American Academy of Pediatrics
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Asthma Coding Fact Sheet for Primary Care Pediatricians

Physician Evaluation & Management Services

Outpatient

★**99202** Office or other outpatient visit, *new* patient; straightforward medical decision making (MDM), 15-29 min.
★**99203** low MDM, 30-44 min.
★**99204** moderate MDM, 45-59 min.
★**99205** high MDM, 60-74 min.

A new patient is one who has not received any professional services face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s) from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

★**99211** Office or other outpatient visit, *established* patient; minimal problem, 5 min.
★**99212** straightforward MDM, 10-19 min.
★**99213** low MDM, 20-29 min.
★**99214** moderate MDM, 30-39 min.
★**99215** high MDM, 40-54 min.

★+**99417** Prolonged physician services in office or other outpatient setting, with direct patient contact; first hour (*use in conjunction with codes **99205, 99215** only*)

- Used only with the highest level E/M services (99205, 99215)
- Time spent does not have to be continuous but must occur on the same day as the face-to-face encounter
- Prolonged service begins at 75 minutes for new patients (99205 and 99417) and 55 minutes for established patients (99215 and 99417)
- Prolonged time can include non-direct services on the same day as the encounter

Reporting E/M services using "Time" vs MDM

- A physician will report their level of E/M service using time **or** MDM
- If reporting based on "time" count all time on the encounter date, including pre- and post service time spent on that patient, even if the patient is not present
- You do not have to meet "time" requirements in the code descriptor to meet a code level if billing based on MDM

•Example: A physician sees an established patient in the office to discuss the current asthma medication treatment plan the patient was placed on and recent exacerbations. The total face-to-face time was 25 minutes, but then later that day the physician spent an additional 20 minutes on the phone with the mom and pharmacy due to issues with getting new medication. The MDM level was a 99214, however, based on the total time spent by the physician (45 mins), the level that can be reported is a **99215**.

+ Codes are *add-on* codes, meaning they are reported separately in addition to the appropriate code for the service provided
★ Indicates CPT allows as a telemedicine service

★**99406** Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
★**99407** ;intensive, greater than 10 minutes

Note you cannot report tobacco cessation codes (**99406-99407**) under the child when counseling the parent.

For information on telephone care, principal care management, chronic care management, transition care management, e-visits and interprofessional consultations and others, please refer to our "Non-Direct Care Management**" fact sheet.

Non-Physician Services:

Prolonged Clinical Staff Services with Physician or Other Qualified Health Care Professional Supervision

Codes **99415, 99416** are used when a prolonged E/M service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time beyond the typical face-to-face time of the E/M service, as stated in the code description.

+ **99415** Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour
+ **99416** each additional 30 minutes

Codes **99415-99416**

- Must always be reported in addition to an appropriate office/outpatient E/M service (ie, **99202-99215**)
- Require that the physician or qualified health care professional is present to provide direct supervision of the clinical staff.
- Are used to report the total duration of face-to-face time spent by clinical staff on a given date providing prolonged services, even if the time spent by the clinical staff on that date is not continuous.
- Are not reported for time spent performing *separately reported* services.
- Requires a minimum of 45 minutes spent beyond the *typical time* of the E/M service code being reported. May require that the clinical staff spend more time if the physician does not meet the time criteria of the E/M service being reported
- May not be reported in addition to **99354** or **99355**.

Physician and Physician-Directed Non-Face-to-Face Services

*For more information on reporting these and other non-face-to-face services see the Care Management fact sheet.

Principal Care Management

1. A single (1) 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
2. A condition that requires development, monitoring, or revision of disease-specific care plan,
3. A condition that requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities

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4. Ongoing communication and care coordination between relevant practitioners furnishing care may be reported by different physicians or QHPs in the same calendar month for the same patient
5. Documentation in the patient's medical record should reflect coordination among relevant managing clinicians
6. Principal care management services are disease-specific management services. Even if a patient may have multiple chronic conditions they may receive principal care management if the reporting physician or other QHP is providing single disease rather than comprehensive care management

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 QHP, 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 99424)

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 QHP, per calendar month

(List separately in addition to code **99426**)

Online Digital Evaluation and Management Service

These are patient-initiated services with physicians or other qualified health care professionals (QHPs) who are allowed to report E/M services. Online digital E/M services require physician or other QHP's evaluation, assessment, and management of the patient and are not for the nonevaluative electronic communication of test results, scheduling of appointments, or other communication that does not include E/M. These are more appropriate when dealing with a more minor issue or during a month when you are not coding or providing more robust care thus this time would be reported under another service like care management.

- Patient must be established (problem can be new)
- Services must be initiated through Health Insurance Portability and Accountability Act (HIPAA)-compliant secure platforms

+ Codes are *add-on* codes, meaning they are reported separately in addition to the appropriate code for the service provided
★ Indicates CPT allows as a telemedicine service

- Reported once for the physician's or other QHP's (including all in the same group practice) cumulative time during a seven-day period
- The seven-day period begins with the physician's or other QHP's initial, personal review of the patient-generated inquiry.
- Online digital E/M services require permanent documentation storage (electronic or hard copy) of the encounter.
- Do not report these codes separately if the patient is seen within 7 days of the service for an issue related to the encounter.
- Your *date of service* will be the date the initiation of the e-visit began or the range of dates it took place because this service is cumulative time over 7 days.

99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

99422 11-20 minutes

99423 21 or more minutes

Telephone Care Services

Telephone care must be initiated by the parent, patient or the guardian. The telephone call cannot be related to an E/M service within the previous 7 days nor can they lead to an appointment within the next 24 hours or soonest available. This is not telehealth or telemedicine. Your *date of service* will be date the phone call takes place.

99441 Telephone evaluation and management to patient, parent or guardian not originating from a related E/M service 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 of medical discussion

99443 21-30 minutes of medical discussion

Medical Team Conference

99367 Medical team conference by physician with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more

Prolonged Services

99358 Prolonged services without direct patient contact; first hour

+99359 each additional 30 min. *(+ designated add-on code, use in conjunction with 99358)*

Other Non-Physician Services

98960 Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient

98961 ; 2-4 patients

98962 ; 5-8 patients

Procedures

+ Codes are *add-on* codes, meaning they are reported separately in addition to the appropriate code for the service provided
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94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation

94014 Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional

94015 ;recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)

94016 ;review and interpretation only by a physician or other qualified health care professional

94060 Bronchodilation responsiveness, spirometry, as in **94010**, pre- and post-bronchodilator administration (Includes one 94640, but medication may be separately reported)

94150 Vital capacity, total (separate procedure) Note: requires hook-up to spirometer

94617 Exercise test for bronchospasm, including pre- and postspirometry and pulse oximetry; with electrocardiographic recording(s)

94619 **;** without electrocardiographic recording(s)

94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed

94640 Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum indication for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] devise)

94644 Continuous inhalation treatment with aerosol medical for acute airway obstruction; first hour (for less than an hour report **94640**)

94664 Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device.

94760 Noninvasive ear or pulse oximetry for oxygen saturation; single determination (often bundled by payers)

94761 Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (Do not report in conjunction with **94760**)

S8110 Peak expiratory flow rate (physician services)

Please note that oxygen administration does not have a separate CPT code and is reported under the E/M service. Supplies may be billed, however.

Health Risk Assessment – Asthma Control Test

96160 Administration of patient-focused health risk assessment instrument with scoring and documentation, per standardized instrument (may be used for the Asthma Control Test)

Special Services

Use all of the following "Special Services" in addition to the E/M code and/or other primary procedure when applicable

99050 Service(s) provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday) in addition to basic services

99051 Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic services

99058 Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service

For more information on "billing after hours and special services"

Supply/Medication Codes

99070 Supplies and materials supplied by the physician over and above those usually included with the office visit or other services rendered

A4614 Peak expiratory flow rate meter, hand held

A4615 Cannula, nasal

A4616 Tubing (oxygen), per foot

A4617 Mouthpiece

A7015 Aerosol mask, used with DME nebulizer

J7611 Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, **1mg** (Albuterol Sulfate, Proventil, Ventolin)

J7612 Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, **0.5mg** (Xopenex)

J7613 Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, **1mg** (Albuterol Sulfate, Proventil, Accuneb)

J7614 Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, **0.5mg** (Xopenex)

J7626 Budesonide inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit

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dose form, **up to 0.5mg** (Pulmocort Respules, non-compounded, concentrated)

J7627 Budesonide inhalation solution, compounded product, administered through DME, unit dose form, **up to 0.5mg** (Pulmocort Respules)

Modifiers

25 Significant and separately identifiable E/M service from another procedure or service

59 Distinct procedural service from another non-E/M service

76 Repeat procedure by the same physician on the same day

Please note that the modifiers below are subsets of modifier 59 and are only to be reported when directed by your payers. You would report one of these modifiers below in lieu of modifier 59 as appropriate.

XE Separate Encounter, A Service That Is Distinct Because It Occurred During A Separate Encounter

XS Separate Structure, A Service That Is Distinct Because It Was Performed On A Separate Organ/Structure

XP Separate Practitioner, A Service That Is Distinct Because It Was Performed By A Different Practitioner

XU Unusual Non-Overlapping Service, The Use Of A Service That Is Distinct Because It Does Not Overlap Usual Components Of The Main Service

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***International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)* Codes**

- Use as many diagnosis codes that apply to document the patient's complexity and report the patient's symptoms and/or adverse environmental circumstances.
- Once a definitive diagnosis is established, report the appropriate definitive diagnosis code(s) as the primary code, plus any other symptoms that the patient is exhibiting as secondary diagnoses that are not part of the usual disease course or are considered incidental.
- Be sure to include any supplemental information that might be helpful, including social determinants of health.

For **J44** codes
Code also type of asthma, if applicable (**J45**.-)
For **J44** and **J45** codes
Use additional code, if applicable, to identify:
exposure to environmental tobacco smoke (**Z77.22**)
history of tobacco use (**Z87.891**)
occupational exposure to environmental tobacco smoke (**Z57.31**)
tobacco dependence (**F17**.-)
tobacco use (**Z72.0**)

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection

Use additional code to identify the infection
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
J44.9 Chronic obstructive pulmonary disease, unspecified (Chronic obstructive airway disease NOS
Chronic obstructive lung disease NOS)

J45.20 Mild intermittent asthma, uncomplicated (NOS)
J45.21 Mild intermittent asthma with (acute) exacerbation
J45.22 Mild intermittent asthma with status asthmaticus
J45.30 Mild persistent asthma, uncomplicated (NOS)
J45.31 Mild persistent asthma with (acute) exacerbation
J45.32 Mild persistent asthma with status asthmaticus
J45.40 Moderate persistent asthma, uncomplicated (NOS)
J45.41 Moderate persistent asthma with (acute) exacerbation
J45.42 Moderate persistent asthma with status asthmaticus
J45.50 Severe persistent asthma, uncomplicated (NOS)
J45.51 Severe persistent asthma with (acute) exacerbation
J45.52 Severe persistent asthma with status asthmaticus
J45.901 Unspecified asthma with (acute) exacerbation
J45.902 Unspecified asthma with status asthmaticus
J45.909 Unspecified asthma, uncomplicated (NOS)
J45.990 Exercise induced bronchospasm
J45.991 Cough variant asthma
J45.998 Other asthma

F17.210 Nicotine dependence, cigarettes, uncomplicated
F17.290 Nicotine dependence, other tobacco product, uncomplicated (use for vaping)
F18.10 Inhalant abuse, uncomplicated
R06.02 Shortness of breath
R06.2 Wheezing

U07.0 Vaping-related disorder (use this as primary if it is determined the condition is being caused by or exacerbated by vaping use. The causal relationship must be documented)
Z72.0 Tobacco use