

Commonly Used Neonatal CPT Codes

v.6/2/26

Delivery

99464 Attendance at delivery (CPAP or less)

99465 Newborn Resuscitation (CPAP no longer counts, but even just 1 PPV breath does. Any infant receiving PPV, intubation, CPR definitely gets this code. Be sure to document in your H&P.)

99360 Physician Standby 30 minutes (no RVUs)

Admission

99460 Initial Newborn Care

99463 Initial Newborn Care and discharge on same day

99221 Initial Hospital Care straightforward or low complexity, ≥ 40 min

99222 Initial Hospital care moderate complexity, ≥ 55 min

99223 Initial Hospital care high complexity, ≥ 75 min

99477 Initial Neonatal Intensive care 28 days or less

99468 Initial Neonatal Critical Care 28 days or less (May be used once, and doesn't have to just be on day of admission. If only noncritical codes have been used and then infant becomes critical at 28d or less, this code may be used.)

99471 Initial Pediatric Critical Care 29 days to 24 months

Subsequent Day

99462 Normal Newborn care

99231 Hospital care low complexity, ≥ 25 min

99232 Hospital care moderate complexity, ≥ 35 min

99233 Hospital care high complexity, ≥ 50 min

99478 Intensive Care ≤ 1500 g

99479 Intensive Care 1,500-2,500g

99480 Intensive Care 2,501-5,000g

99469 Neonatal Critical Care, 28 days or less

99472 Pediatric Critical Care 29 days – 24 months

Discharge

99238 ≤ 30 minutes

99239 > 30 minutes

Co-Management/Critical Care Consult: Time based critical care

99291 Critical Care services initial 30-74 minutes

99292 Critical Care services each additional 30 minutes

Consultation

99252 Inpatient consultation straightforward complexity, ≥ 35 min

99253 Inpatient consultation low complexity, ≥ 45 min

99254 Inpatient consultation moderate complexity, ≥ 60 min

99255 Inpatient consultation high complexity, ≥ 80 min

Transport

99466 Critical Care Transport < 24 months, first 30-74 minutes (Neo or APP on the transport)

99467 Critical Care Transport < 24 months, each additional 30 minutes (Neo or AAP on the transport)

99485 Supervision interfacility transport, < 24 months, first 30 minutes (Supervising Fellow or RN transport)

99486 Supervision interfacility transport < 24 months, each additional 30 minutes (Supervising Fellow or RN transport)

Therapeutic Hypothermia

99184 Initiation of selective head or total body cooling (Use only on 1st day of cooling. Using the TH procedure note template will automatically drop this charge.)

Common Procedures (Some of these are considered "bundled" procedures, meaning that they are automatically included in the daily charge if done in the NICU. By using the procedure note templates, the charges will be dropped correctly.)

94780 Car Seat Testing and Interpretation

32556 Chest tube

54150 Circumcision with regional block

36450 Exchange Transfusion

31500 Intubation

31515 Laryngoscopy with aspiration (i.e., meconium delivery)

62270 Lumbar puncture (diagnostic)

62272 Lumbar puncture (therapeutic)

36620 Percutaneous arterial line

36568 PICC Placement w/o imaging guidance

76937 PICC Placement with imaging guidance

32554 Thoracentesis

94610 Surfactant

36660 Umbilical artery catheter

36510 Umbilical venous catheter

61070 Ventricular reservoir tap

Multidisciplinary Care Conferences (all must be 30 min or greater to bill)

99366 MD or APP, at least 3 HCP from diff specialties or disciplines, direct face-to-face contact w/ family

99367 MD only, at least 3 HCP from diff specialties or disciplines, without direct face-to-face contact w family

99368 APP only, at least 3 HCP from diff specialties or disciplines, without direct face-to-face contact w family

Criteria for Critical Charge

- ≥ 2 - NS boluses
- Pressors or PGE drip
- ≥ 2 - D10 boluses (or 4ml/kg)
- Gastric tube to any suction
- TPN dependent on ≤ 20 ml/k/day feeds
- Chest tube to suction
- Any positive pressure > 2 LPM (HFNC, NIV, Invasive Ventilation)
- Any other instance of "organ system failure." (Clearly document the failing system and the intervention required to stabilize it)