749
  - Report codes #90460 and #90461 only when the physician or qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine. For immunization administration of any vaccine that is not accompanied by face-to-face physician or qualified health care professional counseling to the patient/family or for administration of vaccines to patients over 18 years of age, report codes #90471-#90474. (See also Instructions for Use of the CPT Codebook for definition of reporting qualifications.)

### also Instructions for Use of the CPT Codebook for definition of reporting qualifications.)

If a significant, separately identifiable Evaluation and Management service (eg, new or established patient office or other outpatient services) (#90201-#90252), office or other outpatient consultation (#90241-#90245), emergency department services (#90281-#90285), preventive medicine services (#91051-#91429) is performed, the appropriate E/M service code should be reported in addition to the vaccine and boost administration codes.

A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (#90460 and #90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Components of adjuncts contained in vaccines are not considered to be components parts of the vaccine as defined above.

#90460 Imm adm thru 10yr any one: 1st/only compn vaccine  
+#90461 Imm adm thru 10yr any one addl vaccine compn  
(use #90460 for each vaccine administered. For vaccines with multiple components (combination vaccines), report #90460 in conjunction with #90461 for each additional component in a given vaccine)

#90471 Imm adm purg & subq/inj ages 11 vaccine  
+#90472 Imm adm purg & subq/inj ages >11 vaccine  
#90473 Imm adm intramuscul/10ml 11 vaccine  
+#90474 Imm adm intramuscul/10ml >11 vaccine

**Medicines, Tonics**

Codes #90475-#90749 identify the vaccine product only. To report the administration of a vaccine/boost, the vaccine/boost product codes #90471-#90749 must be used in addition to an immunization administration code(s) #90460, #90461, #90471, #90472, #90473, #90474. Medicines #1 should not be reported with vaccine/boost codes #90460-#90749 when reported in conjunction with administration codes #90460, #90461, #90471, #90472, #90473, #90474.

If a significantly separately identifiable Evaluation and Management (E/M) service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and boost administration codes.

Separate codes are available for combination vaccines (eg, DTaP-IPa, DTaP-Hib, Hib-DP-Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlabeled procedure code should be reported, until a new code becomes available.

#90620 Non-recombinant: purg without enema: rectal: 100g im  
#90621 Non-recombinant: liposomal: vaccine: im  
#90630 Influenza: vac: IV-I split: virus: genes: three: 10  
#90633 HepA: vaccine: 2-dose: schedule: ped/adolesc: im: one  
#90634 HepA: vaccine: 3-dose: schedule: ped/adolesc: im: one  
#90635 Hib: MenC: 1 vac: 4 dose: schedule: 10: recto: 100: im: one  
#90636 Hib: PRP-PS: vaccine: 2 dose: schedule: im: one  
#90637 Hib: PRP-PS: vaccine: 4 dose: schedule: 10: im: one  
#90638 4vHPV: vaccine: 1 dose: schedule: 10: im: one

# Cpt 2012 Express Reference Coding Card Pediatrics

**Clemens Wendtner**

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subsections makes locating a code quick and easy for those familiar with the codebook Portability cards fit easily into the codebook Durable lamination creates a sturdy tear resistant resource suitable for daily use **CPT 2013 Express**

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**With Guidelines** Terence Johnson,2005-11-01 *ICD-9-CM 2012 Express Reference Coding Card Pediatrics* American Medical Association,2011-09-01 Each double sided laminated ICD 9 CM 2012 Express Reference Coding Card is designed to facilitate proper ICD 9 CM coding by supplying more than 350 of the most commonly reported ICD 9 CM codes per medical specialty These easy to use reference cards allow health care providers and staff members to easily locate a desired code which can then be referenced in the ICD 9 CM code book Formatted in alphabetical order under diagnostic categories Allows for quick ICD 9 CM code look ups Includes fourth and fifth digit subclassification prompts Authoritative and fully integrated Instant portability Cards are designed to easily fit into the ICD 9 CM code book Also available Express Reference Coding Cards for CPT and Modifiers *CPT 2008 Express Reference Coding Card Pediatrics* Ama,2007-11-30 **Cpt 2005**

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