



CPT® Code 99464 Details

Code Symbols

No data Available.

Code Descriptor

Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn

Notes:

(99464 may be reported in conjunction with 99460, 99468, 99477)

(Do not report 99464 in conjunction with 99465)

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	\$76.40	\$104.57	\$0.00	\$0.00	\$0.00
Non Facility	\$76.40	\$104.57	\$0.00	\$0.00	\$0.00

RVU - Nonfacility					
	National	Adjusted	26	TC	53
Work RVU:	1.50	2.25	0.00	0.00	0.00
PE RVU:	0.52	0.58	0.00	0.00	0.00
Malpractice RVU:	0.10	0.07	0.00	0.00	0.00
Total RVU:	2.12	2.90	0.00	0.00	0.00

RVU - Facility					
	National	Adjusted	26	TC	53
Work RVU:	1.50	2.25	0.00	0.00	0.00
PE RVU:	0.52	0.58	0.00	0.00	0.00
Malpractice RVU:	0.10	0.07	0.00	0.00	0.00
Total RVU:	2.12	2.90	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
<p>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.</p>		



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 99464

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 99464

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
96369	Misuse of column two code with column one code	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
99360	CPT Manual or CMS manual coding instructions	0
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
99462	CPT Manual or CMS manual coding instructions	0
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
G2011	Standards of medical / surgical practice	1

ICD-10 Crossref

- H04.531 : Neonatal obstruction of right nasolacrimal duct
- H04.532 : Neonatal obstruction of left nasolacrimal duct
- H04.533 : Neonatal obstruction of bilateral nasolacrimal duct
- H04.539 : Neonatal obstruction of unspecified nasolacrimal duct
- P02.4 : Newborn affected by prolapsed cord
- P02.5 : Newborn affected by other compression of umbilical cord
- P02.60 : Newborn affected by unspecified conditions of umbilical cord
- P02.69 : Newborn affected by other conditions of umbilical cord
- P02.8 : Newborn affected by other abnormalities of membranes
- P02.9 : Newborn affected by abnormality of membranes, unspecified
- P03.0 : Newborn affected by breech delivery and extraction
- P03.1 : Newborn affected by other malpresentation, malposition and disproportion during labor and delivery
- P03.2 : Newborn affected by forceps delivery
- P03.3 : Newborn affected by delivery by vacuum extractor [ventouse]
- P03.4 : Newborn affected by Cesarean delivery
- P03.5 : Newborn affected by precipitate delivery
- P03.6 : Newborn affected by abnormal uterine contractions
- 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
- P04.11 : Newborn affected by maternal antineoplastic chemotherapy
- P04.12 : Newborn affected by maternal cytotoxic drugs
- P04.13 : Newborn affected by maternal use of anticonvulsants
- P04.14 : Newborn affected by maternal use of opiates
- P04.15 : Newborn affected by maternal use of antidepressants
- P04.16 : Newborn affected by maternal use of amphetamines
- P04.17 : Newborn affected by maternal use of sedative-hypnotics
- P04.18 : Newborn affected by other maternal medication
- P04.19 : Newborn affected by maternal use of unspecified medication
- P04.1A : Newborn affected by maternal use of anxiolytics
- P04.40 : Newborn affected by maternal use of unspecified drugs of addiction
- P04.42 : Newborn affected by maternal use of hallucinogens
- P04.81 : Newborn affected by maternal use of cannabis
- P04.89 : Newborn affected by other maternal noxious substances
- 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
P50.0 : Newborn affected by intrauterine (fetal) blood loss from vasa previa
P50.1 : Newborn affected by intrauterine (fetal) blood loss from ruptured cord
P50.2 : Newborn affected by intrauterine (fetal) blood loss from placenta
P50.3 : Newborn affected by hemorrhage into co-twin
P50.4 : Newborn affected by hemorrhage into maternal circulation
P50.5 : Newborn affected by intrauterine (fetal) blood loss from cut end of co-twin's cord
P50.8 : Newborn affected by other intrauterine (fetal) blood loss
P50.9 : Newborn affected by intrauterine (fetal) blood loss, unspecified
P51.0 : Massive umbilical hemorrhage of newborn
P51.8 : Other umbilical hemorrhages of newborn
P51.9 : Umbilical hemorrhage of newborn, unspecified
P52.0 : Intraventricular (nontraumatic) hemorrhage, grade 1, of newborn
P52.1 : Intraventricular (nontraumatic) hemorrhage, grade 2, of newborn



P52.21 : Intraventricular (nontraumatic) hemorrhage, grade 3, of newborn
P52.22 : Intraventricular (nontraumatic) hemorrhage, grade 4, of newborn
P52.3 : Unspecified intraventricular (nontraumatic) hemorrhage of newborn
P52.4 : Intracerebral (nontraumatic) hemorrhage of newborn
P52.5 : Subarachnoid (nontraumatic) hemorrhage of newborn
P52.6 : Cerebellar (nontraumatic) and posterior fossa hemorrhage of newborn
P52.8 : Other intracranial (nontraumatic) hemorrhages of newborn
P52.9 : Intracranial (nontraumatic) hemorrhage of newborn, unspecified
P53 : Hemorrhagic disease of newborn
P54.0 : Neonatal hematemesis
P54.1 : Neonatal melena
P54.2 : Neonatal rectal hemorrhage
P54.3 : Other neonatal gastrointestinal hemorrhage
P54.4 : Neonatal adrenal hemorrhage
P54.5 : Neonatal cutaneous hemorrhage
P54.6 : Neonatal vaginal hemorrhage
P54.8 : Other specified neonatal hemorrhages
P54.9 : Neonatal hemorrhage, unspecified
P55.0 : Rh isoimmunization of newborn
P55.1 : ABO isoimmunization of newborn
P55.8 : Other hemolytic diseases of newborn
P55.9 : Hemolytic disease of newborn, unspecified
P58.0 : Neonatal jaundice due to bruising
P58.1 : Neonatal jaundice due to bleeding
P58.2 : Neonatal jaundice due to infection
P58.3 : Neonatal jaundice due to polycythemia
P58.41 : Neonatal jaundice due to drugs or toxins transmitted from mother
P58.42 : Neonatal jaundice due to drugs or toxins given to newborn
P58.5 : Neonatal jaundice due to swallowed maternal blood
P58.8 : Neonatal jaundice due to other specified excessive hemolysis
P58.9 : Neonatal jaundice due to excessive hemolysis, unspecified
P59.0 : Neonatal jaundice associated with preterm delivery
P59.20 : Neonatal jaundice from unspecified hepatocellular damage
P59.29 : Neonatal jaundice from other hepatocellular damage
P59.3 : Neonatal jaundice from breast milk inhibitor
P59.8 : Neonatal jaundice from other specified causes
P59.9 : Neonatal jaundice, unspecified
P96.82 : Delayed separation of umbilical cord
P96.89 : Other specified conditions originating in the perinatal period
P96.9 : Condition originating in the perinatal period, unspecified
Z00.110 : Health examination for newborn under 8 days old
Z00.111 : Health examination for newborn 8 to 28 days old
Z05.0 : Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1 : Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2 : Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3 : Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41 : Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42 : Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43 : Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5 : Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6 : Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71 : Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out



Z05.72 : Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73 : Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.8 : Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9 : Observation and evaluation of newborn for unspecified suspected condition ruled out

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 is present during the delivery, at the request of the delivering provider, and during the basic stabilization of the newborn immediately after birth, typically when fetal distress or other complications are anticipated.

Clinical Responsibility

A back up or secondary provider is present in the delivery room during the delivery at the request of the primary provider. The backup provider assists in the management of fetal distress or other anticipated complications with the newborn.

Terminology

Fetal distress: Stress onto the fetus during pregnancy or at the time of delivery, such as lack of oxygen at birth.

Tips

You should report this code only once, on the day of delivery.

Remember, the provider requested to attend to the delivery should be present at the delivery before you can report 99464. If your provider was not in attendance at the delivery, whether he missed it by seconds or hours, you cannot



code 99464. Instead, you should use 99460, Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant.

The delivering provider must make the request for the additional provider's services and it must be medically necessary.

CPT® Guidelines

No CPT ® Guidelines found for this code

Upcoming and Historical Information

01-01-2013	Code Changed
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Previous Descriptor

Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn

01-01-2009	Code Added
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