



CODING CORNER

from the AAP Department of Health Care Finance and Quality Improvement

Guidance on using behavior change intervention codes

The 2008 *Current Procedural Terminology* (CPT) manual contains four new codes for behavior change intervention for individuals (99406-99409). The first code set is to be used for tobacco cessation counseling, while the other code set deals with structured screening and intervention services for alcohol and/or substance (other than tobacco) abuse.

Behavior change interventions are for persons who have a behavior that often is considered an illness itself, such as tobacco use and addiction or substance abuse/misuse. Behavior change intervention services may be reported when performed as part of the treatment of the condition(s) related to or potentially exacerbated by the behavior or when performed to change the harmful behavior that has not yet resulted in an illness.

Codes 99406-99409 may be reported by physicians or other qualified health care professionals in addition to other evaluation and management (E/M) services. However, the services reported must be distinct, and the time spent performing these services may not be used as a basis for E/M code selection.

Smoking and tobacco cessation coding

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

99407 - *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes*

Codes 99406 and 99407 were established to report a face-to-face encounter to discuss smoking and tobacco use cessation. These codes differ according to time increments. Smoking and tobacco cessation counseling of less than 3 minutes is included in the counseling component of the E/M service and is not reported separately.

Scenario

A 15-year-old established patient presents to the pediatrician's office for his annual preventive medicine service. After the physician obtains the history and provides anticipatory guidance, the patient admits he has been smoking for about a year and smokes "quite a lot." His father is a smoker and so are most of his friends. The patient says he wants to quit.

After completion of the preventive medicine exam, the physician discusses with the patient the dangers of smoking and how it can affect his competitive edge in sports. He also talks briefly about ways he can wean off smoking, such as the nicotine patch or gum, and the patient seems interested. The physician spends

about 12 minutes, and his documentation reflects this. The physician requests to see the patient back in one month.

Services would be reported as:

99394 V20.2

99407 25 V65.42 (*Counseling on substance use and abuse*) and V15.82 (*History of tobacco use*)

Alcohol and/or substance abuse codes

99408 - *Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and screening brief intervention (SBI) services; 15 - 30 minutes*

99409 - *Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and screening brief intervention (SBI) services; greater than 30 minutes*

Codes 99408-99409 were established to report alcohol and/or substance abuse structured screening and brief intervention services only. These codes differ from each other according to time increments. It is not appropriate to report 99408 and 99409 together.

An SBI requires a significant amount of time and additional acquired skills to deliver beyond that required for provision of general advice. SBI techniques are discrete, clearly distinguishable clinical procedures that are effective in identifying problematic alcohol or substance use.

Scenario

A 19-year-old comes to her pediatrician's office because she is sick. She is home on break from college and has not been feeling well for some time. She complains of being tired a great deal and has other acute symptoms, such as fever and headaches. After a detailed history is obtained and a detailed exam is done, labs are ordered and an antibiotic is given. The physician also asks her about college life. The patient says she has been binge drinking to "fit in," and the physician is concerned that this is contributing to her poor health as she has not been sleeping well. The physician administers an AUDIT screen, which reveals the patient partakes in hazardous and harmful use of alcohol, but does not yet suspect dependence.

The physician talks with the patient about the results and what they mean. The physician reminds her that her behavior is not only harmful but also is illegal. It can lead to being arrested and can have monetary consequences. The patient agrees to cut back and try to find alternative ways to enjoy college life. The physician wants to follow-up with her when she returns from college in two

months to determine if further interventions are required. The total time spent face-to-face by the physician performing the screening tool and intervention was 20 minutes.

The physician would report services as:

99214 780.79 (*Other malaise and fatigue*), 780.6 (*Fever of unknown origin*), 784.0 (*headache*)

99408 25 V79.3 (*Special screening for alcoholism*), V65.42 (*Counseling on substance use and abuse*)

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