

Neonatal Coding and Documentation: The History

Gilbert I Martin, MD

The neonatal healthcare provider needs to be knowledgeable about Current Procedural Terminology (CPT) and the International Classification of Diseases (ICD) which are the diagnostic codes that accompany the CPT codes.

The CPT codes are descriptive and report procedures and medical services performed by healthcare professionals. The language involved in the CPT codes must be universal so that it can provide a template for communication with neonatal healthcare workers. The first CPT Edition appeared in 1966. The language in CPT itself states the following: "The CPT code set is useful for administrative management purposes such as claims processing and the development of guidelines for medical care review. The uniform language is also applicable to medical education and outcomes, health services, and quality research by providing a useful basis for local, regional, and national utilization comparisons". (1)

Over the years, the number of CPT codes has increased and has adapted to both private and governmental guidelines. "The CPT code set has been designated by the Department of Health and Human Services as the national coding standard for physicians and other healthcare professional services and procedures under the Health Insurance Portability and Accountability Act (HIPAA)." (2)

There is a CPT Editorial Panel which ensures that the CPT codes are timely and reflect current medical care. The American Medical Association publishes the Current Procedural Terminology Editions.

The International Classification of Diseases (ICD) is published by the World Health Organization (WHO). The first revision of ICD covered the years 1900-1909. In the United States, we are dealing today with the 10th revision (originated in 1999) and the 11th edition of ICD is now completed and now is available for implantation.

The American Academy of Pediatrics is involved in publishing the Pediatric International Classification of Diseases code set (Pediatric ICD-10-CM). Diagnostic coding expands as the number of diseases, and their sub-classifications increases. The manual is extensive, and condensing these codes to make them manageable has been a difficult process. There have been many modifications of this ICD code set, and guidance, clarifications, and assistance to the practitioner are available. There is even an AAP coding hotline that can be accessed at aapcodinghotline@aap.org.

This column will deal with examples of both CPT codes and ICD codes so that the practitioner will make correct choices for their patients. There are several monographs available to assist the healthcare professional. These include CPT 2020; Pediatric ICD-10-CM 2020; A Quick Reference to Neonatal Coding and Documentation; Non-Physician Practitioner Handbook 2019; CPT Changes 2020 and Coding for Pediatrics. There is also a Coding Toolkit, which is simple to carry around and lists all pertinent neonatal CPT codes.

In 1997, the Perinatal Section of the American Academy of Pediatrics

created a Neonatal/Perinatal Coding Committee under the direction of Rich Molteni, to educate other healthcare professionals and to develop new codes and discuss the "business of neonatology." Over the years, this committee developed comprehensive codes that bundled all of the patient encounters into one daily code. Although we have captured all of the evaluation/management codes, the ICD codes continue to expand.

It is noteworthy that many payment models exist in the spectrum of

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neonatal/perinatal disease. We have evolved from fee for service to discounted care to capitation, and now there are models of Diagnostic Related Groups (DRGs).

To make things even more confusing, the Center for Medicare and Medicaid Services (CMS) produces a CMS Medicare Physicians Fee Schedule (MPFS) every year. There is a Final Rule which elucidates a conversion factor (CF), which is directly related to remuneration.

The number of healthcare professionals that can code for patient interactions has expanded greatly. We are now dealing with non-physician practitioners especially neonatal nurse practitioners (NNP). Although neonatologists have become accustomed to using the term NNP, the more generic term used in most publications is an Advanced Practice Provider (APP). This term encompassed the broader cadre of nurse practitioners in all fields, as well as Physician's Assistants. Within CPT publications, the term Qualified Healthcare Provider (QHP) is often used. This term is inclusive of physicians and advanced practice providers.

Coding previously was a seemingly simple billing sheet that was filled out daily. Now it takes a coding and billing office to capture all of the CPT and ICD codes, submit an invoice, keep track of payments and organize an appeal process.

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Future columns will be organized to discuss specific coding issues and include patient examples.

The following is the first of our coding questions.

You are asked by an obstetrician to attend the delivery of a 44-year-old woman who is a G4P2 and the intrapartum period was complicated by several variables and terminal late decelerations. Fortunately, the delivery was uneventful. The baby cried immediately and was alert and pink. The examination was normal and Apgar scores were 7 (1 minute) and 9 (5 minutes). You discuss the care of the patient with the delivering obstetrician and the parents and send the baby to the well-baby nursery.

What is the correct code?

- A. 99464
- B. 99465
- C. 99460



The correct answer, "A."

99464 – Represents attendance at delivery when requested by the delivering physician and initial stabilization of the newborn. This includes drying, stimulation, a detailed physical examination, Apgar score assignment, and discussion with delivering physician and parents.

99465- Represents delivery/birthing room resuscitation, provision of

positive pressure ventilation (PPV), and/or chest compressions in the presence of acute, inadequate ventilation and/or cardiac output.

99460 – Represents the initial hospital or birthing center care, per day, for evaluation and management of the normal newborn infant.

References:

1. *CPT® purpose & mission | American Medical Association.* <https://www.ama-assn.org/about/cpt-editorial-panel/cpt-purpose-mission>
2. *Moving Beyond Diagnosis Codes in CDI: Documentation ...* <https://journal.ahima.org/2018/06/28/moving-beyond-diagnosis-codes-in-cdi-documentation-improvement-for-cpt/>

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Corresponding Author:



Gilbert I Martin, MD, FAAP
Division of Neonatal Medicine
Department of Pediatrics
Professor of Pediatrics
Loma Linda University School of Medicine
gimartin@llu.edu
Office Phone: 909-558-7448

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