



CPT® Code 99465 Details

Code Symbols

No data Available.

Code Descriptor

Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output

Notes:

(99465 may be reported in conjunction with 99460, 99468, 99477)

(Do not report 99465 in conjunction with 99464)

(Procedures that are performed as a necessary part of the resuscitation [eg, intubation, vascular 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 convenience before admission to the neonatal intensive care unit)

CPT® Advice

No data Available

Illustration

No data Available.

Fee Schedule

Medicare Physician Fee Schedules (MPFS)

Sources: 2019 National Physician Fee Schedule Relative Value File, GPCI19, NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE CALENDAR YEAR 2019, MCR-MUE-PractitionerServices

Publisher: CMS

Effective: July 01, 2019

Medicare Carrier/Locality: ALASKA** 01-02102

Conversion Factor: 36.0391

Note: A value in "Medicare Fees" does not necessarily indicate payment. Scroll down to see Medicare's status on the code for coverage specifics. Medicare has assigned relative value units (RVUs) to codes the agency does not cover to allow payers that follow the resource based relative value system to have an agreed upon valuation rate.



Code Status A

A = Active Code. These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

Medicare Fees					
	National	Adjusted	26	TC	53
Facility	\$148.84	\$203.90	\$0.00	\$0.00	\$0.00
Non Facility	\$148.84	\$203.90	\$0.00	\$0.00	\$0.00

RVU - Nonfacility					
	National	Adjusted	26	TC	53
Work RVU:	2.93	4.40	0.00	0.00	0.00
PE RVU:	1.01	1.13	0.00	0.00	0.00
Malpractice RVU:	0.19	0.13	0.00	0.00	0.00
Total RVU:	4.13	5.66	0.00	0.00	0.00

RVU - Facility					
	National	Adjusted	26	TC	53
Work RVU:	2.93	4.40	0.00	0.00	0.00
PE RVU:	1.01	1.13	0.00	0.00	0.00
Malpractice RVU:	0.19	0.13	0.00	0.00	0.00
Total RVU:	4.13	5.66	0.00	0.00	0.00

Global & Other Info	
	Global Split
Preoperative %:	0
Intraoperative %:	0
Postoperative %:	0
Total RVU:	0
Global Period (days):	XXX
XXX = The global concept does not apply to the code.	
Radiology Diagnostic Tests :	99
99 = Concept does not apply	
PC/TC Indicator :	0



0 = Physician Service Codes--Identifies codes that describe physician services. Examples include visits, consultations, and surgical procedures. The concept of PC/TC does not apply since physician services cannot be split into professional and technical components. Modifiers 26 and TC cannot be used with these codes. The RVUS include values for physician work, practice expense and malpractice expense. There are some codes with no work RVUs.

Endoscopic Base Code : None

Modifier Guidelines

	Modifier	Rules(Click on rules for Details)
MULT PROC	51	No multiple procedure payment adjustment
<p>51 = Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes</p> <p>0 = No payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure, base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount for the procedure.</p>		
BILAT SURG	50	No 150% bilateral payment boost
<p>50 = Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier 50 to the appropriate five digit code.</p> <p>0 = 150% payment adjustment for bilateral procedures does not apply. If procedure is reported with modifier -50 or with modifiers RT and LT, base the payment for the two sides on the lower of: (a) the total actual charge for both sides or (b) 100% of the fee schedule amount for a single code.</p>		
ASST SURG	80	Assistant payment allowed when supported
<p>80 = Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).</p> <p>0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.</p>		
CO-SURG	62	Co-surgeons not permitted
<p>62 = Two Surgeons: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.</p> <p>0 = Co-surgeons not permitted for this procedure.</p>		



TEAM SURG **66** Team surgeons not permitted

66 = Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.

0 = Team surgeons not permitted for this procedure.

MINIMUM ASST SURG **81** Assistant payment allowed when supported.

81 = Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

ASST SURG (QUALIFIED RESI. NA) **82** Assistant payment allowed when supported.

82 = Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s)

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

PHYSICIAN SUPERVISION ***PS** Concept does not apply.

PS = This field is for use in post payment review.

9 = Concept does not apply

Medically Unlikely Edits

Source: 2019 Medically Unlikely Edits (MUE)
Publisher: CMS
Date: July 01, 2019

Services	MUE	MAI	MUE Rationale
Practitioner Services	1	2	Nature of Service/Procedure
DME Supplier Services	NA	NA	NA
Facility Outpatient Services	1	2	Nature of Service/Procedure

MAI 1: Line Edit

MUE MAI "1" indicates a claim line edit. When it's appropriate to report units that exceed the MUE, use one or more additional claim lines with an appropriate modifier appended to the code. Payers who apply the MUE will process each claim line separately for payment.

MAI 2: Date of Service Edit: Policy



MUE MAI "2" indicates an absolute date of service (DOS) edit based on policy. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. CMS has not identified any instances in which exceeding an MAI 2 MUE is correct.

MAI 3: Date of Service Edit: Clinical

MUE MAI "3" indicates a date of service (DOS) edit based on clinical benchmarks. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. MACs may pay excess units upon appeal or may bypass the MUE based on documentation of medical necessity.

LCD Details

LCD Details for 99465

The chosen state has no LCD for this code/title. Please search All States to see if another state has an LCD for this code/title.

Article Details for 99465

The chosen state has no Article for this code/title. Please search All States to see if another state has an Article for this code/title.

NCD

No data available.

MEDICARE CCI

0 - Can NOT be billed under any circumstances		
1 - A CCI-associated modifier on the Col. 2 code will override the edit.		
Col B Code	Reason Edit	Modifier Indicator
0362T	Misuse of column two code with column one code	1
0373T	Misuse of column two code with column one code	1
0469T	Misuse of column two code with column one code	0
36591	CPT Manual or CMS manual coding instructions	0
36592	CPT Manual or CMS manual coding instructions	0
43752	Misuse of column two code with column one code	1
92531	CPT Manual or CMS manual coding instructions	0
92532	CPT Manual or CMS manual coding instructions	0
93792	CPT Manual or CMS manual coding instructions	1



93793	CPT Manual or CMS manual coding instructions	0
94002	CPT Manual or CMS manual coding instructions	0
94003	CPT Manual or CMS manual coding instructions	0
94004	CPT Manual or CMS manual coding instructions	0
94660	CPT Manual or CMS manual coding instructions	0
94662	CPT Manual or CMS manual coding instructions	0
95831	Standards of medical / surgical practice	0
95832	Standards of medical / surgical practice	0
95833	Standards of medical / surgical practice	0
95834	Standards of medical / surgical practice	0
95851	Standards of medical / surgical practice	0
95852	Standards of medical / surgical practice	0
96020	CPT Manual or CMS manual coding instructions	1
96105	Standards of medical / surgical practice	1
96116	CPT Manual or CMS manual coding instructions	1
96125	Standards of medical / surgical practice	1
96127	Misuse of column two code with column one code	0
96130	Standards of medical / surgical practice	1
96132	Standards of medical / surgical practice	1
96136	Standards of medical / surgical practice	1
96138	Standards of medical / surgical practice	1
96146	Standards of medical / surgical practice	1
96150	CPT Manual or CMS manual coding instructions	0
96151	CPT Manual or CMS manual coding instructions	0
96152	CPT Manual or CMS manual coding instructions	0
96153	CPT Manual or CMS manual coding instructions	0
96154	CPT Manual or CMS manual coding instructions	0
96360	Standards of medical / surgical practice	0



96365	Standards of medical / surgical practice	0
96369	Misuse of column two code with column one code	0
96372	Standards of medical / surgical practice	0
96373	Standards of medical / surgical practice	0
96374	Standards of medical / surgical practice	0
96377	Standards of medical / surgical practice	0
96401	Standards of medical / surgical practice	0
96402	Standards of medical / surgical practice	0
96405	Standards of medical / surgical practice	0
96406	Standards of medical / surgical practice	0
96409	Standards of medical / surgical practice	0
96413	Standards of medical / surgical practice	0
96416	Standards of medical / surgical practice	0
96420	Standards of medical / surgical practice	0
96422	Standards of medical / surgical practice	0
96425	Standards of medical / surgical practice	0
96440	CPT Manual or CMS manual coding instructions	0
96446	Standards of medical / surgical practice	0
96450	Standards of medical / surgical practice	0
96523	CPT Manual or CMS manual coding instructions	0
97151	Misuse of column two code with column one code	1
97153	Misuse of column two code with column one code	1
97154	Misuse of column two code with column one code	1
97155	Misuse of column two code with column one code	1
97156	Misuse of column two code with column one code	1
97157	Misuse of column two code with column one code	1
97158	Misuse of column two code with column one code	1
97802	Misuse of column two code with column one code	0



97803	Misuse of column two code with column one code	0
97804	Misuse of column two code with column one code	0
99091	CPT Manual or CMS manual coding instructions	0
99172	CPT Manual or CMS manual coding instructions	0
99173	CPT Manual or CMS manual coding instructions	1
99174	Misuse of column two code with column one code	1
99177	Misuse of column two code with column one code	1
99408	Standards of medical / surgical practice	0
99409	Standards of medical / surgical practice	0
99446	CPT Manual or CMS manual coding instructions	0
99447	CPT Manual or CMS manual coding instructions	0
99448	CPT Manual or CMS manual coding instructions	0
99449	CPT Manual or CMS manual coding instructions	0
99451	CPT Manual or CMS manual coding instructions	0
99452	CPT Manual or CMS manual coding instructions	0
99464	CPT Manual or CMS manual coding instructions	0
99605	Misuse of column two code with column one code	1
99606	Misuse of column two code with column one code	1
G0102	Standards of medical / surgical practice	0
G0270	Misuse of column two code with column one code	0
G0271	Misuse of column two code with column one code	0
G0396	Standards of medical / surgical practice	1
G0397	Standards of medical / surgical practice	1
G0442	Standards of medical / surgical practice	1
G0443	Standards of medical / surgical practice	1
G0498	Standards of medical / surgical practice	0
G2011	Standards of medical / surgical practice	1



ICD-10 Crossref

L44.4 : Infantile papular acrodermatitis [Gianotti-Crosti]

P03.810 : Newborn affected by abnormality in fetal (intrauterine) heart rate or rhythm before the onset of labor

P03.811 : Newborn affected by abnormality in fetal (intrauterine) heart rate or rhythm during labor

P03.819 : Newborn affected by abnormality in fetal (intrauterine) heart rate or rhythm, unspecified as to time of onset

P03.89 : Newborn affected by other specified complications of labor and delivery

P03.9 : Newborn affected by complication of labor and delivery, unspecified

P04.0 : Newborn affected by maternal anesthesia and analgesia in pregnancy, labor and delivery

P05.00 : Newborn light for gestational age, unspecified weight

P05.01 : Newborn light for gestational age, less than 500 grams

P05.02 : Newborn light for gestational age, 500-749 grams

P05.03 : Newborn light for gestational age, 750-999 grams

P05.04 : Newborn light for gestational age, 1000-1249 grams

P05.05 : Newborn light for gestational age, 1250-1499 grams

P05.06 : Newborn light for gestational age, 1500-1749 grams

P05.07 : Newborn light for gestational age, 1750-1999 grams

P05.08 : Newborn light for gestational age, 2000-2499 grams

P05.09 : Newborn light for gestational age, 2500 grams and over

P05.10 : Newborn small for gestational age, unspecified weight

P05.11 : Newborn small for gestational age, less than 500 grams

P05.12 : Newborn small for gestational age, 500-749 grams

P05.13 : Newborn small for gestational age, 750-999 grams

P05.14 : Newborn small for gestational age, 1000-1249 grams

P05.15 : Newborn small for gestational age, 1250-1499 grams

P05.16 : Newborn small for gestational age, 1500-1749 grams

P05.17 : Newborn small for gestational age, 1750-1999 grams

P05.18 : Newborn small for gestational age, 2000-2499 grams

P05.19 : Newborn small for gestational age, other

P05.2 : Newborn affected by fetal (intrauterine) malnutrition not light or small for gestational age

P05.9 : Newborn affected by slow intrauterine growth, unspecified

P07.00 : Extremely low birth weight newborn, unspecified weight

P07.01 : Extremely low birth weight newborn, less than 500 grams

P07.02 : Extremely low birth weight newborn, 500-749 grams

P07.03 : Extremely low birth weight newborn, 750-999 grams

P07.10 : Other low birth weight newborn, unspecified weight

P07.14 : Other low birth weight newborn, 1000-1249 grams

P07.15 : Other low birth weight newborn, 1250-1499 grams

P07.16 : Other low birth weight newborn, 1500-1749 grams

P07.17 : Other low birth weight newborn, 1750-1999 grams

P07.18 : Other low birth weight newborn, 2000-2499 grams

P07.20 : Extreme immaturity of newborn, unspecified weeks of gestation

P07.21 : Extreme immaturity of newborn, gestational age less than 23 completed weeks

P07.22 : Extreme immaturity of newborn, gestational age 23 completed weeks

P07.23 : Extreme immaturity of newborn, gestational age 24 completed weeks

P07.24 : Extreme immaturity of newborn, gestational age 25 completed weeks

P07.25 : Extreme immaturity of newborn, gestational age 26 completed weeks

P07.26 : Extreme immaturity of newborn, gestational age 27 completed weeks

P07.30 : Preterm newborn, unspecified weeks of gestation

P07.31 : Preterm newborn, gestational age 28 completed weeks

P07.32 : Preterm newborn, gestational age 29 completed weeks



P07.33 : Preterm newborn, gestational age 30 completed weeks
P07.34 : Preterm newborn, gestational age 31 completed weeks
P07.35 : Preterm newborn, gestational age 32 completed weeks
P07.36 : Preterm newborn, gestational age 33 completed weeks
P07.37 : Preterm newborn, gestational age 34 completed weeks
P07.38 : Preterm newborn, gestational age 35 completed weeks
P07.39 : Preterm newborn, gestational age 36 completed weeks
P08.0 : Exceptionally large newborn baby
P08.1 : Other heavy for gestational age newborn
P08.21 : Post-term newborn
P08.22 : Prolonged gestation of newborn
P09 : Abnormal findings on neonatal screening
P12.4 : Injury of scalp of newborn due to monitoring equipment
P19.0 : Metabolic acidemia in newborn first noted before onset of labor
P19.1 : Metabolic acidemia in newborn first noted during labor
P22.0 : Respiratory distress syndrome of newborn
P22.1 : Transient tachypnea of newborn
P22.8 : Other respiratory distress of newborn
P22.9 : Respiratory distress of newborn, unspecified
P24.10 : Neonatal aspiration of (clear) amniotic fluid and mucus without respiratory symptoms
P24.11 : Neonatal aspiration of (clear) amniotic fluid and mucus with respiratory symptoms
P24.20 : Neonatal aspiration of blood without respiratory symptoms
P24.21 : Neonatal aspiration of blood with respiratory symptoms
P24.30 : Neonatal aspiration of milk and regurgitated food without respiratory symptoms
P24.31 : Neonatal aspiration of milk and regurgitated food with respiratory symptoms
P24.80 : Other neonatal aspiration without respiratory symptoms
P24.81 : Other neonatal aspiration with respiratory symptoms
P24.9 : Neonatal aspiration, unspecified
P28.0 : Primary atelectasis of newborn
P28.10 : Unspecified atelectasis of newborn
P28.11 : Resorption atelectasis without respiratory distress syndrome
P28.19 : Other atelectasis of newborn
P28.2 : Cyanotic attacks of newborn
P28.3 : Primary sleep apnea of newborn
P28.4 : Other apnea of newborn
P28.5 : Respiratory failure of newborn
P28.81 : Respiratory arrest of newborn
P28.89 : Other specified respiratory conditions of newborn
P28.9 : Respiratory condition of newborn, unspecified
P29.0 : Neonatal cardiac failure
P29.11 : Neonatal tachycardia
P29.12 : Neonatal bradycardia
P29.2 : Neonatal hypertension
P29.30 : Pulmonary hypertension of newborn
P29.4 : Transient myocardial ischemia in newborn
P29.81 : Cardiac arrest of newborn
P36.0 : Sepsis of newborn due to streptococcus, group B
P36.10 : Sepsis of newborn due to unspecified streptococci
P36.19 : Sepsis of newborn due to other streptococci
P36.2 : Sepsis of newborn due to Staphylococcus aureus
P36.30 : Sepsis of newborn due to unspecified staphylococci
P36.39 : Sepsis of newborn due to other staphylococci



P36.4 : Sepsis of newborn due to Escherichia coli
P36.5 : Sepsis of newborn due to anaerobes
P36.8 : Other bacterial sepsis of newborn
P36.9 : Bacterial sepsis of newborn, unspecified
P80.0 : Cold injury syndrome
P80.8 : Other hypothermia of newborn
P80.9 : Hypothermia of newborn, unspecified
P84 : Other problems with newborn
R00.1 : Bradycardia, unspecified
R00.2 : Palpitations
R00.8 : Other abnormalities of heart beat
R00.9 : Unspecified abnormalities of heart beat
R01.0 : Benign and innocent cardiac murmurs
R01.1 : Cardiac murmur, unspecified
R01.2 : Other cardiac sounds
R04.0 : Epistaxis
R04.1 : Hemorrhage from throat
R04.2 : Hemoptysis
R04.81 : Acute idiopathic pulmonary hemorrhage in infants
R04.89 : Hemorrhage from other sites in respiratory passages
R04.9 : Hemorrhage from respiratory passages, unspecified
R05 : Cough
R06.02 : Shortness of breath
R06.2 : Wheezing
R06.4 : Hyperventilation
R06.7 : Sneezing
R06.89 : Other abnormalities of breathing
R06.9 : Unspecified abnormalities of breathing
R09.01 : Asphyxia
R09.2 : Respiratory arrest
R10.0 : Acute abdomen
R10.811 : Right upper quadrant abdominal tenderness
R10.812 : Left upper quadrant abdominal tenderness
R10.813 : Right lower quadrant abdominal tenderness
R10.814 : Left lower quadrant abdominal tenderness
R10.815 : Periumbilic abdominal tenderness
R10.816 : Epigastric abdominal tenderness
R10.817 : Generalized abdominal tenderness
R10.819 : Abdominal tenderness, unspecified site
R10.821 : Right upper quadrant rebound abdominal tenderness
R10.822 : Left upper quadrant rebound abdominal tenderness
R10.823 : Right lower quadrant rebound abdominal tenderness
R10.824 : Left lower quadrant rebound abdominal tenderness
R10.825 : Periumbilic rebound abdominal tenderness
R10.826 : Epigastric rebound abdominal tenderness
R10.827 : Generalized rebound abdominal tenderness
R10.829 : Rebound abdominal tenderness, unspecified site
R11.10 : Vomiting, unspecified
R11.12 : Projectile vomiting
R11.13 : Vomiting of fecal matter
R11.14 : Bilious vomiting
R14.0 : Abdominal distension (gaseous)



R14.3 : Flatulence
R15.0 : Incomplete defecation
R15.1 : Fecal smearing
R15.9 : Full incontinence of feces
R16.1 : Splenomegaly, not elsewhere classified
R17 : Unspecified jaundice
R18.8 : Other ascites
R19.00 : Intra-abdominal and pelvic swelling, mass and lump, unspecified site
R19.01 : Right upper quadrant abdominal swelling, mass and lump
R19.02 : Left upper quadrant abdominal swelling, mass and lump
R19.03 : Right lower quadrant abdominal swelling, mass and lump
R19.04 : Left lower quadrant abdominal swelling, mass and lump
R19.05 : Periumbilic swelling, mass or lump
R19.06 : Epigastric swelling, mass or lump
R19.07 : Generalized intra-abdominal and pelvic swelling, mass and lump
R19.09 : Other intra-abdominal and pelvic swelling, mass and lump
R19.11 : Absent bowel sounds
R19.12 : Hyperactive bowel sounds
R19.15 : Other abnormal bowel sounds
R19.2 : Visible peristalsis
R19.30 : Abdominal rigidity, unspecified site
R19.31 : Right upper quadrant abdominal rigidity
R19.32 : Left upper quadrant abdominal rigidity
R19.33 : Right lower quadrant abdominal rigidity
R19.34 : Left lower quadrant abdominal rigidity
R19.35 : Periumbilic abdominal rigidity
R19.36 : Epigastric abdominal rigidity
R19.37 : Generalized abdominal rigidity
R19.5 : Other fecal abnormalities
R19.7 : Diarrhea, unspecified
R20.2 : Paresthesia of skin
R21 : Rash and other nonspecific skin eruption
R22.0 : Localized swelling, mass and lump, head
R22.1 : Localized swelling, mass and lump, neck
R22.2 : Localized swelling, mass and lump, trunk
R22.30 : Localized swelling, mass and lump, unspecified upper limb
R22.31 : Localized swelling, mass and lump, right upper limb
R22.32 : Localized swelling, mass and lump, left upper limb
R22.33 : Localized swelling, mass and lump, upper limb, bilateral
R22.40 : Localized swelling, mass and lump, unspecified lower limb
R22.41 : Localized swelling, mass and lump, right lower limb
R22.42 : Localized swelling, mass and lump, left lower limb
R22.43 : Localized swelling, mass and lump, lower limb, bilateral
R22.9 : Localized swelling, mass and lump, unspecified
R23.0 : Cyanosis
R23.1 : Pallor
R23.4 : Changes in skin texture
R23.8 : Other skin changes
R23.9 : Unspecified skin changes
R25.0 : Abnormal head movements
R25.2 : Cramp and spasm
R25.3 : Fasciculation



R25.8 : Other abnormal involuntary movements
R25.9 : Unspecified abnormal involuntary movements
R29.2 : Abnormal reflex
R29.891 : Ocular torticollis
R31.0 : Gross hematuria
R31.1 : Benign essential microscopic hematuria
R31.9 : Hematuria, unspecified
R32 : Unspecified urinary incontinence
R33.0 : Drug induced retention of urine
R33.9 : Retention of urine, unspecified
R34 : Anuria and oliguria
R36.0 : Urethral discharge without blood
R36.9 : Urethral discharge, unspecified
R39.0 : Extravasation of urine
R50.2 : Drug induced fever
R50.81 : Fever presenting with conditions classified elsewhere
R50.82 : Postprocedural fever
R50.83 : Postvaccination fever
R50.84 : Febrile nonhemolytic transfusion reaction
R50.9 : Fever, unspecified
R51 : Headache

HCPCS Crossref

No data available.

Modifier Crossref

25 : Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
80 : Assistant Surgeon
81 : Minimum Assistant Surgeon
82 : Assistant Surgeon (when qualified resident surgeon not available)
AS : Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
GC : This service has been performed in part by a resident under the direction of a teaching physician
GV : Attending physician not employed or paid under arrangement by the patient's hospice provider
GW : Service not related to the hospice patient's terminal condition
KX : Requirements specified in the medical policy have been met
PD : Diagnostic or related non diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days
Q6 : Service furnished under a fee-for-time compensation arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area

CPT® Lay Terms

The provider resuscitates a newborn in cardiopulmonary distress in the delivery room, providing ventilation, or breathing, and chest compressions.



Clinical Responsibility

The provider performs cardiopulmonary resuscitation of a newborn infant in distress, using a ventilation device, like a bag mask, along with chest compressions.

Terminology

Cardiopulmonary resuscitation: Emergency measures taken to restore breathing and heart function.

CPT® Guidelines

No CPT ® Guidelines found for this code

Upcoming and Historical Information

01-01-2009

Code Added