



## Tobacco Coding Fact Sheet for Primary Care Pediatrics

### Current Procedural Terminology (CPT®) Codes

#### Physician Evaluation & Management Services

##### Outpatient

|       |  |
|-------|--|
| 99201 | <u>Office or other outpatient visit, <i>new patient</i></u> ; self limited or minor problem, 10 min. |
| 99202 | low to moderate severity problem, 20 min.  |
| 99203 | moderate severity problem, 30 min.   |
| 99204 | moderate to high severity problem, 45 min.   |
| 99205 | high severity problem, 60 min.   |

A *new patient* is one who has not received any professional face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s) from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

|       |   |
|-------|---|
| 99211 | <u>Office or other outpatient visit, <i>established patient</i></u> ; minimal problem, 5 min. |
| 99212 | self limited or minor problem, 10 min.  |
| 99213 | low to moderate severity problem, 15 min.   |
| 99214 | moderate severity problem, 25 min.  |
| 99215 | moderate to high severity problem, 40 min.  |

|        |   |
|--------|---|
| +99354 | <u>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)</u> |
| +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.
- 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 | <u>Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes</u> |
| 99407 | intensive, greater than 10 minutes   |

Codes 99406-99407 can only be reported under the person being counseled. The codes cannot be reported under the pediatric patient if a parent or guardian is counseled on smoking cessation. Time spent counseling the parent or guardian falls under the E/M service time unless billing under the parent or guardian's name and ID.

|       |   |
|-------|---|
| 99420 | Administration and interpretation of health risk assessment instruments |
|-------|---|

##### Inpatient

|       |   |
|-------|---|
| 99238 | <u>Hospital discharge day management; 30 min.</u> |
| 99239 | more than 30 min                                  |

+ Codes are add-on codes, meaning they are reported separately in addition to the appropriate code for the service provided

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|        |   |
|--------|---|
| 99221  | <u>Initial hospital care</u> , per day: admitting problem of low severity, 30 min.  |
| 99222  | admitting problem of moderate severity, 50 min.   |
| 99223  | admitting problem of high severity, 70 min.   |
| 99231  | <u>Subsequent hospital care</u> , per day, also used for follow-up inpatient consultation services; patient is stable, recovering or improving, 15 min.     |
| 99232  | patient is responding inadequately to therapy or has developed minor complication, 25 min.  |
| 99233  | patient is unstable or has developed a significant complication or new problem, 35 min.   |
| 99218  | <u>Initial observation care</u> , per day: admitting problem of low severity, 30 min,   |
| 99219  | admitting problem of moderate severity, 50 min,   |
| 99220  | admitting problem of high severity, 70 min.   |
| 99224  | <u>Subsequent observation care</u> , per day: patient is stable, recovering or improving, 15 min.   |
| 99225  | patient is responding inadequately to therapy or has developed a minor complication, 25 min.  |
| 99226  | patient is unstable or has developed a significant new problem, 35 min.   |
| 99460  | <u>Normal newborn care; Initial Day</u>   |
| 99462  | Subsequent day, per day   |
| 99463  | Same Day Admit and Discharge  |
| +99356 | <u>Prolonged services</u> in the inpatient/observation setting; first hour (use in conjunction with time-based codes 99221-99233, 99218-99220, 99224-99226) |
| +99357 | each additional 30 min. (use in conjunction with 99356)   |

### **Reporting E/M services using “Time”**

- Only pertains to E/M codes with a typical time. For purposes of this fact sheet, this refers only to codes 99201-99215, 99218-99220, 99221-99226, 99231-99233).
- When counseling or coordination of care dominates (more than 50%) the physician/patient or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then **time** shall be considered the key or controlling factor to qualify for a particular level of E/M services.
- This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (eg, foster parents, person acting in loco parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.
- For coding purposes, face-to-face time for **outpatient** services (eg, office) is defined as only that time that the physician spends face-to-face with the patient and/or family. This includes the time in which the physician performs such tasks as obtaining a history, performing an examination, and counseling the patient. For reporting purposes, intraservice time for **inpatient** (eg, hospital care) services is defined as unit/floor time, which includes the time present on the patient’s hospital unit and at the bedside rendering services for that patient. This includes the time to establish and/or review the patient’s chart, examine the patient, write notes, and communicate with other professionals and the patient’s family. In the hospital, pre- and post-time includes time spent off the patient’s floor performing such tasks as reviewing pathology and radiology findings in another part of the hospital.

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- When codes are ranked in sequential typical times (such as for the office-based E/M services or consultation codes) and the actual time is between 2 typical times, the code with the typical time closest to the actual time is used.
- Prolonged services can only be added to codes with listed typical times such as the ones listed above. In order to report physician or other qualified health care professional prolonged services the reporting provider must spend a minimum of 30 minutes beyond the typical time listed in the code level being reported. When reporting outpatient prolonged services only

count face-to-face time with the reporting provider. When reporting inpatient or observation prolonged services you can count face-to-face time, as well as unit/floor time spent on the patient's care. However, if the reporting provider is reporting their service based on time (ie, counseling/ coordinating care dominate) and not key components, then prolonged services cannot be reported unless the provider reaches 30 minutes beyond the listed typical time in the highest code in the set (eg, 99205, 99226, 99223). It is important that time is clearly noted in the patient's chart. For clinical staff prolonged services refer to CPT codes 99415-99416 in the CPT manual.

### **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 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 health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communications network

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### **Care Management and Transition Care Management Services:**

Care management and transition care management are reported under the directing physician or other qualified health care professional, however, the time requirement can be met by clinical staff working under the direction of the reporting physician or other qualified health care professional.

Care Management codes are selected based on the amount of time spent by clinical staff providing care coordination activities. CPT clearly defines what is defined as care coordination activities. In order to report chronic care or complex chronic care management codes, you must

1. provide 24/7 access to physicians or other qualified health care professionals or clinical staff;
2. use a standardized methodology to identify patients who require chronic complex care coordination services
3. have an internal care coordination process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner
4. use a form and format in the medical record that is standardized within the practice
5. be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.

99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline;
- comprehensive care plan established, implemented, revised, or monitored.

Do not report 99490 for chronic care management services that do not take a minimum of 20 minutes in a calendar month.

99487 Complex chronic care management services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;

- chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline;
- establishment or substantial revision of a comprehensive care plan;
- moderate or high complexity medical decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

Do not report 99487 for chronic care management services that do not take a minimum of 60 minutes in a calendar month.

99488 first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month

+99489 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

Complex chronic care management services are reported by the physician or qualified health care professional who provides or oversees the management and coordination of all of the medical, psychosocial, and daily living needs of a patient with a chronic medical condition. Typical pediatric patients

1. receive three or more therapeutic interventions (eg, medications, nutritional support, respiratory therapy)

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2. have two or more chronic continuous or episodic health conditions expected to last at least 12 months (or until death of the patient) and places the patient at significant risk of death, acute exacerbation or decompensation, or functional decline
3. commonly require the coordination of a number of specialties and services.

- 99495 Transitional care management (TCM) services with the following required elements:
- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
  - Medical decision-making of at least moderate complexity during the service period
  - Face-to-face visit, within 14 calendar days of discharge

- 99496 Transitional care management services with the following required elements:
- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
  - Medical decision-making of high complexity during the service period
  - Face-to-face visit, within 7 calendar days of discharge

These services are for a patient whose medical and/or psychosocial problems require moderate or high complexity medical decision-making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility to the patient's community setting (home, domiciliary, rest home, or assisted living). TCM commences on the date of discharge and continues for the next 29 days and requires a face-to-face visit, initial patient contact, and medication reconciliation within specified timeframes. Any additional E/M services provided after the initial may be reported separately.

Refer to the *CPT* manual for complete details on reporting chronic care management and TCM services.

### **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)

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### **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 Online 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

## **International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-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 that are not part of the usual disease course or are considered incidental.
- ***ICD-10-CM codes are only valid on or after October 1, 2015.*** Respiratory Conditions

**J06.9** Acute upper respiratory infection, unspecified

For J44 codes

Code also type of asthma, if applicable (**J45.-**)

For J44 and J45 codes use additional code to

identify: exposure to environmental tobacco smoke

(**Z77.22**) history of tobacco use (**Z87.891**)

occupational exposure to environmental tobacco smoke (**Z57.31**)

tobacco dependence (**F17.-**)

tobacco use (**Z72.0**)

- J44.0** Chronic obstructive pulmonary disease with acute lower respiratory infection (use additional code to identify the infection)
- J44.1** Chronic obstructive pulmonary disease with (acute) exacerbation
- J44.9** Chronic obstructive pulmonary disease, unspecified (Chronic obstructive airway disease NOS)
- J45.20** Mild intermittent asthma, uncomplicated (NOS)
- J45.21** Mild intermittent asthma with (acute) exacerbation
- J45.22** Mild intermittent asthma with status asthmaticus
- J45.30** Mild persistent asthma, uncomplicated (NOS)
- J45.31** Mild persistent asthma with (acute) exacerbation
- J45.32** Mild persistent asthma with status asthmaticus
- J45.40** Moderate persistent asthma, uncomplicated (NOS)
- J45.41** Moderate persistent asthma with (acute) exacerbation

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- J45.42** Moderate persistent asthma with status asthmaticus
- J45.50** Severe persistent asthma, uncomplicated (NOS)
- J45.51** Severe persistent asthma with (acute) exacerbation
- J45.52** Severe persistent asthma with status asthmaticus
- J45.901** Unspecified asthma with (acute) exacerbation
- J45.902** Unspecified asthma with status asthmaticus
- J45.909** Unspecified asthma, uncomplicated (NOS)
- J45.990** Exercise induced bronchospasm
- J45.991** Cough variant asthma
- J45.998** Other asthma
- R06.02** Shortness of breath
- R06.2** Wheezing

**Substance-Related and Addictive Disorders:**

If a provider documents multiple patterns of use, only one should be reported. Use the following hierarchy: use–abuse–dependence (eg, if use and dependence are documented, only code for dependence).

When a minus symbol (-) is included in codes **F10–F17**, a last digit is required. Be sure to include the last digit from the following list:

- 0** anxiety disorder    **2** sleep disorder    **8** other disorder    **9** unspecified disorder

[C]Alcohol

- F10.10** Alcohol abuse, uncomplicated
- F10.14** Alcohol abuse with alcohol-induced mood disorder
- F10.159** Alcohol abuse with alcohol-induced psychotic disorder, unspecified
- F10.18-** Alcohol abuse with alcohol-induced
- F10.19** Alcohol abuse with unspecified alcohol-induced disorder
- F10.20** Alcohol dependence, uncomplicated
- F10.21** Alcohol dependence, in remission
- F10.24** Alcohol dependence with alcohol-induced mood disorder
- F10.259** Alcohol dependence with alcohol-induced psychotic disorder, unspecified
- F10.28-** Alcohol dependence with alcohol-induced
- F10.29** Alcohol dependence with unspecified alcohol-induced disorder
- F10.94** Alcohol use, unspecified with alcohol-induced mood disorder
- F10.959** Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
- F10.98-** Alcohol use, unspecified with alcohol-induced
- F10.99** Alcohol use, unspecified with unspecified alcohol-induced disorder

[C]Cannabis

- F12.10** Cannabis abuse, uncomplicated
- F12.18-** Cannabis abuse with cannabis-induced
- F12.19** Cannabis abuse with unspecified cannabis-induced disorder
- F12.20** Cannabis dependence, uncomplicated
- F12.21** Cannabis dependence, in remission
- F12.28-** Cannabis dependence with cannabis-induced
- F12.29** Cannabis dependence with unspecified cannabis-induced disorder
- F12.90** Cannabis use, unspecified, uncomplicated
- F12.98-** Cannabis use, unspecified with
- F12.99** Cannabis use, unspecified with unspecified cannabis-induced disorder

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[C]Sedatives

- F13.10** Sedative, hypnotic or anxiolytic abuse, uncomplicated
- F13.129** Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
- F13.14** Sedative, hypnotic or anxiolytic abuse w sedative, hypnotic or anxiolytic-induced mood disorder
- F13.18-** Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced
- F13.21** Sedative, hypnotic or anxiolytic dependence, in remission
- F13.90** Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
- F13.94** Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder
- F13.98-** Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced
- F13.99** Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic- induced disorder

[C]Stimulants (eg, Caffeine, Amphetamines)

- F15.10** Other stimulant (amphetamine-related disorders or caffeine) abuse, uncomplicated
- F15.14** Other stimulant (amphetamine-related disorders or caffeine) abuse with stimulant-induced mood disorder
- F15.18-** Other stimulant (amphetamine-related disorders or caffeine) abuse with stimulant-induced
- F15.19** Other stimulant (amphetamine-related disorders or caffeine) abuse with unspecified stimulant- induced disorder
- F15.20** Other stimulant (amphetamine-related disorders or caffeine) dependence, uncomplicated
- F15.21** Other stimulant (amphetamine-related disorders or caffeine) dependence, in remission
- F15.24** Other stimulant (amphetamine-related disorders or caffeine) dependence with stimulant-induced mood disorder
- F15.28-** Other stimulant (amphetamine-related disorders or caffeine) dependence with stimulant-induced
- F15.29** Other stimulant (amphetamine-related disorders or caffeine) dependence with unspecified stimulant-induced disorder
- F15.90** Other stimulant (amphetamine-related disorders or caffeine) use, unspecified, uncomplicated
- F15.94** Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with stimulant- induced mood disorder
- F15.98-** Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with stimulant- induced
- F15.99** Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with unspecified stimulant-induced disorder

[C]Nicotine (eg, Cigarettes)

- F17.200** Nicotine dependence, unspecified, uncomplicated
- F17.201** Nicotine dependence, unspecified, in remission
- F17.203** Nicotine dependence unspecified, with withdrawal
- F17.20-** Nicotine dependence, unspecified, with
- F17.210** Nicotine dependence, cigarettes, uncomplicated
- F17.211** Nicotine dependence, cigarettes, in remission
- F17.213** Nicotine dependence, cigarettes, with withdrawal
- F17.218-** Nicotine dependence, cigarettes, with

**Depressive Disorders**

- F30-** Report for bipolar disorder, single manic episode
- F30.10** Manic episode without psychotic symptoms, unspecified

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- F30.11** Manic episode without psychotic symptoms, mild
- F30.12** Manic episode without psychotic symptoms, moderate
- F30.13** Manic episode, severe, without psychotic symptoms
- F30.2** Manic episode, severe with psychotic symptoms
- F30.3** Manic episode in partial remission
- F30.4** Manic episode in full remission
- F30.8** Other manic episodes
- F30.9** Manic episode, unspecified
- F31.0** Bipolar disorder, current episode hypomanic
- F31.10** Bipolar disorder, current episode manic without psychotic features, unspecified
- F31.11** Bipolar disorder, current episode manic without psychotic features, mild
- F31.12** Bipolar disorder, current episode manic without psychotic features, moderate
- F31.13** Bipolar disorder, current episode manic without psychotic features, severe
- F31.2** Bipolar disorder, current episode manic severe with psychotic features
- F31.30** Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
- F31.31** Bipolar disorder, current episode depressed, mild
- F31.32** Bipolar disorder, current episode depressed, moderate
- F31.4** Bipolar disorder, current episode depressed, severe, without psychotic features
- F31.5** Bipolar disorder, current episode depressed, severe, with psychotic features
- F31.60** Bipolar disorder, current episode mixed, unspecified
- F31.61** Bipolar disorder, current episode mixed, mild
- F31.62** Bipolar disorder, current episode mixed, moderate
- F31.63** Bipolar disorder, current episode mixed, severe, without psychotic features
- F31.64** Bipolar disorder, current episode mixed, severe, with psychotic features
- F31.70** Bipolar disorder, currently in remission, most recent episode unspecified
- F31.71** Bipolar disorder, in partial remission, most recent episode hypomanic
- F31.72** Bipolar disorder, in full remission, most recent episode hypomanic
- F31.73** Bipolar disorder, in partial remission, most recent episode manic
- F31.74** Bipolar disorder, in full remission, most recent episode manic
- F31.75** Bipolar disorder, in partial remission, most recent episode depressed
- F31.76** Bipolar disorder, in full remission, most recent episode depressed
- F31.77** Bipolar disorder, in partial remission, most recent episode mixed
- F31.78** Bipolar disorder, in full remission, most recent episode mixed
- F31.81** Bipolar II disorder
- F31.89** Other bipolar disorder (Recurrent manic episodes NOS)
- F31.9** Bipolar disorder, unspecified
- F34.1** Dysthymic disorder (depressive personality disorder, dysthymia neurotic depression)

### **Anxiety Disorders**

- F40.10** Social phobia, unspecified
- F40.11** Social phobia, generalized
- F40.8** Phobic anxiety disorders, other (phobic anxiety disorder of childhood)
- F40.9** Phobic anxiety disorder, unspecified
- F41.1** Generalized anxiety disorder

### **Behavioral/Emotional Disorders**

- F90.0** Attention-deficit hyperactivity disorder, predominantly inattentive type
- F90.1** Attention-deficit hyperactivity disorder, predominantly hyperactive type
- F90.8** Attention-deficit hyperactivity disorder, other type
- F90.9** Attention-deficit hyperactivity disorder, unspecified type

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- F91.1** Conduct disorder, childhood-onset type
- F91.2** Conduct disorder, adolescent-onset type
- F91.3** Oppositional defiant disorder
- F91.9** Conduct disorder, unspecified

### Neurodevelopmental/Other Developmental Disorders

- F81.0** Specific reading disorder
- F81.2** Mathematics disorder
- F81.89** Other developmental disorders of scholastic skills
- F81.9** Developmental disorder of scholastic skills, unspecified

### Other

- R45.851** Suicidal ideations
- R48.0** Alexia/dyslexia, NOS

### Poisoning and Adverse Effects

For codes **T40 – T65** use the following as the 5<sup>th</sup> or 6<sup>th</sup> digit to define the poisoning or adverse effect  
 Accidental (unintentional) Intentional self-harm Assault Undetermined Adverse effect

Codes **T40 – T65** require a 7<sup>th</sup> digit to define the encounter.

- A** Initial encounter
- D** Subsequent encounter
- S** Sequela

- T40.0X-** Opium
- T40.1X-** Heroin
- T40.2X-** Opioids (other)
- T40.3X-** Methadone
- T40.5X-** Cocaine
- T40.60-** Narcotics, unspecified
- T40.7X-** Cannabis (derivatives)
- T40.8X-** Lysergide (LSD)
- T40.90-** Hallucinogens, unspecified
- T42.3X-** Barbiturates
- T42.7-** Sedative-hypnotics, unspecified (need to add a 6<sup>th</sup> digit placeholder X)
- T43.60-** Psychostimulants, unspecified
- T43.9-** Psychotropic drugs, unspecified (need to add a 6<sup>th</sup> digit placeholder X)
- T65.22-** Toxic effect of tobacco cigarettes

### Z Codes

Z codes represent reasons for encounters. Categories **Z00–Z99** are provided for occasions when circumstances other than a disease, injury, or external cause classifiable to categories **A00–Y89** are recorded as 'diagnoses' or 'problems'. This can arise in 2 main ways:

- (a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem is in itself not a disease or injury.
- (b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.

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- Z13.89** Encounter for screening for other disorder
- Z57.31** Occupational exposure to environmental tobacco smoke
- Z59.5** Extreme poverty
- Z59.6** Low income
- Z59.7** Insufficient social insurance and welfare support
- Z59.8** Other problems related to housing and economic circumstances
- Z60.4** Social exclusion and rejection
- Z60.8** Other problems related to social environment
- Z60.9** Problem related to social environment, unspecified
- Z62.0** Inadequate parental supervision and control
- Z62.21** Foster care status (child welfare)
- Z62.22** Institutional upbringing (child living in orphanage or group home)
- Z62.29** Other upbringing away from parents
- Z62.6** Inappropriate (excessive) parental pressure
- Z62.810** Personal history of physical and sexual abuse in childhood
- Z62.811** Personal history of psychological abuse in childhood
- Z62.812** Personal history of neglect in childhood
- Z62.819** Personal history of unspecified abuse in childhood
- Z62.820** Parent-biological child conflict
- Z62.821** Parent-adopted child conflict
- Z62.822** Parent-foster child conflict
- Z63.31** Absence of family member due to military deployment
- Z63.32** Other absence of family member
- Z63.4** Disappearance and death of family member
- Z63.5** Disruption of family by separation and divorce
- Z63.8** Other specified problems related to primary support group
- Z65.3** Problems related to legal circumstances
- Z69.010** Encounter for mental health services for victim of parental child abuse
- Z69.020** Encounter for mental health services for victim of non-parental child abuse
- Z71.6** Tobacco abuse counseling
- Z71.89** Counseling, other specified
- Z72.0** Tobacco use
- Z73.4** Inadequate social skills, not elsewhere classified
- Z77.22** Exposure to environmental tobacco smoke
- Z81.1** Family history of alcohol abuse and dependence (conditions classifiable to **F10.-**)
- Z81.2** Family history of tobacco abuse and dependence (conditions classifiable to **F17.-**)
- Z81.3** Family history of other psychoactive substance abuse and dependence (conditions classifiable to **F11–F16, F18–F19**)
- Z81.8** Family history of other mental and behavioral disorders
- Z86.69** Personal history of other diseases of the nervous system and sense organs
- Z87.891** Personal history of nicotine dependence (tobacco)

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## Vignettes

### Vignette #1

A mother brings her two-year old child (established patient) in for a well-baby check. In social history, you ask the mother whether she smokes and she admits that she smokes 1 pack a day and has been doing so for the past 10 years. You explain to her that besides the fact that smoking can be detrimental to her health, her child is at increased risk for respiratory problems including asthma, colds, upper respiratory infections and ear infections. You spend 10 minutes face to face explaining to her the serious implications this can have on her child's health. When the parent shows interest in quitting, you discuss various options for smoking cessation, refer her to the state quitline using a fax referral form\*, and give her literature on smoking cessation programs in your area.

How do you code this encounter?

| CPT  | ICD-10-CM  |
|--|--|
| <b>99392</b> Preventive medicine service; 1 -4 years | <b>Z00.129</b> Encounter for routine child health examination without abnormal findings<br><b>Z77.22</b> Exposure to environmental tobacco smoke<br><b>Z81.2</b> Family history of tobacco abuse and dependence<br><b>Z71.89</b> Counseling, other specified |

Teaching Point: Since you are not counseling the patient, you cannot report the smoking cessation codes 99406-99407. Preventive medicine service codes take into account all preventive medicine counseling. Since the patient is healthy and the smoking cessation counseling is being done to preventive future illness you cannot report a "sick" E/M services based on time spent, in addition to the preventive medicine service.

### Vignette #2

A mother brings her 5-year old son in for sudden onset of wheezing. You diagnose an acute exacerbation of his moderate persistent asthma and initiate nebulizer treatment. His mother admits to being a 1.5 pack per day smoker and has tried to quit smoking in the past without success. You explain to the mother that her smoking has contributed to the exacerbation of the asthma. You give her literature on the various options for smoking cessation and explain the various modalities available to her, including local options such as the state quitline\*. You then spend 10 additional minutes face to face discussing the relative risks and benefits of each. Overall face-to-face time is 20 minutes. You are at a level 4 office visit given the key components.

How do you code this encounter?

| CPT                               | ICD-10-CM   |
|-----------------------------------|---|
| <b>99214</b> (modifier 25)        | <b>J45.41</b> Moderate persistent asthma with (acute) exacerbation<br><b>Z77.22</b> Exposure to environmental tobacco smoke<br><b>Z81.2</b> Family history of tobacco abuse and dependence<br><b>Z71.89</b> Counseling, other specified |
| <b>94640</b> Ne bulizer treatment | <b>J45.41</b> Moderate persistent asthma with (acute) exacerbation  |

Teaching Point: Unless you are going to bill under the mother's name to the insurance for the time spent counseling, the time spent would be subsumed under the E/M service for the patient. Since counseling does take up 50% of the total face-to-face time, you can use it to report your E/M service, however, the 20 minutes would only lead you to a 99213. Since your key components support the higher level, report the 99214.

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### Vignette #3

You are evaluating a teenager (16 year-old) that has come for a sports physical examination and yearly check-up. On review of systems, she admits to some shortness of breath on exertion. Direct questioning reveals that she smokes 5-6 cigarettes a day and has also experimented with smokeless tobacco. She began smoking when her parents got divorced as it helped her cope with the depression she was feeling at that time. Since then, she has continued to smoke as she has heard that stopping smoking could cause her to gain weight. She is concerned, however, as she knows that smoking is bad for her health and could cause respiratory problems. You confirm that smoking has been shown to be detrimental to general health, and especially to the respiratory system. You briefly discuss options to assist her in stopping smoking. You then refer her to counseling for the depression as well as smoking cessation. Total time spent on smoking cessation counseling is 5 minutes.

How do you code this encounter?

| <b>CPT</b>   | <b>ICD-10-CM</b>   |
|--|--|
| <b>99394</b> Preventive Medicine Service; 12-17 years              | <b>Z00.121</b> Encounter for routine child health examination with abnormal findings                   |
| <b>99406</b> (modifier 25) Smoking cessation counseling; 3-10 mins | <b>F17.210</b> Nicotine dependence, cigarettes, uncomplicated<br><b>Z71.6</b> Tobacco abuse counseling |

Teaching Point: You will not report the sports physical separately in ICD-10-CM. The Z00.121 is all that is needed.

### Vignette #4

You see a 15 year-old boy in the after-hours clinic for his third visit in two months for an upper respiratory tract infection. He is an otherwise healthy boy with no chronic medical problems. However, this time, he has developed a persistent cough and shortness of breath when he plays soccer. You ask his parents to leave the room and discover that he has been smoking a pack of cigarettes a day for the past two years. He started when he started a new high school, as he wanted to fit in with the popular boys. A spirometry is performed. You find that his tidal volume is decreased by 15% and he has some rhonchi. A chest X-ray is negative for pneumonia. You explain to the boy that his smoking is making him susceptible to repeated episodes of upper respiratory tract infection. In addition, he is developing reactive airway disease that could make him susceptible to asthma and other problems. You show him literature that describes the various complications of smoking. You also tell him about the various smoking cessation programs available in the county and answer his questions about options that he would be able to obtain without his parents' knowledge. You spend 40 minutes face to face total, with 20 minutes in counseling and 10 minutes strictly discussing smoking cessation options. He is diagnosed with exercise induced bronchospasms.

How do you code this encounter?

| <b>CPT</b>                 | <b>ICD-10-CM</b>   |
|----------------------------|--|
| <b>99214</b> (modifier 25) | <b>J45.990</b> Exercise induced bronchospasm   |
| <b>99406</b> (modifier 25) | <b>F17.210</b> Nicotine dependence, cigarettes, uncomplicated<br><b>Z71.6</b> Tobacco abuse counseling |
| <b>94010</b> Spirometry    | <b>J45.990</b> Exercise induced bronchospasm   |

Teaching Point: While the overall time spent was 40 minutes, 10 minutes of that time will be separately reported under the smoking cessation code so it cannot be counted towards your overall E/M service.

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### Vignette #5

You are evaluating a male adolescent (15 year old) patient that has come for his yearly routine visit. When asking about substance use, he offers that he experimented with e-cigarettes within the past month. He denies traditional cigarette use, offering that he would never use such a product because he cares about his health. You congratulate that patient for caring about his health and avoiding cigarette use. You then spend 10 minutes informing him of the potential health hazards related to e-cigarettes, focusing on both the highly addictive and toxic nature of nicotine. You emphasize that nicotine addiction could lead to future cigarette use and encourage him to avoid any use of nicotine containing product.

How do you code this encounter?

| <b>CPT</b>   | <b>ICD-10-CM</b>   |
|--|--|
| <b>99394</b> Preventive Medicine Service; 12-17 years                      | <b>Z00.121</b> Encounter for routine child health examination with abnormal findings                   |
| <b>99406</b> (modifier <b>25</b> ) Smoking cessation counseling; 3-10 mins | <b>F17.210</b> Nicotine dependence, cigarettes, uncomplicated<br><b>Z71.6</b> Tobacco abuse counseling |

### Vignette #6

While covering the newborn nursery, you discharge a first-time mother who plans to breastfeed. As you routinely do, you ask her about smoking and she admits to smoking 1 pack or more a day for the past 10 years. She decreased this to half a pack while pregnant but could not decrease it any further due to cravings. Her husband is a smoker too and smokes 2 packs a day. You explain to the mother that smoking is very harmful, especially to the lungs of a newborn. You spend 15 minutes face to face explaining the various complications of smoking including asthma, recurrent upper respiratory infections, and ear infections. You explain to her that merely smoking outside the baby's room would not eliminate the risk as she would be exposed to nicotine through breast milk which could lead to irritability and decreased sleep. You explain the various options for smoking cessation and give her literature to share with her husband for the same. You offer to refer her to a smoking cessation program in the hospital, as well as the state quitline\*. Overall the discharge service takes 35 minutes to complete.

How do you code this encounter?

| <b>CPT</b>                                  | <b>ICD-10-CM</b>  |
|---|---|
| <b>99239</b> Discharge Service over 30 mins | <b>Z38.00</b> Single liveborn infant, delivered vaginally<br><b>Z81.2</b> Family history of tobacco abuse and dependence<br><b>Z71.89</b> Counseling, other specified |

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### Vignette #7

You see an infant admitted in the hospital for his second episode of wheezing in the last three months. He is the only child and does not attend day care. Both parents smoke in the house and in the car. He has had three ear infections in the last six months and is being considered for tube placements by his pediatrician. As part of the management of the infant you discuss the increased risk of ear infections and frequent respiratory symptoms, amongst others, as a consequence of their smoking. You assess their willingness to quit smoking and assist with arranging smoking cessation resources, both available in the hospital and through the state quitline\*. This initial hospital encounter takes 80 minutes to complete, including unit/floor time. Of that time 45 minutes is spent in counseling and coordinating care.

How do you code this encounter?

| <b>CPT</b>                                  | <b>ICD-10-CM</b>  |
|---|---|
| <b>99223</b> Initial hospital care; 70 mins | <b>R06.2</b> Wheezing<br><b>Z86.69</b> Personal history of other diseases of the nervous system and sense organs<br><b>Z77.22</b> Exposure to environmental tobacco smoke<br><b>Z81.2</b> Family history of tobacco abuse and dependence<br><b>Z71.89</b> Counseling, other specified |

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