

The NICU/PICU Services Code Conversion effective June 1, 2019, is as follows:

Local Code – Description	National Billing Code Sets		
Z0100 – Initial neonatal and pediatric intensive care (first or partial 24 hours)	For Critically Ill Patients		
	CPT Code – Description	Modifiers – Description	Billing Considerations
	99468 – Initial 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 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		
	99291 – Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	TG – Complex/high tech level of care And/or HA – Child/adolescent program	PICU admit > 5 years. Billable once per day.
	99292 – Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes	TG – Complex/high tech level of care And/or HA – Child/adolescent program	PICU admit > 5 years

Local Code – Description	National Billing Code Sets		
Z0100 – Initial neonatal and pediatric intensive care (first or partial 24 hours)	For Newborns Requiring Intensive Care, Not Critically Ill		
	CPT Code – Description	Modifiers – Description	Billing Considerations
	99477 – Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services		
	For Initial, Non-Critical, Non-Intensive (Neonatal or Pediatric) Care		
	CPT Code – Description	Modifiers – Description	Billing Considerations
	99222 – Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; and • Medical decision making of moderate complexity <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s family and/or family’s needs.</p> <p>Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient’s hospital floor or unit.</p>		

Local Code – Description	National Billing Code Sets		
Z0100 – Initial neonatal and pediatric intensive care (first or partial 24 hours)	For Initial, Non-Critical, Non-Intensive (Neonatal or Pediatric) Care		
	CPT Code – Description	Modifiers – Description	Billing Considerations
	<p>99223 – Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; and • Medical decision making of high complexity <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s family and/or family’s needs.</p> <p>Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient’s hospital floor or unit.</p>		

Local Code – Description	National Billing Code Sets		
<p>Z0102 – Category I level of care: Children receiving ventilatory support (including continuous positive airway pressure [CPAP]), invasive monitoring, hyperalimentation, and/or intravenous pharmacological support of the circulatory system</p> <p>Z0104 – Category II level of care: Children receiving intensive therapy and intravenous lines for medications or fluids, supplemental oxygen and/or feedings via nasogastric, orogastric, nasojejunal or gastrostomy tubes</p> <p>Z0106 – Category III level of care: Children who are unstable, requiring frequent monitoring and assessment by trained personnel</p> <p>Z0108 – Category IV Level of Care: Children who are stable, receiving routine medical and nursing care prior to discharge from the NICU/PICU (may be used by physicians to bill the last day of care in the NICU/PICU)</p>	For Critically Ill Patients		
	CPT Code – Description	Modifiers – Description	Billing Considerations
	99469 – Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger		
	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		
	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		
	99291 – Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	TG – Complex/high tech level of care And/or HA – Child/adolescent program	PICU admit > 5 years Billable once per day
	99292 – Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes	TG – Complex/high tech level of care And/or HA – Child/adolescent program	PICU admit > 5 years
	For Newborns Requiring Intensive Care, Not Critically Ill		
	CPT Code – Description	Modifiers – Description	Billing Considerations
	99478 – 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)		

Local Code – Description	National Billing Code Sets		
<p>Z0102 – Category I level of care: Children receiving ventilatory support (including continuous positive airway pressure [CPAP]), invasive monitoring, hyperalimentation, and/or intravenous pharmacological support of the circulatory system</p> <p>Z0104 – Category II level of care: Children receiving intensive therapy and intravenous lines for medications or fluids, supplemental oxygen and/or feedings via nasogastric, orogastric, nasojejunal or gastrostomy tubes.</p> <p>Z0106 – Category III level of care: Children who are unstable, requiring frequent monitoring and assessment by trained personnel</p> <p>Z0108 – Category IV Level of Care: Children who are stable, receiving routine medical and nursing care prior to discharge from the NICU/PICU (may be used by physicians to bill the last day of care in the NICU/PICU).</p>	For Newborns Requiring Intensive Care, Not Critically Ill		
	CPT Code – Description	Modifiers – Description	Billing Considerations
	<p>99479 – Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)</p>		
	<p>99480 – Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)</p>		
	For Subsequent, Non-Critical, Non-Intensive (Neonatal or Pediatric) Care		
CPT Code – Description	Modifiers – Description	Billing Considerations	
<p>99232 – Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none"> • An expanded problem focused interval history; • An expanded problem focused examination; • Medical decision making of moderate complexity <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s family and/or family’s needs.</p> <p>Usually, the patient is stable, recovering or improving. Typically, 25 minutes are spent at the bedside and on the patient’s hospital floor or unit.</p>			

Local Code – Description	National Billing Code Sets		
<p>Z0102 – Category I level of care: Children receiving ventilatory support (including continuous positive airway pressure [CPAP]), invasive monitoring, hyperalimentation, and/or intravenous pharmacological support of the circulatory system</p> <p>Z0104 – Category II level of care: Children receiving intensive therapy and intravenous lines for medications or fluids, supplemental oxygen and/or feedings via nasogastric, orogastric, nasojejunal or gastrostomy tubes.</p> <p>Z0106 – Category III level of care: Children who are unstable, requiring frequent monitoring and assessment by trained personnel</p> <p>Z0108 – Category IV Level of Care: Children who are stable, receiving routine medical and nursing care prior to discharge from the NICU/PICU (may be used by physicians to bill the last day of care in the NICU/PICU).</p>	For Subsequent, Non-Critical, Non-Intensive (Neonatal or Pediatric) Care		
	CPT Code – Description	Modifiers – Description	Billing Considerations
	<p>99233 – Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none"> • A detailed interval history; • A detailed examination; • Medical decision making of high complexity. <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s family and/or family’s needs.</p> <p>Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient’s hospital floor or unit.</p>		