

What is CPT 99499?

CPT 99499 – Reporting-Only Use Guide

Who this is for: Providers, office managers, clinical leaders

CPT 99499 is used to *track* certain clinical work that matters but is *not paid*.

It helps us **document, report, and show work performed** — *not* to generate reimbursement.

Why Your Office Uses CPT 99499

We use **99499** to:

- Capture work that **does not have its own CPT code**
- Support **quality reporting, audits, and internal tracking**
- Show payers and leadership that services were **performed but not billable**
 Think of 99499 as a **documentation flag**, not a billing code.

Examples of When 99499 *IS* Used

Use 99499 for activities like:

- Care coordination that does **not meet billing rules**
- Extra counseling that **does not meet time requirements**
- Reporting diagnoses that were addressed but **not submitted on the claim**
- Services required by a payer or program **with no payable CPT option**
 - ✓ The service happened
 - ✓ It mattered clinically
 - ✗ It is not separately billable

Examples of When 99499 Should NOT Be Used

Do **not** use 99499 when:

- A **specific CPT or HCPCS code already exists**
- Billing regular office visits (99202–99215)
- The service **meets criteria for a billable E/M code**
- Trying to obtain payment without payer approval

If it can be billed another way — **99499 is not needed**.

What Providers Need to Do

When 99499 is used, your note should briefly state:

- **What was done**
- **Why it was necessary**
- **Why it was not billable**

Example Provider Language

“Care coordination and counseling provided. Service tracked for quality and reporting purposes only; not submitted for reimbursement.”

What Office Managers / Billing Teams Need to Know

- **99499 is not paid** in most cases
- It should be:
 - Marked **reporting-only / non-billable**
 - Submitted with a **\$0 or nominal charge** if required by the system
- It should **not** be sent to payers unless specifically allowed

Diagnosis Coding (Why ICD-10 Still Matters)

Even though it's not paid, **99499 must still link to a diagnosis** to show *why* the service was done.

Common examples:

- **Z71.xx** – Counseling
- **Z79.899** – Long-term medication use
- Chronic condition codes addressed during the service

Compliance & Safety (Why This Matters)

Using 99499 correctly helps us:

- Pass audits
- Support value-based and quality programs
- Avoid inappropriate billing risk

Using it too often or incorrectly **can raise red flags** — consistency matters.

Quick Takeaway

Question	Answer
Is 99499 paid?	No
Why use it?	To show work was done
Who uses it?	Providers document, staff track
Does it replace E/M codes?	No
Risk when used correctly?	Low

Bottom line: 99499 helps us *tell the full story* of patient care — even when there's no payment attached.