CPT (Procedure) Codes

Initial assessment usually involves a lot of time determining the differential diagnosis, a diagnostic plan, and potential treatment options. Therefore, most pediatricians will report either an office/outpatient evaluation and management (E/M) code using time as the key factor* or a consultation code^ for the initial assessment:

**Physician Evaluation & Management Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Office or other outpatient visit, new** patient; self limited or minor problem, 10 min.</td>
</tr>
<tr>
<td>99202</td>
<td>low to moderate severity problem, 20 min.</td>
</tr>
<tr>
<td>99203</td>
<td>moderate severity problem, 30 min.</td>
</tr>
<tr>
<td>99204</td>
<td>moderate to high severity problem, 45 min.</td>
</tr>
<tr>
<td>99205</td>
<td>high severity problem, 60 min.</td>
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<tr>
<td>99211</td>
<td>Office or other outpatient visit, established patient; minimal problem, 5 min.</td>
</tr>
<tr>
<td>99212</td>
<td>self limited or minor problem, 10 min.</td>
</tr>
<tr>
<td>99213</td>
<td>low to moderate severity problem, 15 min.</td>
</tr>
<tr>
<td>99214</td>
<td>moderate severity problem, 25 min.</td>
</tr>
<tr>
<td>99215</td>
<td>moderate to high severity problem, 40 min.</td>
</tr>
<tr>
<td>99241</td>
<td>Office or other outpatient consultation, new or established patient; self-limited or minor problem, 15 min.</td>
</tr>
<tr>
<td>99242</td>
<td>low severity problem, 30 min.</td>
</tr>
<tr>
<td>99243</td>
<td>moderate severity problem, 45 min.</td>
</tr>
<tr>
<td>99244</td>
<td>moderate to high severity problem, 60 min.</td>
</tr>
<tr>
<td>99245</td>
<td>moderate to high severity problem, 80 min.</td>
</tr>
</tbody>
</table>

*NOTE: Use of these codes requires the following:
1. Written or verbal request for consultation is documented in the patient chart;
2. Consultant’s opinion as well as any services ordered or performed are documented in the patient chart; and
3. Consultant’s opinion and any services that are performed are prepared in a written report, which is sent to the requesting physician or other appropriate source (Note: Patients/Parents may not initiate a consultation)

**Prolonged physician services in office or other outpatient setting, with direct patient contact; first hour (use in conjunction with time-based codes 99201-99215, 99241-99245, 99301-99350)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99354</td>
<td>additional 30 min. (use in conjunction with 99354)</td>
</tr>
</tbody>
</table>

+99355  each additional 30 min. (use in conjunction with 99354)

- Used when a physician provides prolonged services beyond the usual service (ie, beyond the typical time).
- Time spent does not have to be continuous.
- **Codes are “add-on” codes, meaning they are reported separately in addition to the appropriate code for the service provided (eg, office or other outpatient E/M codes, 99201-99215, 99241-99245).
- Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

99407 ;intensive, greater than 10 minutes

99408 Alcohol and/or substance (other than tobacco) abuse, structured screening (eg, AUDIT, DAST), and brief intervention (SBI) service; 15 to 30 minutes

99409 ;greater than 30 minutes

99420 Administration and interpretation of health risk assessment instruments

*Time may be used as the key or controlling factor when greater than 50% of the total physician face-to-face time is spent in counseling and/or coordination of care (Current Procedural Terminology 2013, American Medical Association, page 10)
**A new patient is defined as one who has not received any face-to-face professional services from a physician, or another physician of the same specialty who belongs to the same group practice, within the past 3 years (Principles of CPT Coding [Fifth edition], American Medical Association, 2007).
Physician Non-Face-to-Face Services

99339 Care Plan Oversight - Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient’s care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

99340 30 minutes or more

99358 Prolonged physician services without direct patient contact; first hour NOTE: This code is no longer an “add-on” service and can be reported alone.

+99359 each additional 30 min. (use in conjunction with 99358)

99367 Medical team conference by physician with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more

99441 Telephone evaluation and management to an established patient, parent or guardian not originating from a related E/M service within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

99442 11-20 minutes of medical discussion

99443 21-30 minutes of medical discussion

99444 Online evaluation and management service provided by a physician or other qualified healthcare professional to an established patient, guardian or health care provider no originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communications network

Other Psychiatric Services/Procedures

90885 Psychiatric evaluation of hospital records, other psychiatric reports, and psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes

90887 Interpretation or explanation of results of psychiatric, other medical exams, or other accumulated data to family or other responsible persons, or advising them how to assist patient

90889 Preparation of reports on patient’s psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers

Psychological Testing

96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist’s or physician’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), administered by a computer, with qualified health care professional interpretation and report
**Non-Physician Provider (NPP) Services**

99366 **Medical team conference** with interdisciplinary team of healthcare professionals, face-to-face with patient and/or family, 30 minutes or more, participation by a nonphysician qualified healthcare professional

99368 **Medical team conference** with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more, participation by a nonphysician qualified healthcare professional

96150 **Health and behavior assessment** performed by nonphysician provider (health-focused clinical interviews, behavior observations) to identify psychological, behavioral, emotional, cognitive or social factors important to management of physical health problems, 15 min., initial assessment

96151 re-assessment

96152 **Health and behavior intervention** performed by nonphysician provider to improve patient’s health and well-being using cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems), individual, 15 min.

96153 group (2 or more patients)

96154 family (with the patient present)

96155 family (without the patient present)

**Non-Face-to-Face Services: NPP**

98966 **Telephone assessment and management** service provided by a qualified nonphysician healthcare professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98967 11-20 minutes of medical discussion

98968 21-20 minutes of medical discussion

98969 **On-line assessment and management** service provided by a qualified nonphysician healthcare professional to an established patient or guardian not originating from a related assessment and management service provided within the previous seven days nor using the internet or similar electronic communications network

**Miscellaneous Services**

99071 Educational supplies, such as books, tapes or pamphlets, provided by the physician for the patient’s education at cost to the physician

**ICD-9-CM Codes**

• Use as many diagnosis codes that apply to document the patient’s complexity and report the patient’s symptoms and/or adverse environmental circumstances.

• Once a definitive diagnosis is established, report the appropriate definitive diagnosis code(s) as the primary code, plus any other symptoms that the patient is exhibiting as secondary diagnoses which are not part of the usual disease course.

• Counseling diagnosis codes can be used when patient is present or when counseling the parent/guardian(s) when the patient is not physically present.

• Any mental health condition that leads to low self-esteem or demoralization can lead to substance use/abuse. Often the substance use alleviates the emotional problem, at least in the short term. Though the substance use/abuse is thought to stem from the mental health condition, both conditions coexist and treatment for both conditions is usually necessary. Code both the substance use/abuse and the mental health condition.
Substance Dependence/Abuse
For the following codes (303 through 305) 5th digit subclassification is as follows:
0 unspecified
1 continuous
2 episodic
3 in remission

Dependence
303.9X Other and unspecified alcohol dependence
304.0X Opioid type dependence
304.1X Sedative, hypnotic or anxiolytic dependence
304.3X Cannibus dependence
304.4X Amphetamine and other psychostimulant dependence
304.5X Hallucinogen dependence
304.6X Other specified drug dependence (eg, glue sniffing, inhalant dependence)
304.7X Combinations of opioid type drug with any other
304.8X Combinations of drug dependence excluding opioid
304.9X Unspecified drug dependence

Nondependent Abuse of Drugs
305.0X Alcohol abuse
305.1X Tobacco use disorder
305.2X Cannabis abuse
305.3X Hallucinogenic abuse
305.4X Sedative, hypnotic or anxiolytic abuse
305.5X Opioid abuse
305.6X Cocaine abuse
305.7X Amphetamine or related acting sympathomimetic abuse
305.8X Antidepressant type abuse
305.9X Other mixed, or unspecified drug abuse (eg, caffeine intoxication, laxative habit)

Co-morbid Mental Health Diagnoses
For the following codes (296.0X-296.3X) 5th digit subclassification is as follows:
0 unspecified
1 mild
2 moderate
3 severe, without mention of psychotic behavior
4 severe, specified with psychotic behavior
5 in partial or unspecified remission
6 in full remission

296.0X Bipolar, single manic episode
296.1X Manic disorder, recurrent episode
296.2X Major depressive disorder, single episode
296.3X Major depressive disorder, recurrent episode
300.02 Generalized anxiety disorder
300.23 Social phobia
300.4 Dysthymic disorder
312.81 Conduct disorder, childhood onset type
312.82 Conduct disorder, adolescent onset type
313.81 Oppositional defiant disorder
313.83 Academic underachievement disorder
314.00 Attention-deficit disorder, without mention of hyperactivity
314.01 Attention-deficit disorder, with mention of hyperactivity
314.1 Hyperkinesis with developmental delay
314.2 Hyperkinetic conduct disorder
315.00 Reading disorder, unspecified
315.01 Alexia
Factors Influencing Health Status and Contact with Health Services

NOTE: The diagnosis codes below are used to deal with occasions when circumstances other than a disease or injury are recorded as “diagnoses” or “problems.” Some carriers may request supporting documentation for the reporting of V codes. These codes may also be reported in addition to the primary ICD-9-CM code to list any contributing factors or those factors that influence the person’s health status but is not in itself a current illness or injury.

V11.9 Personal history of unspecified mental disorder
V15.41 History of physical abuse
V15.42 History of emotional abuse
V17.0 Family history of psychiatric condition
V40.2 Mental problems; other
V40.39 Behavioral problems; other
V40.9 Mental or behavioral problems; unspecified
V60.2 Inadequate material resources (poverty, NOS)
V61.01 Family disruption due to family member on military deployment
V61.02 Family disruption due to return of family member from military deployment
V61.03 Family disruption due to divorce or legal separation
V61.04 Family disruption due to parent-child estrangement
V61.05 Family disruption due to child in welfare custody
V61.06 Family disruption due to child in foster care or in care of non-parental family member
V61.07 Family disruption due to death of family member
V61.08 Family disruption due to other extended absence of family member
V61.09 Other family disruption
V61.20 Counseling for parent-child problem; unspecified
V61.21 Counseling for victim of child abuse
V61.23 Counseling for parent-biological child problem
V61.24 Counseling for parent-adopted child problem
V61.25 Counseling for parent (guardian)-foster child problem
V61.29 Counseling for parent-child problem; other
V61.41 Alcoholism in the family
V61.49 Health problems with family; other
V61.8 Health problems within family; other specified family circumstances
V61.9 Health problems within family; unspecified family circumstances
V62.3 Educational circumstances
V62.4 Social maladjustment
V62.81 Interpersonal problems, NEC
V62.84 Suicidal ideation
V62.89 Other psychological or physical stress; NEC, other
V62.9 Other psychosocial circumstance
V65.42 Counseling on substance use and abuse (tobacco)
V70.4 Examination for medicolegal reasons
V71.09 Observation for other mental conditions
V79.1 Special screening for alcoholism
V79.9 Special screening for unspecified mental disorder

External Causes of Injury and Poisonings

NOTE: The following codes are only to be used a supplemental codes to permit the classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. The following codes are never to be used as primary ICD-9-CM codes, nor as stand-alone ICD-9-CM
codes.

E850.0 Accidental poisoning (AP) by heroin
E850.1 AP by methadone
E850.2 AP by other opiates and related narcotics
E851 AP by barbiturates
E852.8 AP by other specified sedatives and hypnotics
E852.9 AP by unspecified sedatives and hypnotics
E854.1 AP by psychodysleptics [hallucinogens]
E854.2 AP by psychostimulants
E860.0 AP by alcoholic beverages
E929.2 Late effects of AP
E939.6 Adverse effect caused by psychodysleptics [hallucinogens] when taken as prescribed
E939.7 Adverse effect caused by psychostimulants when taken as prescribed
E939.8 Adverse effect caused by other psychotropic agent when taken as prescribed
E939.9 Adverse effect caused by unspecified psychotropic agent when taken as prescribed