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**Initial and Continuing Intensive Care Services (99477–99480)**

Code 99477 is used for an initial hospital care on a per-day basis for the evaluation and management of a neonate. The neonate must be 28 days of age or less, requiring intensive observation along with frequent interventions and other intensive care services.

Codes 99478–99480 are for subsequent intensive care days. The child will require intensive observation along with frequent interventions, monitoring, and other intensive care services. The codes are reported by weight:

- Very low birth weight (VLBW) (<1500 grams)
- Low birth weight (LBW) (1500–2500 grams)
- Normal birth weight (2501–5000 grams)

Code 99499 is used when the specific evaluation and management service is not covered by an established E/M code.

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**COMPONENTS OF E/M SERVICES**

This publication provides definitions and documentation guidelines for the three key components of E/M services and for visits that consist predominately of counseling or coordination of care. The three key components—history, examination, and medical decision making—appear in the descriptors for office and other outpatient services, hospital observation services, hospital inpatient services, consultations, emergency department services, nursing facility services, domiciliary care services, and home services. While some of the text of the CPT book has been repeated in this publication, the reader should refer to the CPT book for the complete descriptors for E/M services and instructions for selecting a level of service. Documentation guidelines developed by CMS are identified by the symbol DG.

**Levels of E/M Services**

There are three to five levels of service within each category or subcategory of services that are not interchangeable between types of services. Each of the levels of service defines the skill, effort, time, responsibility, and medical knowledge required to diagnose and treat the patient’s condition. Level I service is the lowest level of service provided; Level V is the highest level of service.

**Examination**

Comprehensive visual and tactile screening and specific testing leading to diagnosis or, as appropriate, to a referral to another practitioner.

**Medical Decision Making**

Consideration of the differential diagnoses, the amount and/or complexity of data reviewed and considered (medical records, test results, correspondence from previous treating physicians, etc.), current diagnostic studies ordered, and treatment management options and risk (complications of the patient’s condition, the potential for complications, continued morbidity, risk of mortality, any comorbidities associated with the patient’s disease process).

**Presenting Problem**

Disease, condition, illness, injury, symptom, sign, finding, complaint, or other reason for the encounter.

The descriptors for the levels of E/M services recognize seven components, which are used in defining the levels of E/M services:
SUMMARY
In this chapter you learned CPT coding for urinary, male genital, and female genital systems, and maternity care and delivery surgery services. You reviewed procedures of the urinary system including the differences in the anatomy viewed. You read discussions about the male genital procedures including those of the prostate. You read explanations regarding maternity and delivery services and female surgical procedures.

Chapter 9 Knowledge Assessment

1. What is the description of lithotripsy?
   a. Patient in the lithotomy position for any procedure
   b. Use of shock waves to break up a renal stone
   c. Ablation of a calculus using a lithoscope
   d. Use of shock waves to reposition a ureteral stent

2. The surgeon ligates the ureter distally from the kidney. The ureter is inspected and found to be patent. The ureter is brought to the skin surface. The ureter is slightly splayed and sewn to the skin. A catheter is inserted from the skin side. A drain is placed. The access wound is closed with sutures. A dressing is applied. What code is used to report this service?
   a. 50825
   b. 50830
   c. 50840
   d. 50860

3. The surgeon inserts a cystourethroscope. The bladder was inspected. A tumor 2.2 x 1.5 cm is located on the posterior portion of the bladder. It is resected, extracted and sent for pathology. A second lesion that was 1.0 x 2.0 was found on the right side. It was also resected, extracted and sent for pathology. Electric current was used to fulgurate bleeding spots from both lesions. The scope was removed. What code or codes are used to report this service?
   a. 52235 and 52234
   b. 52234
   c. 52235
   d. 52235 x 2

4. What is the definition of a calculus?
   a. Hardening of the muscle
   b. Formula for determining voiding pressure
   c. Concretions or stones
   d. A type of stent