

- 99080** Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
 ➔ CPT Assistant Winter 94:28, May 02:19, Aug 06:6, Sep 06:15, Jan 07:30, Apr 13:3, Nov 13:3, Oct 14:3

(Do not report 99080 in conjunction with 99455, 99456 for the completion of Workmen's Compensation forms)

- 99082** Unusual travel (eg, transportation and escort of patient)
 ➔ CPT Assistant May 02:19, Jan 03:24, Nov 03:14, Aug 06:6, Sep 06:15, Jan 07:30

- 99090** Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)
 ➔ CPT Changes: An Insider's View 2002
 ➔ CPT Assistant Winter 94:28, May 02:19, Jun 03:10, Aug 06:6, Sep 06:15, Jan 07:30, Feb 07:10, Jul 07:1, Apr 09:7, Apr 13:3, Nov 13:3, May 14:4, Oct 14:3

(For physician/or other qualified health care professional qualified by education, training, licensure/regulation [when applicable] collection and interpretation of physiologic data stored/transmitted by patient/caregiver, see 99091)

(Do not report 99090 if other more specific CPT codes exist, eg, 93227, 93272, 0206T for cardiographic services; 95250 for continuous glucose monitoring; 97750 for musculoskeletal function testing)

- 99091** Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time
 ➔ CPT Changes: An Insider's View 2002, 2013
 ➔ CPT Assistant May 02:19, Jun 03:10, Aug 06:6, Sep 06:15, Jan 07:30, Apr 09:7, Dec 09:6, Apr 13:3, Nov 13:3, Oct 14:3

Qualifying Circumstances for Anesthesia

(For explanation of these services, see **Anesthesia Guidelines**)

- + 99100** Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)
 ➔ CPT Assistant Apr 08:3
 (For procedure performed on infants younger than 1 year of age at time of surgery, see 00326, 00561, 00834, 00836)
- + 99116** Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)
 ➔ CPT Assistant Apr 08:3

- + 99135** Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)
 ➔ CPT Assistant Apr 08:3

- + 99140** Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)
 ➔ CPT Assistant Mar 01:10, Apr 08:3

(An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

Moderate (Conscious) Sedation

► Moderate (also known as conscious) sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain cardiovascular function or a patent airway, and spontaneous ventilation is adequate.

Moderate sedation codes 99151, 99152, 99153, 99155, 99156, 99157 are not used to report administration of medications for pain control, minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care (00100-01999).

For purposes of reporting, intraservice time of moderate sedation is used to select the appropriate code(s). The following definitions are used to determine intraservice time (compared to pre- and postservice time).

An independent trained observer is an individual who is qualified to monitor the patient during the procedure, who has no other duties (eg, assisting at surgery) during the procedure.

Preservice Work

The preservice activities required for moderate sedation are included in the work described by each of these codes (99151, 99152, 99153, 99155, 99156, 99157) and are not reported separately. The following preservice work components are not included when determining intraservice time for reporting:

- Assessment of the patient's past medical and surgical history with particular emphasis on cardiovascular, pulmonary, airway, or neurological conditions;
- Review of the patient's previous experiences with anesthesia and/or sedation;
- Family history of sedation complications;
- Summary of the patient's present medication list;
- Drug allergy and intolerance history;